Unit 4 individual project

Deciding to End Life: Is It Ethical? No issue has been so widely discussed in the medical field as to support or to reject euthanasia. It has hounded the area of medical ethics in the past few years that medical practitioners themselves are confused of which side is rightful and ethical. If patients have the right to die, should doctors help them end their lives? Physicians have been willing to stop any extraordinary efforts to sustain life (for example, by withholding oxygen or ending intravenous feedings); such actions are referred to as passive euthanasia. Euthanasia, the active form of so-called mercy killing, has generally been viewed as illegal and unethical.

Euthanasia is a word derived from the Greek, simply means a " gentle and easy death" (Oxford English Dictionary, 2004). Obviously, supporters of the decriminalization of euthanasia are not using the word in this uncontroversial sense. They are not simply supporting the expansion of hospices and improvements in medical services. Rather, they are arguing that doctors should in certain circumstances be allowed to ensure an easy death not just by killing the pain but by killing the patient. Often the decision to practice euthanasia is more of a decision between letting the person die now or later, rather than a choice between life and death. Thus, it could be deemed that the movement in favor of euthanasia may be rooted in our fear of facing death, and that euthanasia is used to hasten death so that we will not have to cope with the consequences associated with the actual process of dying.

In fact, according to U. S. surveys, there is greater support for physician-assisted suicide and euthanasia among patients and the general public than among physicians (Kashima and Braun, 15 October 2001). More Caucasians support these practices than members of ethnic minority groups (Braun, et al., February 2001).

This is a very sorry situation wherein people would like to have complete control of their lives. In reality, humans have limited control but, ultimately, are forced to accept phenomena which they cannot change. Sickness and death fall into this category. The humane response to a dying person is to keep him company and alleviate his discomfort. There is no medical or ethical reason to deprive a person of all the pain medication needed to keep him comfortable and, for most people, a regimen of comfort care can be established in either a health care facility or at home. To be sure, keeping company with the dying and caring for their physical needs is a demanding task, but it is not a task devoid of benefits. In the face of death, real communication often occurs and caretakers frequently relate how their experiences with dying patients, relatives, or friends help them come to terms with their own mortality.

In the medical context, there are no exceptions to inviolability to moral prohibition of intentional killing: the doctor who intentionally shortens the life of a patient, whether a terminally ill adult or a child with Down’s syndrome, breaches the principle (Keown 2002, p. 10). It matters not, moreover, whether the shortening is brought about by an act or an omission. Intentionally shortening a patient’s life by withholding treatment, or food, water or warmth, is no less wrong than injecting a lethal poison. Nor does a good motive, such as the alleviation of suffering, of the patient or relatives, redeem a bad intent. In short, any conduct which is intended to shorten a patient’s life, whether as an end or as a means to an end, and whatever the further motive, offends against the principle.

Nature has its own laws and people should allow it to take its course. Each human life will end in death eventually, we do not have to stop life when it is

still not the time. If euthanasia becomes acceptable, we would need to ask ourselves what would happen to both dying people and to ourselves. The answer to this question is that the lives of the dying would be ended by assaults which would probably be experienced as frightening and uncaring. Things would likely be even worse for the living who kill the sick and the weak, because they would have to live with their consciences while trying over and over to justify what civilized societies and health care ethics have long condemned. It is difficult to rationalize a killing role and more difficult to live with the psychological repercussions resulting from assuming that role.

References

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