

Sample argumentative essay on active euthanasia

[Health & Medicine](#), [Euthanasia](#)



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Active Euthanasia is a medical intervention opted by the relatives of the patient in terminating his (the patient's) life due to the severe health condition. However, it happens in rare cases and there is proper legislation to do so. However, it is not an ethical way of terminating someone's life as it imposes impact on the family of the patient that are everlasting. The paper presents the most practical argument against active euthanasia, and then analyzes the counter argument against that argument by presenting a reply to it.

Active Euthanasia is not a viable option, as it is more as getting rid of the patient or pursuing him (the patient) to commit suicide and the decision to terminate his life primarily stays in his hands. This pressurizes the patient psychologically and emotionally, overburdening the patient even more. Even in everyday situations, all of us feel pressurized while making important decision of our life. One can imagine the severity of making decision about ending one's own life or a beloved relative's life. The choice of choosing active euthanasia directly goes in conflict with our nature to preserve our own self to win the 'race of survival'. The anxiety, stress, self-pity and confusion are a mandatory set of side-effects of this option. All these aspects make the pain of this choice as an unbearable burden to most of the people. Moreover, the results of this option are always unknown to the patient except for the bodily death. The question of entering into heaven or hell on the basis of this choice only is so ambiguous that it makes the patient scared as no one who chose this option, ever came back to advise the patient about

it.

The opponents of the above argument state that active euthanasia should be practiced for the patients who are severely ill and cannot bear the pain of the disease or wound. The argument against the psychological pressure of active euthanasia believe that besides the psychological pain, the patient should choose it as this will eventually relieve him from the pain of his disease and decision. They proponents of active euthanasia argue that the relatives of the deceased patient will ultimately feel satisfied with the patient's decision to die as they would never like to see their beloved one suffering from pain. For instance, if a person gets burnt to the last degree and his chances of survival are ruled out by the doctors, then should the patient be left to bear the pain of his burns and his upcoming death?

According to the proponents, the patients should choose active euthanasia as this is the best option for his own self.

The argument of the proponents of active euthanasia is to relieve the pain of the patient. The pain and suffering are always present in the life of every human being. The option of choosing to die to get rid of pain as eventually one would die, is not a brave act. Strength to fight against the disease and pain may inspire many other patients who are fighting against their illness and pain. If the culture of active euthanasia is promoted, then the death by choice will become common. Moreover, it is unethical to leave the patient overburdened by his choice so that he dies while suffering from anxiety, uncertainty of future life, and pain of departing from one's own family and friends (Brook, 1999). Studies indicate that there are very few patients who will be desperate enough to choose death over life, even in the case of most

severe illness as it is in the human nature to try to survive for self-preservation.

In a nutshell, the claim to reduce the pain of the patient through active euthanasia is entirely unethical and immoral, as even handicapped individuals are euthanatized in some parts of the world. Active euthanasia is a license to kill unwanted as well as handicapped patients without any sensible basis.

References

Brook, U. (1999). The attitude of young adults with chronic disease or handicaps towards enforced treatment and euthanasia. *Patient Education And Counseling*, 38(1), 43-48. doi: 10. 1016/s0738-3991(98)00125-6