

Passive euthanasia essay sample



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“ Developments in medical technology have significantly increased the capacity to sustain life beyond any possible hope of recovery. Patients... can now be sustained almost indefinitely as a result of the intervention of artificial life-support equipment or other medical or surgical procedures (Otlowski). ” In this day and age technology has advanced health care drastically. Doctors have the ability to save patients suffering from injury and disease that in the past they could not do.

They are able to keep patients alive through circumstances that once we find inconceivable. This has brought about the argument of euthanasia. There are two kinds of euthanasia: passive and active. Passive euthanasia is when “ the plug is pulled. ” Active euthanasia is when the patient’s life is taken either by them self or “ assisted” by a doctor. Euthanasia is defined as the act of causing death painlessly, so as to end suffering (Webster’s). Active euthanasia fits perfectly into this definition. The decision to die is made by both the doctor and the patient.

This act should be not be allowed. A person should not be able to decide when they or someone else should die. However, if someone is suffering lifeless on a hospital bed with no hope of recovery there should be a grace period to when they should be removed from the life support. If a person is being kept alive by the use of breathing machines, feeding tubes, or other artificial means, it is allowed for them or a member of their family to request the assistance stopped and it should be acceptable to do so.

In an interview done by the Washington Post professor emeritus at Weill Cornell Medical College in New York, Fred Plum said “ If it’s over a year, she’s

not ever going to get up; it just doesn't happen (Woman's). " He is speaking about Terri Shiavo. She has been severely brain damaged and in a coma since 1990. She suffered a heart attack and has been in a vegetative state for thirteen years. His statement can be applied to any comatose case. " If it's over a year, [they are] never going to get up" is a statement that can define when enough is enough.

No one can really know what it is like to be a state where all decisions are made by other people and machines support your life. After a year with no progress and certainly thirteen years it should be said that enough really is enough. There should be a definite period of time where patients who are showing no sign of recovery are taken off support. Research has found that many patients, who did recover, recovered within weeks or a few months. It is such a difficult decision. Who has the right to decide and what is the decision based on?

Legally, the guardian of the patient has the over riding decision. Many times though that decision does not sit well with everyone involved. In the case of Terri Shiavo, her legal guardian is her husband who said that she would not have wanted to live hooked up to tubes. Her parents, however, did not agree and have hope of her recovery and fought his decision to the point of keeping her alive. The other questions are: Would they want to live like this? Can they be rehabilitated? In her case it seems like the answers are no and no.

In an interview done by Larry King her husband, Michael, said that it was not her wish to be kept alive in this manner. There should be a ways to

characterize and conclude that the patient has no possibility to recover and that should determine when the time is right to pull the plug. No person should have to “ live” off machines. Can a person in a vegetative state that cannot perform everyday actions nor do the things that define a life be said to be alive? Webster’s Dictionary defines life as the ability to take in food, get energy from it, adapt to the surroundings and to reproduce.

A person hooked up to machines making their brain work, pumping their heart, breathing for them and doing all the necessary functions of life does not fit into the definition of life. They should be allowed to die, they are not able to support life on their own, therefore are not alive by definition. A huge factor in contributing to the decision is the cost of health care. Health care costs are rising. In the past fifteen years the health care costs have risen more than fifty per cent (To Die). Eighty per cent of the money spent in health care is on patients that survive less than one year after treatment begins.

Only ten per cent of patients that require admission into an intensive care unit leave the hospital (To Die). Families, doctors, and other health care providers need to consider the cost of keeping their loved ones and patients on life support. The decision is a costly one in more ways than one. Objectors to euthanasia have many reasons. Many of the reasons are religious reasons others are ethical. Many people believe that a person suffering is not able to make the decision to die. His or her decision is like that of someone who is suicidal.

Their decision is made out of depression and desperation. They believe that no one under any circumstances should be allowed to take their life or take another's life. But is it truly fair to a person or a family of someone who is and will be in a vegetative state for the rest of their life with no chance of full recovery? One would think no. They say that there is always a chance of recovery as long as they are being treated. How long is someone willing to wait? The longest a person has been in a coma is thirty-seven years. She did not survive.

During her coma she experienced phases of deep sleep and open-eyed unconsciousness (Guinness). Shortening the period of a coma can help the patient and family move on. They can begin the grieving process sooner and absorb the financial impact of supporting the patient in the hospital. Some people argue that someone with an incurable disease, such as AIDS or any type of cancer should be able to choose euthanasia. This is different, however. There disease although incurable can be lived with. People who are in a vegetative state and unable to live life on their own are the only ones able to choose euthanasia.

Studies have shown that patients that do not come out of their coma after one year are unlikely to ever regain consciousness (Brain). Another argument is for patients that do make miraculous recoveries after long periods of being comatose. Yes, there are “miracles” where people defeat all odds. This is very rare though. Ninety per cent of patients that endure a vegetative state for over a month fail to make a recovery better than severely disabled. Two thirds of patients unconscious for two weeks or less have a good chance at making a full recovery (Brain).

With the law the way it is now the legal guardian has the last say as to when enough is enough, but the numbers show it is unlikely for a miracle, hence it is a miracle. If the patient does come out of the coma, their road to complete recovery is not over. In a study done on fourteen survivors after two years one was still in a coma, two suffered severe brain damage and were care dependent, six were able to continue on with their life but “sustained major functional deficits,” two recovered slightly better and one was able to return to work.

The issue of euthanasia is very difficult one. There are many arguments for and against it. Patients suffering from long states of coma should be taken off life support once it is foreseeable to the doctors that a recovery is very unlikely. Presently it is the family's decision but a deadline should be set that accommodates family members to deal with the situation. Passive euthanasia saves the patient suffering, family suffering and financial difficulty and allows doctors to tend to other patients. It is not immoral, unethical or illegal.