

# [The working outline for research paper on euthanasia](https://assignbuster.com/the-working-outline-for-research-paper-on-euthanasia/)

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WORKING OUTLINE I. Introduction A. Euthanasiais defined as a “ good and painless death” B. Active Euthanasia, Passive Euthanasia and Physician AssistedSuicideor Mercy Killing are the different kinds of euthanasia that most people consider to be immoral C. The reasons of people in favor of euthanasia bases on the situation of the patients 1. The patient’s inability to afford expensive medication 2. The patient requesting to end his life 3. Families who could not bear the pain of seeing their loved ones suffer

D. THESIS: Among the factors that affect the decisions of people engaging in euthanasia, poverty, specifically the inability to afford medical services and medicines, is the greatest. II. The different cases of euthanasia presents the contrasting views of society A. Most physicians feel painful in maintaining their vegetative patients’ medications despite the fact of them knowing that these persons could no longer survive and even if they would survive, would not have a worthy life. B.

The Philippines being a Christian country prohibits euthanasia because it sees it as a form of suicide, but gives an exception to those people who are emotionally distressed due to expensive medications. III. The depressing economic crisis and the high budget coverage ofhealthcare expenses lead states to consider the acceptance of euthanasia. A. Health care expenses for patients with terminal illnesses are currently covering the largest percentage of cost in the economic budgets of foreign countries 1. USA 2.

Germany 3. Tasmanian Parliament B. The Philippines is a third world country whose major issues are poverty. 1. Families/patients stop medication against their will because of unaffordable medical services. 2. The Philippine government due to lack of budget is not able to pay for the health care expenses of its citizens. C. Moneyand financial needs are stressors for terminally ill patients and their families, not only in the current dispiriting situation but also in the future even if the patient dies. IV. Conclusion