Euthanasia and mercy killing and the world today

Health & Medicine, Euthanasia



Euthanasiacan be described as one of society's more widely and hotly debated moral issues of our time. Active euthanasia, by definition, is "Doing something, such as administering a lethal drug, or using other means that cause a person's death. "Passive euthanasia, which seems to not be debated as heavily, is defined as "Stopping (or not starting) some treatment, which allows a person to die, the person's condition causes his or her death. "I have chosen to look more closely at the issue of active euthanasia, while applying Kant" s standards to the issue.

Those who support the practice of active euthanasia might argue that helping the terminally ill to bring about their own deaths, allowing them to determine the how and when, is not only humane, but also allows the person who is simply living to die to maintain dignity by orchestrating their own end, thus letting them die at peace, rather than suffer to the end, perceiving themselves to be a burden and/or disgrace, to those they love. According to recent polls, many people would agree, but the question is, have they taken a close look at the ethical debate?

Those who are against active euthanasia would say not, and would argue that by participating in the practice of active euthanasia, one is " playing God," or perhaps, even worse, that they are not acting out of mercy, but rather out of selfishness, attempting to lessen their own burden. If this were the case, the act is nothing less than cold-blooded murder. Murder is defined as; " The unlawful, premeditated killing of onehuman beingby another. " Euthanasia remains unlawful as of today, and the act of euthanasia is premeditated, thus whether for the purpose of mercy or not, euthanasia is by definition, murder.

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According to Kantian perspective and the Holy Bible, murder is both a sin and a crime, therefore we should not participate in the practice of euthanasia, because it is murder, and it is the wrong thing to do. The euthanasia debate raises many questions. Questions such as; For whose benefit is the murder actually taking place? Should we allowfamilymembers to make a life-or-death decision on behalf of a loved one who may never have expressed a desire to die, simply because they could not vocalize a will to live?

If a person should be suffering with an illness of which there seems no hope of recovery, yet they are unable to make a choice for themselves how do we know what that person would voluntarily choose? Is it our right to decide whether or not they have a desire to live? If we ourselves are not in the position of the individual whose life and/or death is being decided, we cant possibly know or understand what their will is, what they would opt for personally, or even whether or not they can comprehend what is happening.

Thus, the decisions we are making find us "playing God," and assuming that our decisions are always in the best interests of another. Without knowing for sure what the individual would have chosen, we may well have gone against their will, and thus have committed murder. Some would argue that the practice of euthanasia is used as a last resort, when the individual can no longer manage the pain of their illness. However, that argument can be rebutted by anobservationmade by a proponent of a movement similar to Right to Die.

Dr Pieter Admiraal, a leader of a movement to legalize assistedsuicidein the Netherlands, stated publicly that pain is never justification for euthanasia considering the advanced medical techniques currently available to manage pain in almost every circumstance. Thus the pain does not justify death, but rather it justifies the need for moremoneyto educatehealthcare professionals on better pain management techniques. Shouldn" t we look into a suicidal persons emotional and psychological background before we conclude that his or her suicide is acceptable because they are going to die anyway?

We ought to take into consideration, the statistics which tell us that fewer than one in four people with terminal illness have a desire to die, and that all of those who did wish to die had previously suffered with clinically diagnosabledepression. 6 If we choose to overlook these statistics, and others that tell us that psychotherapeutic treatments are not only available, but equally successful among people with terminal illness, as among people without7 then we are indeed cutting that person's life short, and thus one again, committing murder.

If a physically healthy person who suffered with depression were to approach us with thoughts of suicide, we would comfort them, seek treatment for them, and provide as much as we were able, to see that they got the reassurance and the psychological or emotional help that they needed.

Certainly we would not tell them that the choice was theirs and hand them a gun. Why then do we not do the same for those suffering with a physical illness?

Further statistics tell us that the chances for living a happy life are often greater for a person who has attempted suicide, but are stopped, and provided with the help they need, than for individuals suffering with similar problems, who have never attempted suicide. It would serve us well to take notice of these statistics. We ought to be making every effort to find alternatives to euthanasia, and help people with their problems, instead of helping them to end what very well could be a happy life.

One must also ask why some doctors would fight so vigorously to legalize the practice of killing the terminally ill, while others maintain that there are many alternatives available that may offer a satisfactory and comfortable quality of life for those suffering from severe illness. Is it possible that some doctors are "selling death" for reasons other than compassion? If the possibility exists for this to be the case, than we ought to expect some doctors to abuse the system, as well as the rights and best interests of the patient, in order to better themselves financially, or otherwise.

I personally believe that it would be extremely difficult, perhaps impossible, to legislate a point of illness or disability where euthanasia would be considered legally or ethically acceptable. To do so would be saying that all disabled or terminally ill patients have no chance for a happy and fulfilling life. I believethat we are taking quite a risk when we bring about another person's death willfully, thus assuming that we have the ability to look into the future and deem their life unlivable.