Objections against legalizing euthanasia in hong kong

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Introduction The question of euthanasia raises serious moral issues, since it implies that active measures will be taken to terminate human life. The definition of “ euthanasia” is taken from Keown (1995) with the term mainly refers to a decision that is concerned with direct interventions or withholding of life-prolonging measures and that choice agrees with a person’s own will. Euthanasia can be mainly classified into voluntary and involuntary ones.

As involuntary euthanasia is conducted in the absence of an individual’s consent, it is believed to be a kind of murder. While voluntary euthanasia is with the person’s direct consent, it is still highly controversial and is the focus of discussion in this essay. In fact, euthanasia is allowed in countries like Holland, Switzerland, Belgium, Oregon of the United States (Chesterman, 1998). In June 1995, in response to legislators urging the legalization of euthanasia in Hong Kong like other countries, the Secretary of Health and Welfare Katherine Fok Lo Shiu-ching stated that, “ As euthanasia is an issue with moral, ethical, social and legal implications, there is a need to seek views not only within the medical profession, but also from the community” (Tsang, 1998). Obviously, this issue is not only about the morality of a specific decision of an individual patient, but rather the ethics of having a social policy and practice in the society as a whole. Euthanasia, however, should not be legalized in Hong Kong as a social practice due to the overwhelming evidence of detrimental effects to individuals.

Also, this practice may reinforce inequality of health care services in society (Emanuel, 1999). Reducing pain and suffering is an excuse Pain and suffering is not a valid reason to approve euthanasia legalization. Actual or anticipated ache and suffering is one of the major causes for those terminally ill patients

to ask for euthanasia, preferring die to receive treatments which will only prolong dying. In other words, euthanasia embraces a value of having a positive attitude of reducing suffering during the last journey of a person (Lo, 2002).

In Hong Kong, once a young man called Ben Chai, who has been staying in hospital for more than 10 years after an accident, wrote to the Hong Kong Government in 2003 to appeal for the legalization of euthanasia to reduce pain during his medical treatment (Yahoo, 2007). Whether ache and suffering pose a sufficient reason for an individual to opt for euthanasia is, however, still in debate as argued by Dyck (2002). Dyck maintains that with the modern advanced medical system in many countries, the provision of comfort and care are in fact accessible for patients to reduce pain and soreness effectively. Today, medical improvements are made in pain control in Hong Kong. As medical treatments advance, the argument for euthanasia is accordingly weakened. According to Emanuel in 1999, a survey in America illustrated that 41.

6 percent of cancer patients and 44. 4 percent of the public thought that discussing euthanasia with their doctors would increase their trust towards the doctors during medical treatment. In turn, patients may get some psychological reassurance when they know that euthanasia is a possible choice if their suffering is too intolerable. Though life to some terminally ill patients is a great trial, other patients sharing similar situation may not be that pessimistic towards life and thereby, the loss of value of life does not justify an individual to choose euthanasia. This is also counter-argued by medical research evidence which illustrates that sometimes patients

suffering from depression are able to regain courage to keep on living optimistically (Emanuel, 1999). At the same time, psychological anxiety and distress are also created in patients from the possibility of euthanasia (Emanuel, 1999).

As a result, minimizing pain of individual patients both physically and psychologically is not a valid reason to support legalizing euthanasia. Weakening the integrity of the medical profession Another reason against voluntary euthanasia is that it can unduly affect the professional roles of health care employees, especially doctors. It has long been believed that the role of doctors is to heal rather than to kill. The introduction of euthanasia will therefore cause conflict in the role of doctors and have long term effects on the doctor patient relationship.

This is supported by a recently conducted survey of " Public and doctor's attitude towards euthanasia" in Hong Kong (HKSPM, 2001). In the Netherlands, disabled people describe a growing mistrust of their doctors and fear of being admitted to hospitals where it used to be a place of care and safety for the needy of society. The reason behind is that doctors may become no longer professional as they are the ones who are indifferent to death and to cause death to patients. Likewise, patients start to doubt the intensions of their doctors in diagnosis, and accordingly the trust between them is likely to fall. Dyck (2002) stresses that nearly all pain can be eliminated or reduced significantly if proper treatment is provided.

"[M]ost doctors have never had a course in pain management so they are unaware of what to do" (Dyck, 2002). In that case, if a patient cannot relieve

pain under a doctor's care, the patient needs to find a different doctor to control the pain. More education of health care professionals is a better solution than using euthanasia to relieve pain of a patient. Coercion of patients to use euthanasia against their wishes Moreover, legalizing euthanasia should not be allowed with a possibility of coercion of patients to use euthanasia that is against their will.

Coercion of the patient most likely comes from his or her family not only because of financial burden but also caring loads. While there are no data on how many requests for euthanasia are influenced by family pressures due to financial burdens in foreign countries, it is reported in 7. 9 percent of euthanasia cases in the US, financial burden was a chief reason (Emanuel, 1999). Apart from financial burden, terminally ill patients also indirectly place significant caring responsibility on families that can lead to coercive pressures to impose euthanasia on the person (Dyck, 2002).

Taken the above example in the US, it is easy to predict that the number of patients who might be harmed is more than that who may benefit from legalization of euthanasia in Hong Kong. Contrary to the above mentioned sentiment, the psychological distress and harm are brought to surviving family members of the patient in euthanasia. Though this argument is not sound, sadness of family members should not be underestimated. Of course, it is hard to compare the sadness between that of family members and the suffering of the individual patient without using euthanasia.

To eliminate one's life with the fact that their death would lighten the burden of one's family members is not well-founded. One cannot be sure that it is

also the family’s desire for him to depart, implying that it is hard to use sentiment to justify one wants to have euthanasia. Reinforcing inequality in health care services distributionThe provision of euthanasia to patients prior to implementing optimal care medication should be highlighted in the discussion of euthanasia legalization. When euthanasia is legalized, there are dying patients that have ended their lives to relieve pain before appropriate treatment measures were applied. Keown (1995) remarks that the benefits and harms of euthanasia legalization are in fact not fairly distributed. The pressure to legalize euthanasia comes from relatively well-off, educated and political powerful people who are likely to be protected from the drawbacks of legalization with good health insurance.

On the other hand, the harms of legalization mainly go to the underprivileged people. Coercion to choose euthanasia usually occur on financially poor and powerless patients who may be underinsured, and cannot get all medical care they need (Keown, 1995). For that reason, the benefits and harms of legalizing euthanasia will reinforce inequalities in the distribution of health care services between the rich and the poor in society. Conclusion In Hong Kong, the issue of euthanasia is rarely in heated public debate as in other western cities. Persuaded by the overwhelming evidence on the unfavorable effects of voluntary euthanasia, legalization of euthanasia should not be encouraged despite the fact that euthanasia has its role in addressing human suffering. Besides, any uncertainties about euthanasia need to be evaluated more thoughtfully while the pressure to legalize euthanasia in fact comes from the dominant class of society, according to the sociological perspective.

Our focus should not be only directed to the policy itself, but to speculate whether the implementation can be smoothly imposed and integrated into Hong Kong society. Up to this moment, a better policy is yet to be implemented to fit into the situation in Hong Kong society. With the lack of supporting measures, our situation is not mature enough to legalize euthanasia at this stage. The harms of legalization will fall on the underprivileged group who cannot get full medical service they need. Thereby, better end-of-life care services should be provided in the near future (Dyck, 2002). After all, legalization of euthanasia should not be practiced in Hong Kong at this stage.

Further discussion on euthanasia should not only rely on the few professionals, but on society as a whole for more thoughtful analysis and recommendation (Lo, 2002). It might be preferable to allow nature take its course when death will relieve suffering. Allowing nature take life’s course would be doing no more than was done in the past, before medical science made it possible to interfere with the course of nature. Bibliography Chesterman, S. (1998). Last right: Euthanasia, the sanctity of life, and the law in the Netherlands and the northern territory of Australia.

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