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Euthanasia: Is it Ethically and Morally Acceptable?

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Abstract

All over the world, there is discussion being made about euthanasia and if it is ethically and morally acceptable. The opinions are different from state to state and country to country. These differences in opinions evolve from different religions, political forces, generations, genders, and social classes. Through literature review, an overview of euthanasia, along with the ethical dilemmas, the laws regarding euthanasia, and the financial outcomes of euthanasia will be presented. Findings suggest that there may never be a definitive answer to the ethics of euthanasia, but more discussion and research can lead to a more understanding of the positive and negative outcomes of euthanasia, which can ultimately lead to the legalization of euthanasia and allowing the terminally ill patients to decide their fate.

Keywords: Euthanasia, terminally ill, ethics

Euthanasia: Is it Ethically and Morally Acceptable?

According to Euthanasia and Assisted Suicide (2015), since the legalization of euthanasia in Oregon in 1997 and the year 2012, there have been roughly 1,050 patients prescribed lethal prescriptions and 673 have gone through with the process in Oregon. Euthanasia is a topic of much discussion and controversy in today's society. Not only is it being discussed within America, but also there are countries all over the world that are researching euthanasia and its positive and negative outcomes. Typically, the view of the world seen by most people is that life is to be protected and saved at all costs. Some of the younger generations even live by the *YOLO* expression, meaning *you only live once*. This means that people should live each day to the fullest, because nobody knows when his or her last day could possibly be. With respect to that lifestyle, what if one knows when his or her last day is? Is it ethically and morally correct to allow people to kill themselves based on a terminal illness, or is this suicide?

Like mostly everything in life, there are multiple views of euthanasia. There are those who would say that euthanasia is considered suicide and that it is unethical and immoral. They would say that any life is better than no life at all. Along with that, some believe that life is to be preserved at all costs; no matter the condition the person may be in and no matter the lifestyle the person may live (Rich, 1997). On the opposing end, as discussed by Rich (1997), others are more pro-choice and think that if one would like to end his or her life then he or she should have to ability to make that decision, if capable of making such decisions. These people might note that dying with dignity shows more respect for life rather than suffering through each day (Rich, 1997).

Another dilemma with euthanasia is that with *Do Not Resuscitate* (DNR) orders. Are DNR's the same as euthanasia? According to Ozcelik, Tekir, Samancioglu, Fadiloglu, and

Ozkara (2014) euthanasia is the “ending of a patient’s life according to certain principles and under circumstances, where medicine cannot cure or provide a life of acceptable quality” (p. 94). A DNR is a form of advanced directive that would tell the healthcare team if the patient wishes to undergo life-saving actions if the patient were to stop breathing or if the patient’s heart were to stop. So, is ordering a DNR a form of euthanasia? Ozcelik et al. (2014) explains that there are two types of euthanasia, passive and active. Passive euthanasia is when the healthcare providers do not do “anything to prolong a patient’s life (Rich, 2014, p. 4). With Rich’s (2014) definition of passive euthanasia, a DNR order could potentially be viewed as euthanasia to some. On the other hand, active euthanasia, as explained by Ozcelik et al. (2014), is when a physician orders a lethal dose or agent to cause death of the individual. There is a fine line to what is accepted and what is not, but where that line is drawn depends on the location and the legislation regarding the issue.

According to Emanuel (1994), debates regarding euthanasia began with ancient Greece and Rome after the development of ether for anesthetic use. As explained by Emanuel (1994), it is said that there is debate on the use of “anesthetics and morphine to intentionally end a patient’s life” (p. 793). With this debate as the forefront for euthanasia, more debates began throughout the United States and still continue today. In recent news, in April of 2014, a 29 year-old woman, Brittany Maynard, was diagnosed with terminal brain cancer and was given six months to live (Firger, 2015). With her brain cancer, her health would continue to deteriorate until the point of incapacitation and death, and she explained that it would be a terrible way to die (Firger, 2015). That is when she decided that euthanasia should be a choice of all terminally ill individuals and not the decision of the government or physician and decided to act on it. Maynard moved from California to Oregon to take her life in her own hands and to be covered under Oregon’s aid-in-

dying law (Firger, 2015). She also began to campaign to raise awareness for euthanasia and work to get the 45 states that do not allow euthanasia to rethink the process and the laws forbidding it (Firger, 2015). Therefore, euthanasia is relevant because it was not only a subject for debate in ancient Greece and Rome, but is still a subject for debate today.

Overall, the goal of this paper is to break down the elements of euthanasia and determine the ethical dilemmas regarding euthanasia. It is necessary to understand the perspective of both parties—for and against—when determining whether or not euthanasia should be legal to individuals diagnosed with terminal illnesses. This paper will evaluate both the positive and negative outcomes of euthanasia to determine the ethical dilemmas that are associated with this touchy subject. It will also look at the laws regarding euthanasia, along with the process it takes to gain legalization of euthanasia. Lastly, the financial and overall emotional outcomes of euthanasia will be examined.

In order to gain insight on information about the ethical dilemmas, the laws and process, societal and political forces, and financial consequences of euthanasia, it is necessary to look at what is currently being published about the subject. It is also important to assess how healthcare teams, the physicians, nurse, nurse assistants, and many others, view the subject of euthanasia and how they treat situations that involve it. Do individuals have the autonomy to choose whether they want to live or die? How can euthanasia affect our society?

Ethical Dilemmas of Euthanasia

When it comes to euthanasia, there is much controversy. Is euthanasia suicide, and, ethically, is suicide wrong in *all* instances? Should the individual choose the date of his or her death if he or she is terminally ill? Many would say that it is ethically and morally wrong to allow a physician to prescribe a lethal dose of medication or a lethal agent to knowingly cause

one's death. Others disagree and believe it is an individual's right to choose whether he or she lives, also known as the patient right of autonomy, but who is correct? One way of viewing the ethical dilemmas of euthanasia is to view it from a religious point of view.

Gielen, Branden, and Broeckaert (2009) performed a study on the effects of religion and religious beliefs on the approval and likelihood of supporting and participating in euthanasia. As many would believe, Gielen et al. (2009) explain that "it can be assumed that religious and ideological convictions will influence the professional attitudes and practices of medical professionals," however, how does religion affect the general population (p. 303)? After researching the topic, Gielen et al. (2009) found that it is not always certain that religion plays a role in the approval and support of euthanasia, but overall, the consensus was that believers were more prone to having more positive attitudes towards euthanasia than those who are non-believers. Along with that, it was found that "agonists, atheists, and Anglicans were most supportive of changes in the law on voluntary euthanasia and were most likely to be willing to be involved in the provision of voluntary euthanasia" (Gielen et al., 2009, p. 309). On the other side of religion, individuals of the Roman Catholic faith were found to generally be in opposition of euthanasia, while among the Christian denominations, Protestants and Anglicans were found to be the most supportive (Gielen et al., 2009).

In many religions, there are guidelines, codes, or commandments to live by. For example, Christians who follow the Bible, there is a list of Ten Commandments each Christian is supposed to follow and live by. One of the Ten Commandments is "Thou shall not murder" (Baker et al., 2008, p. 74). According to Torr (2000), Christians also believe that "life is a gift from God. Human life, taking God as its image and likeness, has a special worth or dignity" (p. 31). Some Christians, according to Torr (2000), have the belief that suffering before death is one's passage

into heaven, just like Jesus Christ suffered on the cross before he was able to enter heaven and meet God (p. 21-22). They also believe that God is the only one able to take away one's life and that physicians should not be able to have that power (Torr, 2000, p. 22). If Christians believe that they are made from the likeness of God and God alone has the power to give and take life, then how can they support the euthanization of God's people? With that being said, it should be safe to say that Christians should be generally against euthanasia since it is the basic *killing* of another, but what Gielen et al. (2009) found was that there was not an overwhelmingly number of Christians that were against euthanasia. As a whole, Christians were more likely to be against euthanasia, but not as many were against it as expected (Gielen et al., 2009).

A second aspect of religion that can hinder one's support for euthanasia is the belief in a higher being; one that has the power over all and has already sealed one's destiny. Most religions have a higher being or a god they worship and obey. Also, most believe that this higher being has control over the outcomes of life and decisions made. For example, the followers of the Hindu religion believe in karma and that one is punished or rewarded for the actions and decisions made in life. They believe that the pain and suffering that one experiences is purification and cleansing of the body before the next life, and those that aid in euthanasia obtain and take on the remaining karmas of the individual (Firth, 2005). Firth (2005) further discusses that "Hindu ethics on the whole come out strongly against euthanasia;" therefore, if a Hindu follower were to be diagnosed with a terminal illness, he or she would believe that he or she deserves to suffer through the pain and would be against euthanasia (p. 683-684).

Another ethical dilemma with euthanasia is that there is an extremely fine line of what is and what is not euthanasia. Should the practice of euthanasia be allowed to be performed on anyone who wants to end his or her life or strictly reserved for individuals with terminal illnesses

and painful and extremely debilitating diseases or illnesses? Depending on the person, his or her beliefs, and his or her nature is how one would get an answer to these questions. In a hospital setting, specifically the Intensive Care Unit, one may be on a ventilator and receiving continuous enteral feedings through a nasogastric tube or a percutaneous endoscopic gastrostomy (PEG) tube and be at the end of life but able to sustain life only with these interventions. When a patient is in a condition as such, there is typically a family member or friend who is the durable power of attorney (POA) who makes decisions on behalf of the patient because the patient is unable to do so for him or herself. If the POA decides to withdraw from any interventions because the patient has no treatment options and is at the end of life, and the POA and healthcare team decide to terminally wean the patient, is that considered euthanasia? The patient is terminal because his or her life is being maintained with the assistance of machines, rather than being able to sustain life on his or her own. The patient is unable to make decisions because the state he or she is in, so the POA, who is chosen beforehand if possible, makes the decision to terminally wean the patient. The patient is extubated, taken off the ventilator, and is not given any more feedings or source of nutrition. He or she is then given palliative care to keep the patient comfortable while the patient deteriorates. The palliative care given is most often pain medication and sometimes sedation. Then, the patient is simply left to die. This is an issue of the difference between triggering death versus allowing death to come, so how is that any different than euthanasia? Terminal weans are a part of every intensive care unit and hospice care agency. Therefore, those who work in these types of situations are dealing with death and terminal patients almost on a daily basis. Do they aid in euthanasia? Some would say that they do. Especially when it is known that morphine is known to slow respirations and accelerate the death and dying process and morphine is the most widely used pain medication for terminal weans. If a nurse or a physician knows that

administering morphine could potentially quicken the patient's death, why is it being prescribed? Is this not a physician aiding in causing a patient's death who is terminal; in other words, euthanasia? Euthanasia is definitely a controversial subject and open for interpretation and debate, but even though euthanasia is technically illegal in 45 of the 50 states in America, nurses and physicians all over aid in terminal weans, which can be interpreted as a form of euthanasia.

Laws Regarding Euthanasia

When it comes to the laws and regulation of euthanasia, it all depends on where one is looking, because the laws are different everywhere one may go, whether it be within the United States or around the world in different countries. If one is looking within the United States, he or she would find that there are different laws depending on the state being questioned. There are currently five states in the United States that allow euthanasia. These states include Oregon, Washington, Montana, Vermont, and New Mexico (Firger, 2015). There are currently several states that are working towards legalizing euthanasia. A few of these states include California, Nevada, Utah, North Carolina, and Maine (Firger, 2015).

Ozcelik et al. (2014) explains that "some countries categorize euthanasia as a separate and independent crime, [and] voluntary euthanasia is categorized as a crime with extenuating circumstances in Germany, Italy, Switzerland, Poland, Denmark, Austria, Greece, Romania, Iceland, Uruguay, Norway, and Finland," while Belgium, the Netherlands, and Luxembourg have all legalized euthanasia (p. 94). Of the small number of countries where euthanasia is permitted, there are certain specifications and guidelines that must be followed to go through with the process to prevent abuse or misuse of the practice (Pereira, 2011). A few of the preventive measures taken to safeguard euthanasia are "explicit consent by the person requesting

euthanasia, mandatory reporting of all cases, administration only by physicians and a consultation by a second physician” (Pereira, 2011, p. e38).

As in any treatment or intervention, euthanasia has to be “voluntary, well-considered, informed, and persistent over time” and the individual giving consent must be able and competent to do so (Pereira, 2011, p. e39). To give consent, one must be competent, of legal age (18 years old in America) or be an emancipated minor, receive sufficient information to make an informed decision, and the consent should be given voluntarily rather than being coerced into giving consent (ATI, p. 53). Even though the jurisdiction explains that the individual must give informed consent, there are still several cases of euthanasia reported in which the patient did not provide consent. According to Pereira (2011), in the Netherlands, “for every five people euthanized, one is euthanized without having given explicit consent” (p. e39). In Belgium, physicians were questioned about the involuntary and the non-voluntary euthanized patients—involuntary patients being those who are able to give consent but do not provide consent and non-voluntary consent patients being those unable to provide consent for health condition—and they explained that they were doing what was in the best interest of the patient or that it would be too difficult to explain it to the patient, so they simply did not receive consent. Therefore, despite the measures in place to prevent the misuse and abuse of euthanasia, physicians are finding loopholes and the judicial systems are becoming more tolerant with time (Pereira, 2011).

The process of making euthanasia legal is pretty similar to any other bill becoming a law. First, an individual or group must have an idea in place to make a bill. Anybody can propose a bill, but if he or she is not in the state House of Representatives, then he or she must contact one of his or her representatives and purpose the idea (Kids in the House). For example, as explained by Oregon Death With Dignity: A History, in the early 1990’s, Frank Roberts, the Oregon state

Senator, had “introduced three Death with Dignity bills.” When introduced, the bills are presented to the House of Representatives and then Speaker of the House would move the bill to one of the House standing committees (Kids in the House). The committee would research the bill and edit the bill until it was ready to go back to the House floor to be reported and debated upon (Kids in the House). The representatives discuss and debate the bill, deliberate on what they agree and disagree with, and make changes appropriately; then, the bill is ready to be voted on (Kids in the House). In Robert’s attempts at Death with Dignity in the early 1990’s, none of his three bills made it out of committee, but Roberts had essentially made the templates for the bill that still stands today (Oregon Death With Dignity: A History).

According to Kids in the House, when a bill is being voted on, for the bill to be passed in the House of Representatives, then there must be a majority of the representatives in favor of the bill. If the majority is in favor of the bill, then it is passed to the state’s Senate for more discussions, edits, and ultimately voted on again, and if the Senate votes in favor of the bill, then that is when the bill goes to the governor (Kids in the House). He or she can either choose to sign and pass the bill, veto the bill and send it back to the House of Representatives, or pocket veto the bill. If the governor signs the bill, then it becomes a law and is enforced by the government; if the governor sends the bill back to the House of Representatives, then the representatives can go through the process again and edit and send it back through the process or they can put it to another vote (Kids in the House). If they obtain a simple majority vote in favor of the bill, then the bill becomes a law and is enforced by the government (Kids in the House). Lastly, Kids in the House explains that if the governor pocket vetoes the bill, and Congress is in session, the bill automatically becomes a law after ten days, and if Congress is not in session, then the bill does not become a law.

Bills referring to the legalization of euthanasia have been presented in several states in the United States. A few have been approved, but others have presented the bills and have been turned down for their own reasons. It may be that a state is dominated by republicans, which will be explained later. Also, it may depend on the bill itself, the safeguards included, and who is voting on the bill. Next, the societal and political forces behind the support and disapproval of euthanasia will be discussed.

Societal and Political Forces

As mentioned above, some individuals are in support of euthanasia while several others are against it. Euthanasia can be a touchy subject because it deals with the precious aspects of life and death. Who is typically for and who is typically against? There are several factors that can cause one to be in favor of or opposed to euthanasia. As mentioned above, religion can be a contributing factor as to why one may be for or against euthanasia; but along with religion, political forces, generational differences, class, and education levels can all contribute to one being in favor or against euthanasia (Aghababaei, Wasserman, & Hatami, 2014).

Politics play a large role in today's society and the belonging of one to a specific political party can be a definite contributing factor to whether that individual is in support of or against euthanasia. The two dominating political parties are the democrats and the republicans. As stated by Eleanor, the democratic platform is generally known to be pro-choice and in favor of matters of abortion and gay marriage. They believe in autonomy and that one should be able to make decisions for him or her without the regulation of the government (Eleanor). With that being said, it should stand true that democrats are predominately in support of euthanasia due to their pro-choice perspective.

On the other hand, republicans are a more of a pro-life party (Eleanor). Eleanor explains that they do not support gay marriage and oppose abortion. They believe that one should cherish life and that the government should not allow euthanasia and the intentional ending of one's life (Eleanor). Therefore, if a state is dominated by republicans, then that could be a reason as to why that state may not allow a bill legalizing euthanasia to pass and become a law.

Another contributing factor to those who may be in support of or against euthanasia is generational differences. There are currently five different generationals in the society today. First there are traditionalists. Traditionalists are those born before or during the Great Depression. According to Cherry and Jacob (2005), they believe in making decisions based on what has worked in the past and not changing matters if it is not necessary. Traditionalists are generally against euthanasia due to the fact that they believe that life is a precious gift and it should not be taken for granted and should not be taken from anyone (Cherry & Jacob, 2005). Next are the baby-boomers. These individuals were born between 1940 and the 1960 (Cherry & Jacob, 2005). Cherry and Jacob (2005) go into more detail and explain that they typically are more conservative and have the same beliefs as the traditionalists when it comes to matters such as euthanasia. Also, baby-boomers and traditionalists tend to be more religious than today's society; therefore, causing them to be more against euthanasia, as explained above (Cherry & Jacob, 2005).

Where beliefs and matters begin to change is with the generation xers and the millennials. Cherry and Jacob describe that the generation xers are those born between 1960 and 1989, while the millennials are those born between 1980 and 2000. The millennials are those that are currently the newest members of the workforce. The generation xers and the millennials are more rebellious, skeptical about issues (Cherry & Jacob, 2005). They are not afraid of trying new

ways of doing things and changing things up for a better outcome, rather than simply doing what has always been done (Cherry & Jacob, 2005). It was with the generation xers and the millennials that individuals began to view matters, such as euthanasia, differently and began to push for legalization of euthanasia.

Along with differences between generations, as with any controversial topic, gender places a large role in the opinions of individuals. Men and women tend to differ on opinions due to the different perspectives they each bring to the table. For example, women tend to approach an issue with sensitivity and tend to listen to both sides of the story (Cherry & Jacob). Cherry and Jacob (2005) also explains how men tend to be more goal-oriented and work towards the goal without emotional ties. Remember, both of these are generalist views of men and women, so this does not render true to all men and women, simply the majority.

Wolf (2005) described more about women and their view on euthanasia. According to Wolf (2005), women are more understanding of situations. Women are compassionate and empathetic, unlike their counterparts who do not always put their emotions into what they are doing and simply do what they are supposed to do without thinking about the emotional outcomes. Also, women tend to be more understanding of the burden that one may be to family and friends as the one struggling and needing assistance; therefore, women would be more prone to accepting the practice of euthanasia if the situation was right (Wolf, 2005). Lastly, Wolf (2005) discusses how women are generally more selfless than men and more willing of self-sacrifice for the greater good. With men generally being more selfish, women are more likely to support euthanasia due to the fact that they understand and respect the decisions of others.

Class is another societal factor that plays a role in the support of or the disapproval of euthanasia. Generally, America does not live on a class system and everyone is equal, but it is

found that there are those who live in economically devastated places that view things in a different perspective than those who live in a high-class area. Aghababaei et al. (2014) describe how class plays a role in the support of euthanasia because the individuals in the lower-class societies are struggling more than those in high-class societies and know the true meaning of life. They are more appreciative for their lives than those that are in higher-class societies because those in the high-class societies typically have everything they need or want, and if they are ill they can easily make an appointment to visit their family doctor or visit the local hospital and not worry about the cost it may cause them (Aghababaei et al., 2014). Lower-class individuals tend to live life to the fullest and do not take matters in life for granted like higher-class individuals do (Aghababaei et al., 2014).

On the other hand, the lower-class individuals may not be as educated as those in the higher-class society, so they may not understand what euthanasia entails and how it can affect healthcare, the patient, and the physician. They may only view euthanasia as an act of ending life, rather than seeing the whole picture behind the act of euthanasia (Aghababaei et al., 2014). The higher-class individual may be able to see the full picture and see what the possible effects may be due to the higher level of education obtained; therefore, being more likely to be supporters of euthanasia than those in the lower-class societies (Aghababaei et al., 2014).

Financial and Emotional Consequences

As discussed, Euthanasia has several angles an individual may perceive; but furthermore, what about the financial consequences of keeping a terminal patient alive at all costs and the emotional burden placed on the families and friends of the terminal patient? First, in general, if a patient is at the end of life and is receiving hospice care, the patient is spending anywhere from one hundred to two hundred dollars per day for care (Kim, Han, Kim, & Park, 2015). Do the

math and it comes out to be over fifty thousand dollars per year, and that does not include medications, hospital visits, check ups, and additional equipment the client may need. As stated by Kim et al. (2015), in a hospital setting, especially within the final three months of a terminal patient's life, the inpatient charges are significantly increased. With that being said, is it financially acceptable to keep these terminal patients breathing if they desire otherwise? Is it morally acceptable given the financial burden that will be imposed, in addition to the pain and suffering of the client? It could drastically save money if the option of euthanasia would allow patients to decide to end treatment, but would many patients choose this option?

Most often, if an individual is given a poor prognosis and is told that his or her condition is terminal, he or she will decide to go home for the time remaining and continue with palliative care in the comfort and privacy of his or her own home. If the terminal patient is in need of around-the-clock care, the family may not only be burdened by the financial aspects of hospice care, but they may be burdened by the duty of taking responsibility for the care of the client, and that can be extremely taxing, both physically, emotionally, and financially, on a family. If a family member is given the task of taking care of a terminally ill patient, he or she may have to give up a lot, including work, friends, and time spent with family to be able to give the terminal family member the attention he or she may need. With that being said, would a family be supportive of allowing their terminally ill loved one give up his or her life? It would seem that if a family understood what the terminally ill patient was going through, that they would be supportive in his or her treatment decisions, even if that means termination of life, but the bonds of family go far beyond what can be imagined, so this idea can not be generalized at this time.

While on the subject of emotional distress, what about the physicians performing the euthanization? Do they feel remorse after terminating an individual's life? Stevens (2006)

performed a study on the effects euthanasia has on the physicians who are actually performing the euthanasia. It was found that in the Netherlands “many physicians who had practiced euthanasia mentioned that they would be most reluctant to do so again” and 75% of the physicians who performed euthanasia on a patient voiced feelings of discomfort (Stevens, 2006, p. 198). So, the physicians in the Netherlands were found to be predominately remorseful about their aid in euthanasia. With that being said, the same study by Stevens (2006) was performed in the United States and it was found that of the physicians who participated in the study, 53% of them reported receiving “comfort from having helped a patient with euthanasia” and only “24% regretted performing euthanasia” (p. 191). This is a significant difference from what was reported by the physicians in the Netherlands. It is unknown of what exactly is the reasoning for these substantial differences, but it could be a difference in religious views, societal values, the gender of the participants, or simply the attitudes of those who participated in the study; but none-the-less, it can be said that the physician should be taken into consideration when it comes to the act and participation in euthanasia (Stevens, 2006).

Conclusion

When it comes to euthanasia, whether one supports the practice or not is controversial due to the many angles one could view it from. One could support it or be against the practice because of religious beliefs, political views, generational differences and gender differences. There are certain laws that regulate the practice of euthanasia, and it simple depends on where an individual resides as to if he or she can receive euthanasia. There are also some financial and emotional consequences when it comes to keeping a terminal patient alive.

Euthanasia is also controversial because there is a fine line as to what euthanasia truly is. A terminal wean or a DNR order can be considered euthanasia to some, while only prescribing

and administering lethal doses or lethal medications is euthanasia to others. According to Torr (2000), “intention is key” (p. 28). If a physician’s intention is to end a terminal patient’s life in order to simply *get it over with* or to kill, then the intentions are all wrong, but if the physician’s intentions are to end suffering and is doing so at the request of a competent terminal patient, then the euthanasia may be permissible (Torr, 2000).

Also, is allowing someone to die the same as killing a terminal patient by euthanasia? If one is on his or her deathbed and is ready to die, is allowing one to die the same as providing the lethal doses or lethal medications for a terminal patient who is also on his or her deathbed and is ready to die? Killing one by means of euthanasia versus allowing one to die is another ethical dilemma when it comes to euthanasia. When a patient is terminally weaned, the patient is taken off of the life-sustaining machines and nutrition. The healthcare team is allowing the patient to take over from there, and generally the patient will not last much longer after life-sustaining interventions are discontinued. To some, the act of terminal wean is the same as euthanasia, and to others, it is very different. Torr (2000) describes that providing voluntary euthanasia is a sign of compassion for the patient if the patient asks without the healthcare providers’ influence, if the patient is competent, and if the patient is fully informed (p. 18).

Another dilemma with euthanasia is the concern of abuse if it legalized. There would have to be parameters set in place for who would be allowed to use it and for those who would be allowed to practice it. For example, would inmates with life-sentences be allowed to ask for euthanasia? They would basically be on their deathbed and could potentially have the desire to and be ready to die. If those were the parameters, then how would these exclude inmates from abusing euthanasia? Or would inmates be permitted to ask and receive euthanasia? The question that Harrington (2004) asked in her study about the rights of those on death row to volunteer for

execution and be allowed to waive habeas appeals. Harrington (2004) discusses how allowing inmates on death row to volunteer could allow them to uphold what dignity they have left, give them autonomy, and self-esteem but should inmates really be allowed these things? Also, many inmates suffer from mental illness and it is said the conditions that most death row inmates live in can “significantly alter inmates’ abilities to make rational life-and-death decisions” (Harrington, 2004, p. 1110). Therefore, if euthanasia were to be legalized, the use and abuse of such practice would need to be regulated by the government by providing who can and who cannot ask for euthanasia in writing.

Regarding the laws of euthanasia in the United States alongside the political and society influences on its legalization, it is interesting to see what states have legalized it and who has not. As discussed above, democrats are more likely to be in favor of euthanasia due to their belief of personal choice, while republicans are typically against euthanasia because they are more pro-life. The states that legalized euthanasia, as stated above, are Oregon, Washington, Montana, Vermont, and New Mexico. Of those five states, four of the five are predominantly democratic, with Montana being the one with republicans in the majority (Chokshi, 2014). Also, California is currently working on legalizing euthanasia due to the case of Brittney Maynard and California is also dominated by democrats (Chokshi, 2014). Therefore, excluding Montana, the fact that the democratic states have legalized or are working towards legalizing euthanasia proves that political views can be a great influence on the legalization of euthanasia.

Levy, Azar, Huberfeld, Siegel, and Strous (2012) explain that physicians are to heal and prevent suffering, so euthanasia tends to be engaged because the physicians and nurses have a humanistic desire to end a patient’s suffering and pain. Everyone has felt pain, and mostly everybody does not enjoy being in pain; therefore, some say that is it ethically and morally right

for the physicians to respect the patient and his or her decisions when it comes to his or her life. Not only does euthanasia relate to physicians and the medical field, but it also is connected to politics and the government, as well as sociology and psychology.

Euthanasia is a controversial topic and is deserving of more research and discussion on its legalization. Do patients deserve the right to choose their destiny or should the government continue to make laws against euthanasia? Autonomy and the patient's rights are important aspects of how treatment is provided, so how is euthanasia any different than respecting the patient's right to refuse or accept treatment? These are just a few of the many questions that continue to lurk around about euthanasia, and may never be able to have a definite answer due to differences of opinions and beliefs of individuals, but research and discussion can change how the government forbids or allows euthanasia, which in turn would allow the patients the autonomy they rightfully deserve.

References

- Aghababaei, N., Wasserman, J. A., & Hatami, J. (2014). Personality factors and attitudes toward euthanasia in Iran: implications for end-of-life research and practice. *Death Studies*, 38(1-5), 91-99. doi:10.1080/07481187.2012.731026
- Baker, J., DeVries, M., Hodges, A., Hollmann, A., Keefer, M., Keefer, S., . . . White, J. (2008). *Live: Holy bible*. Loveland, CO: Tyndale House Publishers.
- Cherry, B., & Jacob, S. R. (2005). *Contemporary nursing: Issues, trends, & management*. St. Louis, Mo: Elsevier Mosby.
- Chokshi, N. (2014, February 6). Map: The most Democratic and Republican states. Retrieved November 2, 2015, from <https://www.washingtonpost.com/blogs/govbeat/wp/2015/02/06/map-the-most-democratic-and-republican-states/>
- Eleanor. (n.d.). Differences Between Democrats and Republicans. Retrieved November 30, 2015, from <http://www.enkivillage.com/differences-between-democrats-and-republicans.html>
- Emanuel, E. (1994). The history of euthanasia debates in the United States and Britain. *Annals Of Internal Medicine*, 121(10), 793-802.
- Firger, J. (2015, March 25). Family releases final Brittany Maynard video as Calif. debates right to die. *CBS News*. Retrieved from <http://www.cbsnews.com/news/brittany-maynard-video-california-debates-right-to-die-law/>
- Firth, S. (2005). End-of-life: a Hindu view. *Lancet*, 366 North American Edition(9486), 682-686 5p.

- Gielen, J., van den Branden, S., & Broeckaert, B. (2009). Religion and nurses' attitudes to euthanasia and physician assisted suicide. *Nursing Ethics*, 16(3), 303-318.
doi:10.1177/0969733009102692
- Harrington, C. L. (2004). Mental competence and end-of-life decision making: death row volunteering and euthanasia. *Journal Of Health Politics, Policy And Law*, 29(6), 1109-1151.
- Kids in the House. (n.d.). Retrieved from <http://kids.clerk.house.gov/grade-school/lesson.html?intID=17>
- Kim, S. J., Han, K. T., Kim, T. H., Park, E. C. (2015) Does hospital need more hospice beds? Hospital charges and length of stays by lung cancer inpatients at their end of life: A retrospective cohort design of 2002–2012. *Palliative Medicine*, 29(9), 808-816 9p.
doi:10.1177/0269216315582123
- Levy, T. B., Azar, S., Huberfeld, R., Siegel, A. M., & Strous, R. D. (2013). Attitudes towards euthanasia and assisted suicide: a comparison between psychiatrists and other physicians. *Bioethics*, 27(7), 402-408. doi:10.1111/j.1467-8519.2012.01968.x
- Oregon Death with Dignity Act: A History. (n.d.). Retrieved November 22, 2015, from <https://www.deathwithdignity.org/oregon-death-with-dignity-act-history/>
- Ozcelik, H., Tekir, O., Samancioglu, S., Fadiloglu, C., & Ozkara, E. (2014). Nursing students' approaches toward euthanasia. *Omega*, 69(1), 93-103. doi:10.2190/OM.69.1.f
- Rich, E. (1997). Euthanasia and assisted suicide. *Journal Of The New York State Nurses Association*, 28(2), 8-11.
- Stevens, K. J. (2006). Emotional and psychological effects of physician-assisted suicide and euthanasia on participating physicians. *Issues In Law & Medicine*, 21(3), 187-200.

Torr, J. (2000). *Euthanasia: Opposing viewpoints*. San Diego, California: Greenhaven Press.

Wolf, Susan M. (1996). Gender, Feminism, and Death: Physician-assisted suicide and euthanasia. *Feminism & Bioethics: Beyond Reproduction*, 282-317