

Euthanasia: Act of Charity, or Murder?

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Abstract

Abstract: Euthanasia is defined as a “good death”. It encompasses different forms of death: passive, active, indirect, with or without the consent of the patient, assisted suicide, even elective abortion may be considered a form of euthanasia. Some argue in favour of euthanasia based on the right of the patient to decide about his own life. Others claim that different societies set different standards and norms of behaviour. Those who are opposed to euthanasia base their arguments on the Hippocratic Oath and the Ten Commandments. Their argument is further reinforced by new therapies, possible diagnosis errors, even rare cases of self-regression of cancer. We also discuss herein the negative impact of legalizing euthanasia, and briefly refer to four cases of patients as illustrative examples against euthanasia.

Key words: *Euthanasia, good death*

Introduction

In ancient Greece, euthanasia meant a “good death”, which is a natural death, characterized by a peaceful state; a quiet, good or even glorious death. One such example was that of Diagoras who died whilst being carried on his sons’ shoulders around the ancient stadium of Olympia, and being cheered on by the crowds following their victory in the Olympic Games.

Lately, the subject of euthanasia has once again been raised as a means to shortening the suffering of patients with incurable conditions. The debate concerning the several kinds of euthanasia, and the arguments for and against are infinite.

This presentation is based on bibliographic research as well as over 50 years of practicing clinical medicine.

According to the current medical definition, euthanasia could be classified into the following:

- a. *Active euthanasia:* an increased dosage of medication is administered at the patient’s insistence; in such cases, the patient usually suffers from some kind of incurable illness.
- b. *Active euthanasia without consent of the patient:* the patient is in a state of coma, or unable to give their consent, due to their mental status.
- c. *Passive euthanasia:* the mechanical support of the cardiac or respiratory functions of the patient is withdrawn.
- d. *Indirect euthanasia:* medications for pain relief are ad-

- ministered, which may lead to the death of the patient if respirations are depressed to the point of cardiac arrest.
- e) *Assisted suicide:* a physician provides a certain medication to a patient in the knowledge that the patient will use it to commit suicide.

Some writers consider that even elective abortions performed for eugenic reasons may be considered as acts of euthanasia since a human life is sacrificed, even though it belongs to an unborn child [1,2].

Arguments for euthanasia

- a. Some claim that everybody has the right to request euthanasia, deciding for themselves when to terminate their life. Gynaecologist H. Heintz stated that everyone has the right to decide when his life should end [3]. Likewise, J. Couley states: “the patient has the right to decide for himself concerning his future, based on the truth about his condition” [4].
- b. Another argument presented is that doctors should truly act in the interests of the patient; however, it should always be left to the patient to determine what is best for him. For many patients, a life full of pain, suffering and loss of dignity, and the realization that they have become a burden to their loved ones, is a worse fate than death. It is a life not worth living. A good palliative therapy would not solve the problem since it is not only a question of pain relief, but the right of that patient to a “respectable death” that has to be preserved. The supporters of euthanasia claim that, in such cases, it constitutes a humanitarian act of mercy. This is possibly the view to euthanasia taken by Dr Kevorkian [5], a great advocator for assisted suicide, who calls himself “Angel of mercy” while the American public call him: “Dr Death”.

Certain physicians consider that withdrawing supportive therapy is no different to euthanasia. However, contending arguments claim that withdrawal of supportive mechanical therapy does not necessarily lead to death, although such an outcome is possible.

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Some argue that every society formulates its moral ethics, based each time on what it considers acceptable or not; they assert that if euthanasia is accepted by society, it should be legalized. However, this mode of thought is fraught with danger because we know of many cases of democratically approved decisions that were wrong (the trial of Socrates, the trial of Jesus Christ, the ostracization of Aristides). The opinion of society should not govern the physician's behaviour. In the words of Edmund Burke "It is not what a lawyer tells me I can do, but what reason, justice and humanitarianism tell me to do".

A last argument in favour of euthanasia is that were it legalized, it would guard against its abuse since the state could inspect each case on an individual basis. That being said, the legalization of euthanasia in Holland negates this argument.

Arguments against euthanasia: They are numerous

Respect for human life: It is stated in the Hippocratic Oath: "I will give no deadly medicine to anyone, even if asked".

The Ten Commandments clearly state: "thou shalt not kill". This command is officially accepted by the Christian Orthodox Church and the Roman Catholic Church.

Professor G. Daikos of Athens University clearly states: "If the physician does not have respect for human life, it would have been preferable not to have gone into medicine" [6,7]. Doctors should be defenders of life. The principles of medicine make it impossible to permit the act of murder.

The International Organization of Health proclaims that even at the patient's request, euthanasia constitutes an immoral act.

A British physician once stated that if certain governments wanted patients to be killed, they should hire executioners. Professors C. Giannakis and Kontselanis concur with this point of view, and Mitsopoulos and Zakopoulos consider euthanasia to be a form of murder [8].

Another argument against euthanasia is the increasing development of new medications and new forms of therapy nowadays, even for diseases that were hitherto considered incurable. In addition, Dr. Avramides claims that in cases of patients who have been diagnosed as being terminally ill, there is always a small possibility of misdiagnosis [9,10]. Moreover, a published article in the literature by Professor W. Cole of the University of Illinois reported 50 cases out of a large group of patients who were found to be inoperable at abdominal exploration because of advanced carcinoma. Several years later, these patients underwent abdominal surgery for another unrelated condition, during which no evidence of the original lesion was found. Over 1000

similar cases of spontaneous regression of cancer have been identified in the literature.

Depression is frequently observed in patients suffering from a painful, or incurable illness, and needs to be treated parallel to palliative treatment. It is estimated that in 90% of patients who commit suicide or have suicidal tendencies, depression is part of their illness. In such cases, a psychiatric evaluation and therapy is a more appropriate approach, in addition to their other treatment. Studies have shown that very few patients receiving adequate palliative therapy request euthanasia.

The Dutch experience is yet another argument against euthanasia [11]. This experience shows that once this method is officially approved, it resists being effectively controlled. In 1990, 100 cases of euthanasia were put into effect without the relatives' agreement. At the same time, after euthanasia was put into effect, 65-75% of doctors admitted to signing false death certificates. As Mr. Panagopoulos maintains, there would also be a high risk of euthanasia being applied to the poor, the uninsured, the elderly, and people suffering from a psychic condition or AMEA [12]. A similar principle was adopted in Nazi Germany.

If euthanasia is officially approved, doctors would be pressured by relatives to perform euthanasia because of the high cost of treatment, or reasons associated with an anticipated inheritance. Such developments would undermine the confidence between doctors and patients. Likewise, some patients may be more susceptible to pressure and request euthanasia "so that they may be less of a burden to their relatives".

At the same time, the funds allowed for palliative and psychological care would be less. Such is possibly the case in Holland, where palliative care is not as developed as it is in the United Kingdom [13-16]. Furthermore, in Holland [11] the medical profession has been so negatively influenced, to the point that regulations are not properly followed, and seriously incapacitated patients, such as tetraplegic patients or those with mental retardation, are considered useless. However, many Dutch doctors are resisting the above trend, thus creating problems for the pro-euthanasia doctors [17].

Representative cases of patients

1. S.K. was an air force officer who sustained a serious cervical spine injury during the war of 1940. After two operations, he remained tetraplegic. When he recovered from his second surgery, the well-known Dr. Rusk of New York told him that his condition was incurable and that he should pray to God for help. The patient refused to accept this gloomy prognosis and, after 14 years, he walked again to become president of the Society of Handicapped patients, many of whom he has helped in numerous ways. He has also published a magazine

for the handicapped, which was awarded a prize by the Academy of Athens.

2. K.S. graduated from the National Metsovion Polytechnic University of Athens, after which he developed multiple sclerosis. He gradually began to find increasing difficulty in walking, and he eventually developed tetraplegia. In spite of his serious condition, he managed to organize a publishing company named "The Deer", through which worthy books were printed, including a translation of the book "How to really love your child" by child-psychiatrist Gamble, which has helped many parents to understand the problems facing their children. He also hired a number of students, so that they could deliver scientific books to the University Faculty. He set up a Society to support crippled patients, organizing social events and outings for them, while at the same time, he published the magazine BETHESDA for these patients. For 30 years, until his death, he made a significant contribution to society. He demonstrated by personal example the significant achievements that people with serious handicaps could accomplish, in terms of both their own survival and helping other handicapped people to overcome difficulties, not to lose hope, and beat defeat.
3. A patient suffering from idiopathic pulmonary fibrosis offered Dr. Peter B. Terry \$10,000 requesting that he give him a deadly injection. After much effort in attempting to help the patient, it became obvious that the patient was suffering from depression. The patient agreed to see a psychiatrist. Thanks to psychotherapy, he lived for several years without ever again requesting euthanasia [18].
4. A young man from Evros in Thrace, Greece, was suffering from leukaemia. He had advanced disease at terminal stage. He asked cardiologist Dr. Dionysios Papazahariou to remain by his bedside the night he was dying. The doctor sat next to him, holding his hand throughout the night until the patient finally died.

The first three cases show what can be accomplished even by patients suffering from very advanced, incapacitating conditions.

The fourth case is an example of exceptional human kindness towards a patient, extended by the physician who remained at the bedside of this patient, who was all alone, during his final hours of demise. This is an unusual contribution of a sensitive physician to a desolate dying young man.

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Ευθανασία : Πράξη Φιλεσπλαχνίας ή Φόνου;

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Περίληψη

Από τη μελέτη της προσιτής μας πρόσφατου βιβλιογραφίας παρουσιάζονται οι απόψεις υπέρ και κατά της ευθανασίας. Οι υπέρμαχοι της μεθόδου απαριθμούν επιχειρήματα που βασίζονται:

- α. Στην αυτονομία του ασθενούς να αποφασίζει για τη ζωή του.
- β. Στο ότι θεωρούν φιλεσπλαχνία την επίσπευση του θανάτου ορισμένων ανιάτων ή βαρέως πασχόντων ασθενών που βρίσκονται σε φυτική κατάσταση και είναι «χωρίς ελπίδα» ή ταλαιπωρούνται από πόνους ή «οι συγγενείς δεν αντέχουν άλλο».
- γ. Στο ότι κάθε κοινωνία φτιάχνει κάθε στιγμή τη ηθική της με βάση το τι θεωρείται κάθε φορά αποδεκτό ή όχι. Κατ' αυτούς αν η κοινωνία αποδέχεται την ευθανασία, θα έπρεπε να νομιμοποιηθεί.
- δ. Ότι η νομιμοποίηση της μεθόδου θα επιτρέψει να μπου ασφαλιστικές δικλείδες για να αποφεύγονται καταχρήσεις.
- ε. Ότι υπάρχουν και λόγοι οικονομικοί όταν το κοινωνικό σύνολο επιβαρύνεται με τα έξοδα συντηρήσεως π.χ. ασθενών σε φυτική κατάσταση μακροχρόνια.

Οι αντιτιθέμενοι στην ευθανασία προβάλλουν τα επιχειρήματα:

- α. Ότι η ανθρώπινη ζωή είναι σεβαστή και έχει αξία, ο δε γιατρός είναι βοηθός, συμπαραστάτης και όχι εκτελεστής.
- β. Ότι συνέχεια ανακαλύπτονται νέες μέθοδοι θεραπείας που μπορούν να δώσουν νέα ελπίδα σε καταστάσεις που σήμερα θεωρούνται ανίατες.
- γ. Ότι πάντοτε υπάρχει η πιθανότητα μία διάγνωση να μην είναι απόλυτος και ότι αναφέρονται και περιπτώσεις που μια νόσος εξελίχθηκε διαφορετικά από συνήθως με ανεξήγητες ίασεις ή μακροχρόνια επιβίωση ορισμένων ασθενών που οι γιατροί τους είχαν προβλέψει διαφορετική έκβαση.
- δ. Ότι όπου η κοινωνία και η δικαιοσύνη ανέχθηκε την ευθανασία σύντομα θεσπίστηκαν νόμοι που οδήγησαν σε καταχρήσεις και γενοκτονίες όπως έγινε στην Ναζιστική Γερμανία. Στη σημερινή Ολλανδία που υπάρχει ανοχή από τη δικαιοσύνη, υπάρχουν ενδείξεις εφαρμογής ακούσιας ευθανασίας και ψευδών πιστοποιητικών θανάτου σε σημαντικό αριθμό ασθενών.
- ε. Μία τέτοια τάση σαν την προηγούμενη οδηγεί στη υποβάθμιση της ιατρικής και την υπονόμευση της εμπιστοσύνης του ασθενούς προς το γιατρό του.
- φ. Τα ιδεώδη της σύγχρονης ιατρικής βασίζονται σε ιπποκρατικές αρχές όπως το «ΩΦΕΛΕΕΙΝ Η ΜΗ ΒΛΑΠΤΕΙΝ».
- γ. Ένα σημαντικό ποσοστό άνω του 90% ασθενών που ζητούν ευθανασία, αναφέρεται ότι πάσχει από κατάθλιψη και μπορεί να βοηθηθεί με ψυχιατρική βοήθεια.
- η. Σύγχρονες μέθοδοι ανακούφισης πόνου και Κλινικές πόνου μπορούν να βοηθήσουν ώστε και οι πάσχοντες από επώδυνες ασθένειες να βρίσκουν ανακούφιση. Αναφέρονται περιπτώσεις ασθενών που παρά τη βαριά νόσο που έπασχαν έγιναν αυτοδύναμοι και ευεργέτησαν επί πολλά έτη τους συνανθρώπους τους. Επίσης 2 άλλες περιπτώσεις ασθενών με βαριές παθήσεις που οι γιατροί των κατόρθωσαν με σημαντική θυσία χρόνου και υπομονής να τους βοηθήσουν στη αντιμετώπιση των δυσκολιών τους.

Λέξεις κλειδιά: Ευθανασία, φιλεσπλαχνία, φόνος

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