

KINDNESS

Kindness or cruelty?
The euthanasia debate

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Kindness or cruelty? The euthanasia debate

Euthanasia is an international issue, being a legally accepted procedure in countries such as Belgium and the Netherlands, yet still a controversy and an illegal act within the UK. Its essential role in medical ethics is always an important topic to consider: is it an act of kindness or is it simply cruel?

Initially, it is vital to acknowledge the meaning of euthanasia and its difference from assisted suicide. Euthanasia can be defined as the ending of a patient's life when they are suffering from an incurable or painful disease, or in an irreversible coma . It differs from assisted dying or assisted suicide because in euthanasia, the action is taken by the physician, while in assisted dying, the physician gives the patient the means to commit the act themselves. Euthanasia is often a sensitive or taboo topic that many people prefer to not discuss. However, by understanding the reasoning behind both sides of the argument, we can gain a better insight into this ongoing debate and build an informed opinion on this discussion.

The General Medical Council provides an expectation of "a good doctor" and thus the basics of good medical practice within the UK. The baseline of this comes down to the Four Pillars of Medical Ethics , which are:

Autonomy - giving the patient the freedom to choose freely, when they are able

Justice - ensuring fairness

Beneficence - doing good

Non-maleficence - doing no harm

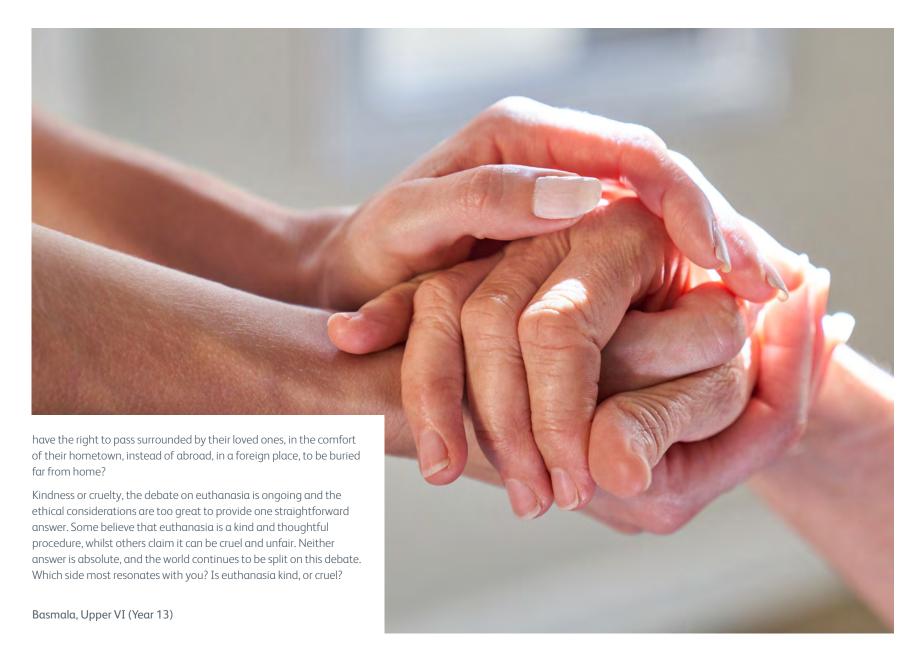
In the euthanasia debate, all four Pillars of Medical Ethics are important to consider; however, in my discussion, I will focus mainly on the overriding pillar: autonomy. Autonomy is always the leading pillar in making decisions for healthcare professionals and this is because, in almost all cases, the medical treatment or choice made comes down to the patient's consent.

The reason why euthanasia is such a disputed topic given this basis of the expectations under Medical Ethics is due to the fact that, often, for suffering patients with an interest in undergoing euthanasia, it is uncertain whether the patient has the mental or physical capacity to make a medical decision for themself. As a result, due to the subjective nature of the decision-making procedure, it may be seen as an act of cruelty: to allow someone to undergo such an action if there is a risk that they are not in the correct headspace. Furthermore, is it fair to give relatives of the patient the role of making such a decision, without truly knowing what lies behind their choice? For example, their choice to allow the patient to undergo the procedure may be to alleviate pressures to care for them or to pay medical bills. In contrast, it could be that undergoing euthanasia is, overall, beneficial for

the patient, but the thought of forcibly removing life from the patient is an idea too unbearable for their relatives to accept and so the procedure is never accepted or undergone.

On the other hand, the alternative argument for euthanasia, brings another set of considerations. Many people question whether it is the physician's role to ensure non-maleficence, to do no harm, and thus allow the patient to benefit from removing their ongoing pain, if there is no hope of improvement in their situation. In addition to this, many people believe that euthanasia is acceptable given that the patient can be left to die under palliative care, providing them with a comfortable way of death, ensuring they leave their life in a condition where they are satisfied rather than under ongoing pain. As a result, this reasoning claims euthanasia is a kind consideration of a patient's comfort on their passing. Finally, the gradual increase of certain countries' acceptance of the procedure has triggered a wave of medical tourism, leading patients interested in undergoing euthanasia within the UK to travel abroad. This poses a great issue, as the same question of providing comfort for the patient is broached: shouldn't patients









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