International Journal of Healthcare Sciences ISSN 2348-5728 (Online)
Vol. 3, Issue 2, pp: (663-666), Month: October 2015 - March 2016, Available at: www.researchpublish.com

Ethical Issue: Passive Euthanasia

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Abstract: **Euthanasia is the process of withholding medical treatment by a qualified health care provider. There are ranges of attitudes both for and against passive euthanasia, which have been controversial for many years. Euthanasia is the termination of a person with their consent to withhold medical care. Some raise a moral question about euthanasia. Passive euthanasia done with the patients' consent avoids wasting treatment and resources and reserving them for people expected to benefit from them. The controversial point is that holding back treatment of a patient, knowing that the person will die no matter what you do is morally equivalent to administering a lethal injection. Both end in death of the patient. In the case of passive euthanasia, the provider takes an informed decision of not treating beings the best solution.**

Keywords: **euthanasia, passive, lethal, ethics, morals, believes.**

1. INTRODUCTION

Passive euthanasia is an ethical consideration creating questions. A patient deciding to adopt passive euthanasia can draw out challenging emotions for family members. Ethical guidelines are essential for the health care provider to navigate these situations. Often the same medication to treat the patients disease becomes toxic to the patient, however, may be the only remedy to their painful situation. While it is debatable, the doctor's measure may actually be a passive form of euthanasia. However, many claim it is a component of good health care and the side effect is unintentional and unavoidable (Brody, 1975).

An important component of this ethical dilemma is a quality of life issue. What are the patients beliefs regarding euthanasia. In these situations the family, doctor and nurses are all part of the community, which needs to come to an agreement with the patient (Lachman, 2010).

While often not thought about by the patient until it arises, it can be divisive within the community of patient, family, physician and nurse(s) (Gurney, 1972).

Some individual's do not support the concept of the euthanasia (individual's right to terminate his own life). Moreover, they cannot distinguish between active and passive euthanasia. This camp takes the position that removal of life-supporting treatments is the same as taking steps to speed up death. For either option, they assert not responding with something like restarting the hart, is the same as a deadly dose (Sherman & Cheon, 2012).

Those opposing active euthanasia consider it to undermine human considerations for life, violates religious believes, and lessons their support of a physician's actions. They assert passive and active euthanasia are different issues completely. Active euthanasia is the intention to cause death using appropriate methods available. However, in the case of passive euthanasia treatment is typically width held, or the patient is slowly worked off of the treatment, so that the patient's death is accepted by the illness they are suffering from (American Nurses Association (ANA), 2014).

2. EUTHANASIA- ETHICAL ISSUE

Often, a serious illness has impacted the quality of the patient's life. They chose to die and do not want to suffer in pain because there is little, or no chance for improvement. In these situations the patient may be suffering from a degenerative disease such as Alzheimer's, Huntington's, multiple scleroses, ALS, AIDS, or terminal cancer. Such diseases provide

patients with good reason for not expecting the health care system to bring back their quality of life and they see their independence fading away and often with their dignity (Wreen, 1988). There is even the financial component that comes into the overall decision picture because they are concerned about losing financial assesses for no gain. In situation such as this, patients often feel that they should have the right to exercise control over their own situation (Sherman & Cheon, 2012).

Place yourself in the patients situation of having a terminal, debilitating and possibly painful condition. Would you personally want to have the right to end at a certain point when you decide you have reached your conclusion? Difficult options to decide about are, should the doctor be allowed to terminate a life under specific situations, hold back on treatment, or not take emergency action? These are a couple of sensitive and ethical considerations (ANA, 2012).

One approach to voluntary euthanasia is where the physician assists in the process. While it is suicide, it consists of the patient voluntarily taking action to end their life. This differs from conventional suicide because a physician facilitates it and the diagnosis is determined to be applicable to the situation by ruling out if the patient is able to judge his situation and take such suicide decision. The physician order per patient desire the assisted suicide that typical consists of an injection of a lethal dose of a medicine. In most states the assisted suicide is described as a felony offense. American Medical Association doesn't allow assisted suicide. Their code of medical ethics specifically rules out orders of such suicide by physicians (Lachman, 2010).

One of the countries that legalized euthanasia and assistive suicide is Netherlands. In the Netherlands, there are enforced guidelines including things such as a request form the patient and they must be in suffering that cannot be deal with any longer by the patients, all alternatives must be exhausted and there must be collaborative agreement between physicians (American Nurses Association (ANA), 2014).

In the United States, it was the 1970's when the discussion and debate was noticeable. Patients' Rights groups have been on one side are promote the patients right to die, or make the choice of when to die of patients who are terminally ill. Groups representing the opposition are the AMA and religious groups (Lachman, 2010).

In 1980, the journalist Derek Humphrey founded Hemlock Society following his personal experience with his wife's battle and pain with cancer, has done a great deal to make a case in support of physician-assisted suicide. In 2003, the organization changed is called "End of life choices", to point the ideals and help people who are in the same situation. Under the motto, "Dignity Compassion Control", they advocate in support of terminally ill to be able to make a choice (Sherman & Cheon, 2012).

As the population has a higher percentage of senior citizens, the moral issues associated with relieving suffering are warranting more discussion due to the increased number of people impacted by the discussion. Within the discussion are imperative issues such as dignity, compassion, autonomy, ending of suffering, protection of those who cannot protect themselves and the emerging redefinition of the role of the physician in when a life should be allowed to go (Vadász, 2010).

The countries of Belgium and the Netherlands along with the three states of Oregon, Washington and Montana have passed laws allowing for physician assisted suicide, or euthanasia. Countries, such as Switzerland are allowing non-physicians to assist in suicides and there is debate in countries such as Great Britain where the laws have not progressed but the general population is beginning to support assisted suicide (Vadász, 2010).

Physicians and nurses will face even more questions from patients and families as the population of elderly increases and there will be many considerations regarding the legal role of the health care providers and families. Health care providers need to understand all of the definitions such as assisted suicide and euthanasia and apply a working knowledge and understanding to their practices. It also needs to be understood when someone other than a physician or nurse has a role (Vadász, 2010).

Medication assistance to a suicide through physicians' prescriptive capabilities is using privileges as a medical doctor and therefore would be considered physician-assisted suicide. The process of euthanasia requires the involvement of another to assist. When more than one person is involved in a suicide it is considered euthanasia and a motive is required which places it under a category of being mercy and the values allowing it must be altruism. Our society is so accustomed to this practice that we define it as euthanasia and the end of a life (Julesz, 2014).

The category of "euthanasia" is considered to be a "merciful" death, and is done as a service to make the persons last days be better than if allowed to go through the pain and suffering which would otherwise be expected. The motive can never be negative, because it is done to prevent pain and suffering and reduce the time that the patient would otherwise suffer (Vadász, 2010).

An action, which, can be used to shorten the suffering period and is essentially euthanasia is the discontinuation of medications or life supporting elements of a patient's treatment. Some refer to stopping of treatments as "passive euthanasia", but it is an act, so it is not really passive. Some patients are not competent to make decisions on their own because of medical issues, or age, but may deserve a merciful death but not have the ability to ask for it from their physician. If the patient is component to make the decision, then it is certainly their decision to make and they are not required to end the potential suffering if they make that decision and anything otherwise would be blocked by ethical principles (Julesz, 2014).

3. STRATEGY

My strategy for addressing Euthanasia will be a memorandum to government stakeholders outlining considerations to changes to the laws related to this ethical issue. Following a literature review and analysis of national and international journals and the guidelines, I have formulated a hypothesis requiring more research. The resulting conclusion is that the government should be proactive and sensitive to the range of ethical issues surrounding the situations of passive euthanasia.

The distinction between first-degree murder and euthanasia is outlined in this article. In some countries, such as Hungary, active euthanasia is classified as first-degree murder; however, countries such as the Netherlands, Luxemburg and Switzerland have passed laws legalizing mercy killing. When the administration of painkillers to reduce the suffering of a patient results in shortening the life of the patient, it is called palliative terminal care and is an indirect form of euthanasia.

Some countries that do not allow euthanasia do have living wills that allow patients to make decisions about things such as life-sustaining treatments leading to euthanasia. Living wills are part of the legal process in Hungary and Germany; however, critics of euthanasia make it essential impossible. To be able to have these rights, patients need to express their feelings in advance to a notary and provide the caregivers at the hospital with these legal documents. If the patient is not capable of presenting the documents when in the hospital, a plan is to have provided it to their primary care giver (Ozcelik, H., Tekir, O., Samancioglu, S., Fadiloglu, C., & Ozkara, E. 2014).

This memo is intended to bring awareness and communicate the information describing Euthanasia. In this ethical issues the nurses have the obligation to respond and request for euthanasia and assisted suicide to be used as a support for palliative care. The actual guidelines in United States are not well defined and needs update. The clinical practice in this ethical movements is slow and not too many laws define clear what a provider should do (American Academy of Hospice and Palliative Medicine, 2007).

The nurse is, most of time, the first class of health care who deal with patients and their families in this delicate situation. So, it is our obligation to bring awareness and attention to stakeholders about euthanasia and how administration and providers should deal with it. Along with family members, nurses provide compassion respecting patients' desire and rights to choose what will happen with them in the case of death (American Medical Association (AMA, 1996).

4. CONCLUSION

A consideration in this overall picture of the ethics behind euthanasia is the mental state of the patient following the suffering through of the disease state and possible depression and despair, which can be addressed through counseling and antidepressants. In the end, the states through the legal system will need to make the decisions regarding physician-assisted suicide. The hope is that through an exchange of ideas that ultimately the right decisions will be made.

Based on a patient's competency, "voluntary euthanasia" would identify a patient competent to express their need for euthanasia and "non-voluntary" for one who cannot make that decision. When they cannot make the decision it is then left to the health care team and the family to navigate through to the proper decision. It is clear that the vocabulary used during these critical situations is very specific, sensitive and emerging as society makes more decision regarding the proper handling of death (Julesz, 2014).

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