



Ivica Gulášová<sup>1</sup>  
Lenka Görnerová<sup>2</sup>  
Ján Breza, Jr.<sup>1,3</sup>  
Ján Breza, Sr.<sup>4</sup>

<sup>1</sup> St. Elizabeth University of Health & Social Sciences, Bratislava, Slovakia

<sup>2</sup> College of Polytechnics, Jihlava, Czech Republic

<sup>3</sup> University Hospital Kramáre, Urology clinic with Renal transplantation center,  
Bratislava, Slovakia

<sup>4</sup> University Hospital Kramáre, Urology clinic with Renal transplantation center,  
Slovak Medical University in Bratislava and Faculty of Medicine,  
Comenius University, Bratislava, Slovakia

## Ethical aspects of euthanasia / *Etyczne aspekty eutanazji*

### Abstract

In the context with scientific knowledge and technical possibilities of modern medicine are rising many ethical, legal, social, psychological, economic, and specifically medical problems, also problems in therapeutic and nursing care for terminally ill and dying patients. Process of dying is moved from intimate family environment into professional institutions - clinics, departments and other health and social facilities. People are for years divided into two camps - some are strongly opposed to euthanasia and others on the other hand believe that in some conditions when the pain is unbearable even after a strong dose of morphine, suffering person becomes only a helpless „victim of medicine“.

**Key words:** ethics, bioethics, euthanasia, death, ethics principles, right to life

### INTRODUCTION

The right to life is the most natural right of man, which is necessary to respect, promote and defend under any circumstances and in any situation. The compliance is essential for the survival of individuals and humanity as a whole (Bošmanský, Rusnák, 1996). In the context of the right to life appear and are discussed topics such as the death penalty, abortion and euthanasia. We would like to focus on euthanasia as an all-society ethical problem. Question of life became for human on the threshold of the third millennium the existential question. And not only for humans but also for the life at all (Strebala, Zachová, 1994). Our life is increasingly threatened by global problems and therefore every human decision has greater moral significance. Ethical issues arising from the possibility of interference of modern science and the research praxis with biological processes are discussed in bioethics. Bioethics include ethical questions of medicine but also

the entire width of eligibility of interference with biological processes, such as the issue of artificial interruption of pregnancy, diagnosing of death, issue of organ donation, euthanasia, gene manipulation, and in the broader sense also problems of environmental ethics (Munzarová, 2005).

In the context of scientific knowledge and technical possibilities of modern medicine rise many ethical, legal, social, psychological, economic, and specifically medical treatment issues and also issues of nursing care for terminally ill and dying patients. Moral significance of reflections on life and death lies mainly in the fact that one of the major methods of dealing with the temporariness of life and mortality is meaningful life (Augustyn, Jedliński, Santorski, 1999). Until modern times, death was to humans natural and self-evident; it belonged to the circle of life. From 19<sup>th</sup> century, in the context of industrialization, the attitudes toward death began to change. There occurs denial of death, its „displacing“ from consciousness, efforts to prolong human life or the overcoming of death by scientific and technological capacities of Medicine. **At the same time, the process of dying is moving from intimate environment of families to specialized clinics and other healthcare facilities.**

These factors shape the ambivalent relationship of modern human to death (Đáčok, 2000). In the context of dying are in particular discussed the contradictions between the right of the protection of life with doctor's obligation to protect life and the right to privacy and self-determination. Patient's right to make informed decisions on the acceptance or rejection of a therapeutic procedure is guaranteed by legislation. **However, a discussion is about the fulfillment of self-determination rights in situation of terminally ill patient in the terminal stage of disease.**

Conscious shortening of heavy agony is designated by the word of Greek origin euthanasia (eu – good, thanatos – death). In a transferred sense of words euthanasia means nice or easy death. From an ethical point of view can discuss on these levels of problem: everybody has the right to dispose of its own live, has a medic or someone else the moral right to grant such request, which situation people try to solve in such a manner, can it be avoided and how? (Munzarová, 2005).

Circumstances in which human departs from live or comes at the world are a personal matter of mothers which gives the life and also of families and friends who are supportive to dying or to woman bringing child to the world and provide dignified frameworks for both of these serious events (Bošmanský, Rusnák, 1996). It is often done with the assistance of physician, with the means to alleviate pain and without a hard struggle for life. **The question is what kind of legal solutions can return self-determination rights to decisions about own life, about dignified dying and about death.** The first society for euthanasia was established in 1938 in the United States. It sought to achieve impunity of physician who kill incurably ill patient at his request. In the thirties similar associations were established in Europe and especially in Germany. In the era of Nazi Germany were in programme Vernichtung unwerten Lebens (eliminating of non-valuable life) massacred 130 thousand ill people, mainly physically, sensory and mentally challenged children,

patients in psychiatric institutes and members of the so-called low-value Nations. After this experience was a debate on euthanasia for many years silenced. **The church is still categorically against any form of euthanasia because God forbids humans to dispose with their own life** (Minarovič, 1993). The Vatican in 1980 announced that if there is no hope of healing of the patient, termination of treatment is not opposed but eleventh encyclical of John Paul II. *Evangelium Vitae* opposes euthanasia under any circumstances. Similarly perceive it also other Religions – Judaism, Islam or Buddhism. The issue of euthanasia, thus killing a medically incurable ill patient, is not regulated by Slovak legislation and officially it is not even possible. **Passive euthanasia is less discussed, although it occurs more often. It is happening also in our country, as well as in all countries of the world. In practice this means that the physician does not prolong severe suffering in the last stages of the patient's disease but merely alleviates his pain.** Nurses on departments, where are seriously ill patients, at a time when journalist turn off dictaphone, admit that the passive euthanasia happen more often than we think. We can also find a doctor who in rare moment of a rare sincerity says that he stopped drugs or turned off machines to seriously ill patient or only opened window and let patient die from pneumonia.

**People from medicine all over the world are for years divided into two camps – some are strongly opposed to euthanasia and others on the other hand believe that in some conditions when the pain is unbearable even after a strong dose of morphine and suffering patient becomes only the helpless victim of Medicine. What is this unbearable pain?** Can be suffering objectively measured? (Gulášová, 1998). On these questions, it is difficult to answer. In alleviating of the sufferings is the Slovak Health still just at the beginning. The majority of Slovak doctors reportedly reject euthanasia. But how can one argue that when no one speak officially on this subject? Taboo never resolved anything. **It's time to start a serious debate about the medical, legal and moral aspects of this question: What do they think about euthanasia? Creating and maintaining of human society is governed by certain fundamental principles and rules, the respect to which allows not only survival, but also the stability and development** (Bošmanský, Rusnák, 1996). We will focus only to a few personal and social principles relevant for ethics.

## THE PRINCIPLE OF RESPECT FOR LIFE AS SUCH

Life in its many forms occupies high place in all value systems. Science examines mainly phenomenal aspect of life, its manifestations and adaptation abilities, but also its fragility and limitations. Philosophy science – that is ethics – is more focused at the search for and understanding of the spirit of life, personal survival, facts of onset and end of life as well as position of life in time and space (Minarovič, 1993). **Human is not, even cannot be considered as sovereign ruler over the creation of world around him, but as an entity through which it is possible recognize and transform the world and life in it the unity of knowledge and love.** In this perception, thanks to human creativity is the process of creation of the world “continuous creation”, is seen as humanization of a man and of the world

in which all life is understood in its value and uniqueness (Kašparů, 2005). These are topics about which we do not think about on daily basis but our attitude towards them essentially determines our orientation in the world. One of them is also the theme of „respect for the life as such“. **Let's stop for a moment, forget the everyday thoughts and reflect on these fundamental questions of being.** What is life and what does the life mean for human? Every birth is a miracle of new life, deserving our respect.

## THE PRINCIPLE OF THE DIGNITY AND UNIQUENESS OF EVERY HUMAN PERSON

Life certainly is a basis and the starting value, the nature of subjectivity and basic manifestation of being. In the hierarchy of values has life (own life or life in general) prominent place. We know a lot of approaches to human life. The starting point can be seen on different levels - biological, genetic, narrowly medical, social, economic, and others. **All of these approaches, however, must respect in interpersonal communication, in life and in the community the most important starting point - the principle of the dignity of the human being, according to which should be the aim of moral and ethical behavior respecting of human dignity as personal and inseparable value.** According to this principle every human life has a unique, unrepeatable and inalienable value and dignity which results from the nature of the main substance of „being human“. This essential dignity of human being as individual requires respecting its status and needs, regardless of the level of quality or “factor of usefulness” (Prášilová, Ileninová, 2005). Each person in own physicality represents inseparable unity and individuality but at the same time it is tied with others. Human is in fact in its substance social being and without interactions with the other persons cannot live nor develop its talents. „The ethical principle of the dignity of the human person protects every human life regardless of its usefulness, quality, frailty or weakness. Accordingly, an ethical principle of dignity of the human being contravenes any action that threatens the life, health and personal integrity of a particular human.

## THE PRINCIPLE OF LIABILITY

According to Frankl, being a human means being conscious of its responsibilities. Responsibility is inseparably connected with freedom and the degree of responsibility shows as we appreciate certain values. Every act is „our memorial“. Man is a creature which received maximum knowledge but what he lacks the most it is the awareness of its human responsibility (Frankl, 2005). A M Schelier adds that man is a responsible being. For what? For carrying out the values - not just the general ones and substantive - but also those situational and very specific.

## ISSUE OF EUTHANASIA

Ethical attitudes we encounter in a pluralistic society in connection with the problem euthanasia are based, inter alia, from a variety of views on the human right to

decide of its own life, including the method of its termination. **Reflections on euthanasia should be placed in the position of the question whether it is possible to justify suicide for certain reasons.** Euthanasia may be seen from the ethical point of view that it brings together suicide and thereby transfers the responsibility for the act to another person, usually a doctor, about whom the he erroneously assume that he is obliged to comply with any request of suffering patient (Štefko, 2003).

Original meaning of the word euthanasia meant comprehensive assistance to dying to alleviate physical pain and mental anguish. Today, the euthanasia procedure means an activity of medical professional whose purpose is to intentionally cause or hasten death of ill human at his request or at the request of his relatives, or on the assumption that he would accept it. Euthanasia is when a person's death is caused deliberately and is part of the health care of the patient. Attributes of euthanasia are voluntary or involuntary and active or passive. The content of various forms of euthanasia come already from the name itself.

**Active euthanasia** - deliberate and direct causing of the death of the patient by administering a composition of venom-lethal or lethal dose of the drug or by intervention.

**Passive euthanasia** - is the intentional termination of treatment of the patient, denial of nutrition or failing to provide necessary health care with the intent to cause death of the patient (Munzarová, 2005).

**Euthanasia is in clear contrary to the tradition of the medical ethics and the medical profession. Its introduction in the sense of the definition above should have unimaginable consequences for the medicine and for the human society in the very act of it because of possible abuses.**

Euthanasia is the artificial termination of life of seriously ill human, who chooses to voluntarily leave the world based on the fact that he has no chance to return to a normal life. Is euthanasia a violation of the right to life or vice versa exercise of the right to life and right to independently decide about it? The Constitution of the Slovak Republic addresses the issue of euthanasia clearly and adamantly in the provisions of Article 15: „No one shall be deprived of life“. Euthanasia in the Slovak Republic is thus excluded and sanctionable (Navratilová, 2001). The question remains: Is this strict and conservative approach correct? Does human beings have individual right to decide about its own life when he do not wish to suffer any more and wants to get rid of pain even at the cost of final departure to eternity? **What is the difference between suicide and euthanasia?** They both represent the voluntary departure from the world but one is not legally elusive and the other on the other hand is actionable. The difference lies in the fact that a person who voluntarily chooses to leave this world by suicide does it so without the help of another person. There is not anybody to be punished, there is no impersonated culprit. Conversely, euthanasia is optional abandoning this world but individual who decided to do it need help of another person. He is in all aspects dependent on others; mostly he is not able to do any activity himself. **What is this ethical? To help human to fulfill his last desire or to wait till he goes to the other side of**

**the bank in the natural way?** The best way is probably to try to imagine itself in the situation of ill human who rely on his surrounding and on the other side of the human, who represents the surroundings, closest relatives or friends. In the first case, I would probably personally long for the possibility of euthanasia. To imagine a situation when I would be absolutely dependent on external aid is difficult, depressive and unwanted, but none of us would like to suffer. **But suffering and pain can also cause a mental state in which a human is not capable of rational decision about its fate.** What can human being prevail to survive when he closely approach the brink of death? For most people it is a powerful spiritual experience that usually changes their whole life. They never stay the same as they were before (the so-called Lazarus syndrome). **On the other hand, the closest ones of severely ill human always represent several distinctive categories – some cannot accept the idea that their close person would leave them forever. Others, in contrast, cannot watch the suffering of their loved one, but there are also those, who want to get rid of their burden, because it only causes problems and complications in their own lives. The last mentioned people also constitute a certain risk group which would try to exert pressure on the artificial termination of life of the patient** (Šoltés, 2001).

## CONCLUSION

It is really difficult to decide what is the most correct and the most ethical but in society in which is given to individuality and individual decisions strong emphasis should also exist a mechanism to remove the possible misuse of euthanasia while respecting the patient as a personality and give him his dignity and the right on his own decision, no matter what it is.

## BIBLIOGRAPHY

1. AUGUSTYN, J., JEDLIŃSKI, K., SANTORSKI, J. 1999, *Terapia a pastorácia* [Therapy and pastoration]. Trnava: Dobrá kniha, 1999, 45 p. ISBN 80-7141-260-0.
2. BOŠMANSKÝ, K, RUSNÁK, A. 1996, *Človek vo svetle pastorálnej medicíny a medicínskej etiky* [A man in the light of pastoral medicine and the medical ethics]. Spišské Podhradie: RKCBF UK Bratislava, 1996, 150 p. ISBN 80-7142-039-5.
3. ĎAČOK, J. 2000. *Človek, utrpenie, nemocnica* [Human, suffering and hospital]. Trnava: Dobrá kniha, 2000.
4. ELLIÁŠOVÁ, A.: *Súhlasíte s eutanáziou?* [Do you agree with euthanasia?] *Rodina*, 2/2002.
4. FRANKL, V. 1995, *Lékařská péče o duši* [Medical care of the soul]. Brno: Cesta, 1995, 237 p. ISBN 80-8531-950-0.
5. GULÁŠOVÁ, I. 1998, *Boleť ako ošetrovateľský problém* [Pain as nursing problem]. Martin: Osveta, 1998, 95 p., ISBN 978-80-8063-288-5.
6. KAŠPARU, M. 1995, *Malý kompas víry* [A small compass of faith]. Olomouc: Matice cyrilometodějská, 1995, 162 p.
7. MINAROVIČ, J. 1993, *Morálna teológia I: Božie prikázania* [Moral Theology I: God's commandments]. Bratislava: CMBF UK, 1993, 90 p.
8. MUNZAROVÁ, M. 2005, *Zdravotnícka etika od A do Z* [Health Ethics from A to Z]. Praha: Grada 2005, 153 p. ISBN 80-2471-024-2.

9. NAVRÁTILOVÁ, D. 2001, Etika v technologickom veku [Ethics in the age of technology]. Prešov: FVT TU v Košiciach so sídlom v Prešove, 2001, 146 p. ISBN 80-7099-649-8.
10. PRÁŠILOVÁ, M., ILENINOVÁ, L. 2005, Prečo je výhodné mať duchovného v zariadení? [Why it is beneficial to have the priest in facility?] Zborník príspevkov z 3. ročníka Medzinárodnej konferencie hospicovej a paliatívnej starostlivosti. Trnava: TU FZSP Katedra dobrovoľníctva, 2005, 348 p., ISBN80-88949-84-X.
11. STREBALA, O., ZACHOVÁ, A. 1994, Niektoré aspekty ochrany ľudských práv starých ľudí [Some aspects of protection of human rights of the elderly]. Bratislava In: Starostlivosť o starých ľudí v transformujúcich sa krajinách. Tretie stredo európske sympóziium o sociálnej gerontológii. 1994, 324 p.
12. ŠOLTÉS, L. 2001, Vybrané kapitoly z medicínskej etiky [Selected chapters from the medical ethics]. Bratislava: Univerzita Komenského, 2001, 159 p.
13. ŠTEFKO, A. 2003, Dôstojnosť človeka v starobe chorobe a zomieraní [Dignity of human in old age, disease and dying]. Bratislava: Dialógy, 2003, 145 p. ISBN 80-7141-429-8.