

debate

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DEBATE ASSISTED SUICIDE AND EUTHANASIA

- Shakina Hickman: 2017343
- Margareta Olteanu: 2017649
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- Living with Care: The Older Person



INTRODUCTION

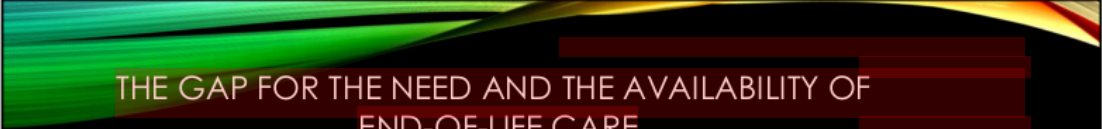
- Context within this presentation will be based on Euthanasia assisted suicide, “The deliberate act of assisting another person to commit suicide is known as assisted suicide. A relative of a person with a terminal illness may be considered to be assisting suicide if the relative obtained strong sedatives knowing the person intended to kill themselves, According to “(NHS, 2020).
- within this debate we will be exploring older people planning for end of live Assisted suicide.
- Euthanasia in Uk and other countries like Thailand where relatives are traveling to other countries proceed with procedure of end of life.



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•Euthanasia in Uk and other countries like Thailand where relatives are traveling to other countries proceed with procedure of end of life.



THE GAP FOR THE NEED AND THE AVAILABILITY OF END-OF-LIFE CARE

- The National Health Service England Mandate (2013-15) has an ambition to provide a globally recognised quality of care for people dying.
- It is confirmed through an international end-of-life care assessment that end-of-life care was awarded as the best in the entire world.
- Yet, humanity continues to encounter issues with accessing reliable end-of-life care, or, in some cases, end-of-life care at all. (national institute for health and care excellence, 2021)

- The National Health Service England Mandate (2013-15) has an ambition to provide a globally recognised quality of care for people dying. It is confirmed through an international end-of-life care assessment that shows that end-of-life care was awarded as the best in the entire world. Yet, humanity continues to encounter issues with accessing reliable end-of-life care, or, in some cases, end-of-life care at all.
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- In the year 2017, Hospice care UK (e-hospice 3rd July Hospice UK analysis 'One in four UK families in need of hospice assistance miss the opportunity to receive necessary support') predicted that one in four people, or roughly 118,000 individuals, that require end-of-life care along with their loved ones have no way to access the specialised care they need at the end of life, such as hospice treatment or any additional assistance they might want.
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- This seems to be particularly true for individuals with illnesses besides cancer, and the studies they conducted revealed that people from economically and socially deprived areas, communities of colour, and members of the LGBT community may face obstacles in obtaining end-of-life care services.

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- It is estimated that nearly three-quarters of patients with cancer would rather die in their own homes, but just over one third have the option to do so. A Time to Choose (Macmillan, 2013), states Although some individuals will change the way they think as their symptoms alter. There continues to be a significant gap from what others want and their actual experience.
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- In spite of general restrictions, there are additionally specific barriers that affect various communities as well as groups of people. As an example, a 2014 Marie Curie and Alzheimer's Society disclose that "dementia is frequently ignored as an incurable disease, that may contribute to poor accessibility to care. A disorganised quality of care, and death." (National Library of Medicine, 2019)
- Over 500,000 individuals in the United Kingdom and Wales are expected to require hospice or end-of-life care by 2040, based on Cicely Saunders Internationally scientist, too many individuals with life-threatening conditions or on the verge of dying were being held in medical facilities for unnecessarily extended amounts of time without receiving options, despite the fact that the vast majority would rather die at home
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PLANNING AHEAD FOR THE END OF LIFE

- ❑ End of life plan and care are the individual wishes during the last hours, months, or years of living.
- ❑ The Living Will (Advance Healthcare Directive) is a legally binding document that details the medical treatments whenever an individual cannot make decisions during treatment emergencies.
- ❑ DNR or DNACPR is a legal document that prevents the medical personnel from implementing extreme trials to save the life of the terminally ill individual (NHS, n.d)

- According to NHS (n.d), end-of-life care and plan is the guide for people who plans for the end of their own lives due to extreme emotional and physical pain or to be referred when they experience an inability to make decisions and for people who care for individuals who are dying. End-of-life care constitutes the support given to people living in their last hours, days, months, or even years.
- The Mental Capacity Act 2005 was formulated to protect and empower people who, to the state of their health, cannot decide for themselves (Bunning et al., 2022). The living will have legal status from the LPA (Lasting Power of Attorney) based on the health and care decisions to support well-minded people to plan for their future. Additionally, it lays a legal framework for an individual who could make decisions based on an individual's "best interests." According to AgeUK (2019), the LPA for health and welfare gives power to a relative or friend to decide for an individual when they cannot make decisions for themselves in matters to do with care provision and personal care, medical treatment, and palliative care. Therefore, the living will constitute a legal document that dictates what you would like and would not like to sustain your life besides what an individual prefers for other medicinal decisions such as managing pain (UK Care Guide, n.d).
- On the other hand, the Do Not Resuscitate (DNR) or Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order is a legal document that prevents

medical personnel from implementing extreme trials to save the lives of terminally ill individuals (NHS, n.d). DNR is signed by medical personnel and the patient or the patient's caregiver. It forms a basis only in deciding to end life if there is cardiac arrest or the breathing process stops but not concern the treatment procedures.



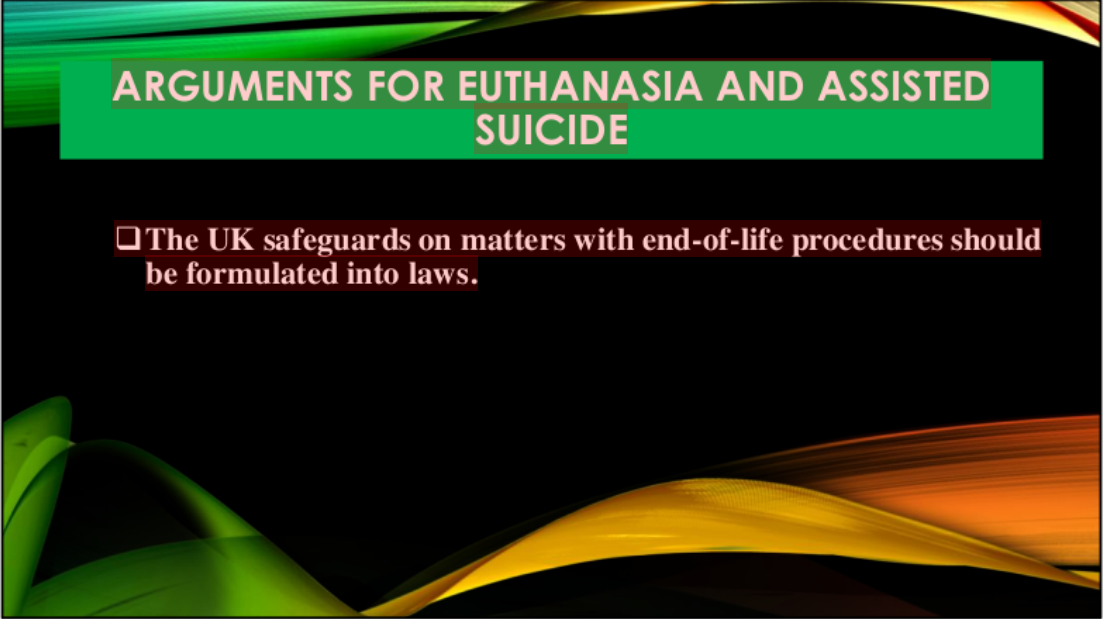
THE LAW

- **The law**
- Both euthanasia and assisted suicide are illegal under English law.
- **Assisted suicide**
- Assisted suicide is illegal under the terms of the Suicide Act (1961) and is punishable by up to 14 years' imprisonment. Trying to kill yourself is not a criminal act.
- **Euthanasia**
- Depending on the circumstances, euthanasia is regarded as either manslaughter or murder. The maximum penalty is life imprisonment.

ARGUMENTS FOR EUTHANASIA AND ASSISTED SUICIDE

- ❑ **Poor Quality of Life;** The dying people feel extreme and intolerable physical and emotional distress which cannot be eased with palliative care hence Euthanasia and assisted suicide.
- ❑ Euthanasia and physician-assisted suicide could validate situations in which it is preferable to die than to live.

- According to British Medical Association (2021), some persons who are dying will still feel severe, intolerable emotional or physical distress that cannot be eased, even with the universal availability of specialized palliative care. The values of modern medicine are insurmountable, making dying individuals suffer against their will. Additionally, based on Rodriguez's (2001) study, Euthanasia and physician-assisted suicide could validate situations in which it is preferable to die than to live. For example, a terminal illness may make life so painful and unbearable that death may seem like "an act of humanity," and physician-assisted suicide may be a way to pass away with dignity. The medical professional will behave in accordance with the beneficence principle to lessen the suffering and pain of terminally sick patients. The agony of a dying person may go far past physical discomfort.



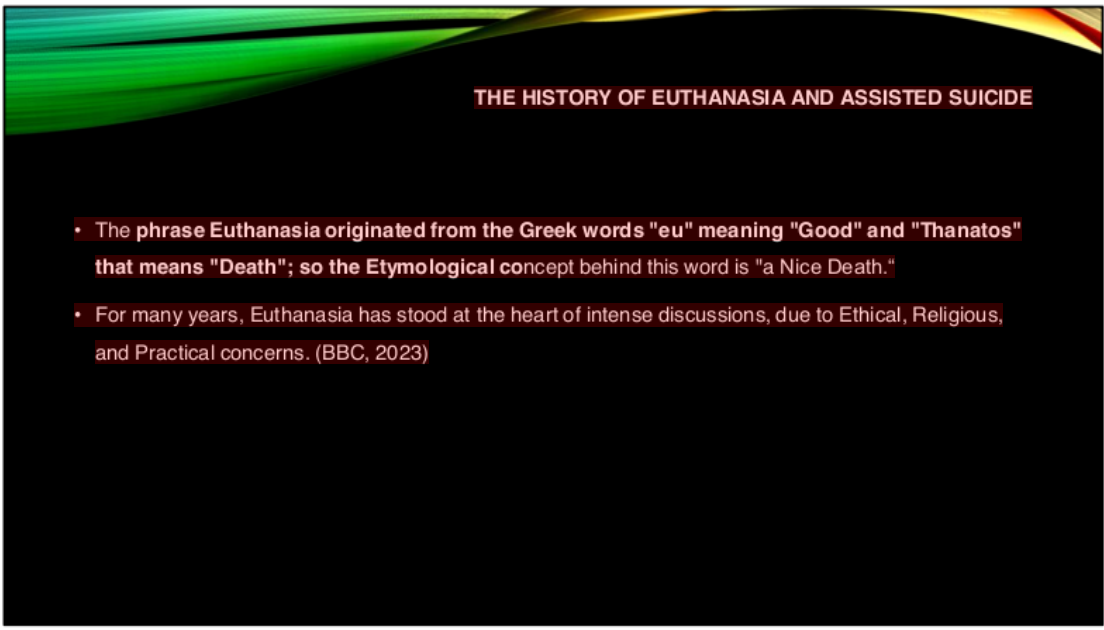
ARGUMENTS FOR EUTHANASIA AND ASSISTED SUICIDE

❑ The UK safeguards on matters with end-of-life procedures should be formulated into laws.

- Sjoberg et al. (2021) found out that there are currently safeguards in place in UK guidance for end-of-life procedures, such as the discontinuation of life-sustaining care, to make sure decisions are taken voluntarily, coercion is recognized, and potentially vulnerable persons are protected. There is no justification for why these protections could not be applied successfully in laws governing assisted suicide. Furthermore, Ibbetson (2020) noted that in nations like Switzerland, where assisted suicide and Euthanasia are permitted, non-profit organizations like Dignitas provide assistance to people considering suicide. According to his research, comparable clinics ought to be permitted, as stated by 74% of Britons and the majority of UK medical professionals (80%).







THE HISTORY OF EUTHANASIA AND ASSISTED SUICIDE

- The phrase Euthanasia originated from the Greek words "eu" meaning "Good" and "Thanatos" that means "Death"; so the Etymological concept behind this word is "a Nice Death."
- For many years, Euthanasia has stood at the heart of intense discussions, due to Ethical, Religious, and Practical concerns. (BBC, 2023)

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- For many years, Euthanasia has stood at the heart of intense discussions, due to Ethical, Religious, and Practical concerns. (BBC, 2023)
- The evolution of the meaning has changed over time.
- It was regarded as an act of eradication of individuals who were classified as leading a much less respectable life. Assisted death is a condition where an individual has become the one in charge who performs a suicide act that ends his life by ingesting a deadly substance in which was provided in the context of health care and as a result qualifies as assisted.
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How people age has forever been the subject of an incredible discussion. According to the disengagement theory of aging, people age out of relationships and interactions with the various systems to which they belong. The hypothesis expresses that this withdrawal is unavoidable and shared. It is one of three major psychosocial theories that explain how people change as they get older. The Activity Theory of Aging and the Continuity Theory of Aging are the other two theories. The idea that older adults should find it acceptable, if not natural, to withdraw from society was first put forth in 1961. Elaine Cumming and William E. Henry's *Growing Old* was the title of the book in which it appeared. This theory is at odds with the other two major psychosocial theories of aging because of what it proposes. (No date c) <https://www.nhs.uk/conditions/end-of-life-care/what-it-involves-and-when-it-starts/#:~:text=People%20are%20considered%20to%20be,dementia%20or%20motor%20neurone%20disease>. According to the activity theory of aging, older people are most content when they continue to engage in physical activity and social interactions. The continuity theory of aging states that "in making adaptive choices middle-aged and older adults attempt to preserve and maintain existing psychological and social patterns by applying familiar knowledge, skills, and strategies.



In a nutshell, a proposed legislation would entail the following: The patient must have been seen by a second "independent" doctor who agrees these criteria are met. The patient must also have been informed (but not necessarily have experienced) of the alternatives to assisted dying "included, but not limited to palliative care, care in a hospice, and the control of pain" by a palliative care doctor or nurse. The patient must be satisfied that the patient does not lack capacity, that they have a terminal illness, and are "suffering unbearably The patient would then sign an independently witnessed declaration if the

aforementioned conditions were met. The patient would have 14 days to revoke their declaration before assistance to die was provided. (Harris et al., 2006)



RECOMMENDATION FOR CHANGES IN FUTURE PRACTICE, POLICY OR EVEN RESEARCH

It is the responsibility for every healthcare professional to determine when a patient has reached the last few months of life

To address matters pertaining to death honestly openly and with compassion, serve as an essential gateway towards suitable end-of-life care (National Library of Medicine, 2019)

The suicide assisted debate continues to arise within Britain

This topic continues to be polarized with supporters of legalisation disputing for independence and freedom

BARRIERS TO THE SUCCESS OF THE RECOMMENDATIONS

□ Moral, ethical, and religious disagreements

- i. It is morally wrong to end someone's life
- ii. Ethics works hand in hand with morals towards the measures that could be implemented in supporting euthanasia
- iii. Religion strongly believe that life belongs to supreme (God) and He is responsible for taking it

- Sjoberg et al. (2021) found out that there are currently safeguards in place in UK guidance for end-of-life procedures, such as the discontinuation of life-sustaining care, to make sure decisions are taken voluntarily, coercion is recognized, and potentially vulnerable persons are protected. There is no justification for why these protections could not be applied successfully in laws governing assisted suicide. Furthermore, Ibbetson (2020) noted that in nations like Switzerland, where assisted suicide and Euthanasia are permitted, non-profit organizations like Dignitas provide assistance to people considering suicide. According to his research, comparable clinics ought to be permitted, as stated by 74% of Britons and the majority of UK medical professionals (80%).

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