

Debate

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DEBATE EUTHANASIA AND ASSISTED SUICIDE

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INTRODUCTION

4 Euthanasia and assisted suicide are topics that have always provoked passionate
4 discussions and reactions of the most diverse, both in the academic, political, medical
environment, and in everyday life. Today, however, media information spreads with great
4 speed all over the world, and people are constantly aware of relevant events, to which they
would hardly have had access in the past.

DEFINITION OF EUTHANASIA AND ASSISTED SUICIDE

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- According to Psychology Today "assisted suicide" means that a doctor will help a patient obtain the prescription necessary to end their life but won't actually use them.
- For instance, a doctor might recommend end-of-life meds to a patient but leave it up to them to decide whether or not to take them; some patients who receive such medications ultimately choose not to do so.
- Contrarily, the term "euthanasia" typically refers to someone purposefully and directly ending someone else's life in order to save them from experiencing agony and suffering—for example, by personally injecting them with medicines that will cause their death.

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WHAT ARE THE LAWS GOVERNING EUTHANASIA AND ASSISTED SUICIDE IN THE UK

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- According to UK Parliament section two of the Suicide Act of 1961 makes assisted suicide unlawful in England and Wales. According to this law, a person found guilty of helping another person commit suicide or attempt suicide faces up to 14 years in jail. Section 2 of the 1961 statute was protected from prosecution under the Coroners and Justice statute of 2009.
- According to Politics UK euthanasia is given a special status in the United Kingdom. Instead, it is viewed as a kind of murder or manslaughter. While proclaiming suicide to be legal, the Suicide Act of 1961 creates a particular offence of "criminal liability for complicity in another's suicide."
- The difference between active voluntary euthanasia and passive euthanasia is significant under UK law. Since the Bland decision in 1993, it is not unlawful to commit "assisted suicides," which involve "omissions," most notably the cessation of life-saving care. However, it is unlawful to actively end another person's life, even with that person's agreement.

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END OF LIFE AND PALLIATIVE CARE AS WELL AS HOW AND WHERE THIS IS DELIVERED.

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- According to NICE end of life care is defined by NHS England as care that is provided in the 'last year of life. Although for some conditions, end of life care may be provided for months or years. After the Liverpool Care Pathway was withdrawn in 2014, a number of national reports, guidelines and policy documents began to describe the changes needed for a new approach to end of life care services.

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- Disease specific specialists and their associated professionals may provide end of life care. Teams by generalists, like Primary Care Teams and Hospitals Based Generalists (example, elderly care), or by palliative care specialists in hospices, hospitals and community settings.

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- Palliative care is a type of specialised medical treatment that concentrates on relieving pain and other severe sickness symptoms. It can also assist you in coping with the negative effects of medical treatments. Palliative treatment is accessible regardless of whether your ailment can be cured.

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 • The goal of palliative care teams is to comfort patients and their families while enhancing their quality of life. Along with whatever other therapies a person might be getting, this type of care is provided according to Mayo clinic (2017)
- 19
 • A group of medical professionals, including doctors, nurses, social workers, chaplains, and other skilled professionals, provide palliative care. The team collaborates with you, your loved ones, and your other healthcare professionals to provide additional support and respite to go along with your ongoing 32 care.
- Palliative care is most often given to the patient in the home as an outpatient, or during a short-term hospital admission. Though the Palliative Care team often operates from hospitals or clinics, it is more and more common for them to operate out of an outpatient setting. Patients, families and carers can also be seen in the Intensive Care Unit, Emergency Room, Treatment Centre or Hospital Ward by a

Palliative Care Team.

- At home, the majority of actual palliative care is carried out. You can take medicines at home and use other methods as prescribed by your team, or you might need support from a family member or loved one who helps with the care of your needs. The team shall provide assistance to the patient and its caregivers at home.

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THE GAP BETWEEN NEED AND AVAILABILITY OF END-OF-LIFE CARE.

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- According to PubMed in 2017 Hospice UK estimated that one in four people, approximately 118,000, who require end of life care and their families are not able to access the expert care they need at the end of life, including hospice care or other support that they need. This is particularly true for people with conditions other than cancer and their analysis also showed that people from economically and socially deprived areas, BAME communities and LGBT people can experience barriers to accessing end of life care services.
- Obstacles that keep people in their final year of life from accessing End of Life Care are different, but one common theme is a lack of communication and coordination between services. The fact that professionals are able to recognize a person's final year of life and know how to talk about this in an open, sensitive way is one of the most significant barriers.

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LEGISLATION, POLICY AND THEORIES OF AGEING, WHICH ARE RELEVANT TO OLDER PEOPLE APPROACHING THE END OF THEIR LIVES PARTICULARLY WITH REGARD

- According to Physiopedia ageing is a constant, inherent, and ongoing process. Ageing theories have been contested since the time of the ancient Greeks, and experts ⁴⁶ believe that no single explanation explains all elements of ageing. Instead, numerous ideas might be used to explain different parts of the complicated phenomenon known as ageing.
- ²² Biologic: Interested in finding answers to fundamental issues about the physiologic processes that occur in all living creatures over time (Hayflick, 1996).
- ²² Sociologic: Examining the roles and connections in which people interact in later life.
- Psychological: Controlled by genetics and sociology; addresses how a person responds to their age's engagements.
- Moral/Spiritual: Investigate how people strive to affirm their existence.

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- On a wide range of public policy topics, Age UK has adopted perspectives.
- Our policies encompass monetary issues, care and assistance for health and wellbeing, safety at home, and vibrant communities. This page also addresses several universal issues, including age equality and human rights, age-friendly policies, and information and guidance.

25 PLANNING FOR END OF LIFE

- End of life planning is the part of your Estate Plan that formalizes and makes known your wishes about what you want to have happen when you're reaching the last phase of your life. There are things you need to know in your death plan, like the preferences of 26 of life care and how 48 many medical procedures should be carried out. Planning for your end of life is very important to ensure that you are allowed to make a final decision. There is a more important thing here that we rarely talk about. . This is to prepare for the possibility that you won't be able to participate in debates or make decisions on your own in the future

- 2 • DNACPR stands for do not attempt cardiopulmonary resuscitation. DNACPR is sometimes called DNAR (do not attempt resuscitation) or DNR (do not resuscitate) but they all refer to the same thing.
- DNACPR means if your heart or breathing stops your healthcare team will not try to restart it.
- A DNACPR decision is made by you and/or your doctor or healthcare team. This is explained in more detail in the following section "When is a DNACPR decision made, and a form written and

who is involved?".

- A DNACPR decision is usually recorded on a special form. Different doctors or hospitals might use different forms, but they all serve the same purpose. Some examples are a DNACPR form, a treatment escalation plan, or a recommended summary plan for emergency care and treatment (ReSPECT) process.

PRO

- According to Care assisted suicide or euthanasia are choices that every individual should be able to make without being constrained by certain ²⁹ as Sir Patrick Stewart has argued "We have no control over how we arrive in the world but at the end of life we should have control over how we leave it and people should have the right to decide the moment of their own death. In the eighteenth century, Scottish philosopher David Hume argued in his essay "On Suicide" that, in a free society, people should have the right to choose how they want to die. ²³
- People should be allowed to die with dignity. There are big differences between the ways everyone sees the concept of "living and dying in dignity." The most common humiliations that would justify euthanasia are: the person becomes a burden to others, the inability to cope with daily activities, spending the last period of life in a hospital or home. ⁴
- According to The Guardian ¹² more than 90% of the UK's population believe assisted dying should be legalised for those suffering from terminal illnesses, according to an opinion poll that shows growing support for change to the law. A survey carried out by the campaign group My Death, My Decision (MDMD) also found that 88% of respondents considered it acceptable for dementia sufferers to receive help to end their lives, provided they consented before losing their mental capacity.



20 There are alternative treatments, like palliative care and hospices. We do not have to kill the patient to kill the symptoms. It can heal almost all the pain.

Allowing voluntary euthanasia and assisted suicide could lead to non-voluntary and involuntary euthanasia by granting doctors the authority to determine when a patient's life is no longer worth living.

13 In its 1994 report The House of Lords Select Committee on Medical Ethics concluded:

"It was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people – the elderly, lonely, sick or distressed – would feel pressure, whether real or imagined, to request early death."

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