

# BMHP6009

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## Debate Group presentation

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Module:- Living with care :The Older Person

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Module Code:-BMHP6009

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Lecturer :- Liz Tilly, Joanne Davies

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Title :- Debate Presentation

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# Introduction

- Presentation will discuss about euthanasia in the United Kingdom
- It will consist of arguments presented in favors of and against this practice
- Light on ethical and legal considerations will be shed
- Recommendations will also be provided with respect to UK



The presentation will examine euthanasia in the United Kingdom, emphasizing older adults, a subject of enormous relevance in contemporary society. The talk will examine the evolution of euthanasia in contemporary culture, the justifications for and against this practice, and the relevant moral and legal issues. By the end of the discussion, the audience will have a better knowledge of euthanasia in the UK, encouraging reflective thought on this delicate subject that influences the lives of senior citizens and those who care for them.

## Euthanasia- Definition

- Act of ending a person's life due to severe pain, suffering, or a terminal illness
- This is subject to legal and ethical considerations



- Euthanasia is the intentional taking of a person's life with that person's knowledge and agreement, frequently as a result of excruciating pain, excruciating suffering, or a fatal illness. It is a hotly debated and morally challenging subject that involves issues of autonomy, human dignity, and the involvement of medical experts in end-of-life decisions. Euthanasia is a practise that has different legal

and ethical implications in different jurisdictions across the world (Chan, Webster and Bowers, 2016).

## Arguments For Euthanasia

- For- Individuals rights to make decisions, and provide a compassionate and dignified death for the people in critical stage
- For- Euthanasia is beneficial for people facing unimaginable torment
- For- It will help in enhancing control measures



- Euthanasia proponents use the following arguments: They contend that people who are terminally ill ought to have the option to end their misery. Initially, they emphasize independence and the ability to make decisions regarding one's own life and eventual demise. Second, proponents contend euthanasia can assist individuals experiencing unimaginable torment with a humane and honorable death.

Additionally, they assert that making euthanasia legal will allow for more control and safety measures, limiting misuse and guaranteeing that rigorous requirements are followed (Nath et al., 2021).

## What are the laws governing euthanasia and assisted suicide in the UK (perhaps in comparison with other countries).

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- **Euthanasia:** Euthanasia is defined as the intentional ending of a person's life by another person, with the consent of the dying person. It is illegal in the UK and could be prosecuted as murder or manslaughter.
- **Assisted suicide:** Assisted suicide is defined as the intentional provision of how a person can end their own life with the consent of the dying person. It is also illegal in the UK and could be prosecuted under section 2 of the Suicide Act 1961.



- The Care Act of 2014 lays out the rules governing adult social care, including identifying and addressing the needs of those who require care and assistance. It emphasizes improving well-being, caring for individuals, and including people in decision-making processes. The legislation requires local governments to offer or organize the medical and other services that older people need, notably end-of-life care, to guarantee they can receive the proper care and assistance during this critical period (Schofield et al., 2020).
- In various spheres of life, especially medical care, the Equality Act of 2010 guarantees people against prejudice, including age discrimination. It guarantees that elderly individuals nearing the end of their life will not be exposed to unjust treatment or refused access to medical treatments because of their age. This law upholds older people's rights to adequate, dignified end-of-life care free from bias or prejudice and fosters equality.
- <sup>7</sup> The European Convention on Human Rights is incorporated into UK law by the Human Rights Act 1998. The right to life, the ban on cruel treatment, and

the obligation to respect one's private and family life are all enshrined in this document. These rights are essential for ensuring that older people receive kind and respectful care at the end of their lives, have control over treatment choices, and are safeguarded from abuse or neglect (Schofield et al., 2020).



## Laws

- In UK, euthanasia is illegal and leads to life imprisonment if performed
- However, Netherlands and Belgium its legal for people experiencing unbearable suffering
- Canada laws allows for physician-assisted dying if meets certain strict criteria

- Under English law, euthanasia and assisted dying are both prohibited. Euthanasia can be regarded as homicide or murder, according to the situation. In the UK, life in jail is the worst punishment. The Suicide Act of 1961 makes it illegal to aid in or promote suicide, even through euthanasia. Compared to others,

several nations have made physician-assisted death or euthanasia lawful in certain situations. For individuals with chronic conditions who are in terrible pain, the Netherlands and Belgium regulations legalise euthanasia and assisted death by a doctor. Other nations, including Canada, currently permit doctor-assisted suicide. Common qualifying requirements for this legislation include having a terminal disease, going through excruciating pain, and making deliberate and well-informed requests (Takla et al., 2021).

# Palliative Care

- It encompasses preventing, diagnosing, and treating symptoms

- Palliative care helps in managing the extreme symptoms/suffering

- It focuses on aggressive symptom management and psychosocial support

- It helps in the optimization of the quality of life



**PALLIATIVE  
CARE**

<sup>4</sup> Physical, spiritual, and emotional anguish are among the intense symptoms that patients approaching death may feel. Palliative medicine and treatment aim to prevent and treat these signs while maximizing quality of life <sup>1</sup> during the final stages of life. A significant goal of palliative care is to assist patients and their families in making critical medical choices by predicting, avoiding, diagnosing, and treating symptoms that patients

with acute or life-threatening disease encounter. Regardless of the disease, palliative care's main objective is to enhance the individual's and the family's quality of life. When the end of life gets nearer, the function of palliative care rises with an emphasis on intensive symptom treatment and social assistance, even though it remains devoid of prognosis, unlike hospice care (Chan et al., 2020).

## Support and Care Available at Different care home

### 1. Care homes

- Care homes are residential settings for individuals where support and assistance occur.
- Trained staff are present to fulfill medical needs
- Counselling services and regular social collaborations are conducted



Care homes offer a home-like environment for people who need help with everyday tasks, particularly those reaching the end of their lives. Care homes are crucial in offering convenience, dignity, and specialized assistance. Regarding physical care, employees at care facilities are qualified to address residents' healthcare needs, including help with controlling pain, medication administration, and personal cleanliness. In

addition, care facilities frequently offer counselling services or connections to mental health specialists who may offer patients, and their relatives specialized help. Regular get-togethers, group activities, and outings are organized for residents to build a sense of community and lessen loneliness. (Heins et al., 2018).

## Support and Care Available in hospitals



### 2. Hospitals



- Hospitals provide specialized medical interventions and support services



- Medication adjustments and interventions are given for pain management



- Family members come with it, and cutting-edge medical technology and treatments occur.



Hospitals are crucial settings for end-of-life care to meet the complex needs of patients nearing the end of their lives. They offer multidisciplinary teams, support services, and specialty medical treatments. In medical facilities, departments work together to provide comprehensive care and support. Hospitalized patients receive expert pain and symptom management through medication adjustments and treatments. Working closely

together, nurses, oncologists, and palliative care specialists can effectively control pain and treat unpleasant symptoms. Hospitals also offer access to state-of-the-art medical tools and treatments for patients with terminal illnesses, such as chemotherapy or radiation therapy. Hospital-based palliative care experts regularly hold family conferences to discuss treatment goals, ensure patient preferences are respected, and offer assistance with emotions during decision-making (Saracino et al., 2018).

## Support and Care Available at Different Settings

### 3. Hospices

- Hospices are focused on meeting the physical, emotional, and spiritual needs of patients nearing the end of life
- Team of counselors and doctors are present to help provide these
- Various amenities like gardens are provided to ensure peace of the patients at the end of life



Hospices are specialized medical institutions offering complete end-of-life care in a pleasant setting. Patients reaching the end of their lives and their families have specific medical, emotional, and spiritual requirements that hospices are meant to address. Hospices provide expert symptoms and pain management, guaranteeing discomfort. Hospices place a high priority on providing patients and their relatives with emotional and psychological assistance. Training counsellors and social workers are on hand to provide emotional support, enable meaningful dialogues, and alleviate psychological discomfort. Hospices place a strong emphasis on spiritual care. During the journey toward death, they

support patients and families in finding comfort, purpose, and serenity. They frequently include extra facilities like family rooms, gardens, and public areas that foster a sense of serenity (Fjose et al., 2018).

## Arguments Against Euthanasia

- **Against- sanctity of life, ending a life is immoral, potential slippery slopes, need for palliative care and pain management**
- **Against- Making of euthanasia decrease public confidence**
- **Against- There may be slippery slopes**

## Pros & Cons

### Pros

- 1 The right to die should be a fundamental freedom of each person
- 2 Patients can die with their dignity intact instead of their illness reducing them to a shell of a person
- 3 Health care costs can be reduced
- 4 Tremendous pain and suffering of patients will be addressed
- 5 Pain and suffering of patient's family & friends can be lessened and they can say their final goodbyes

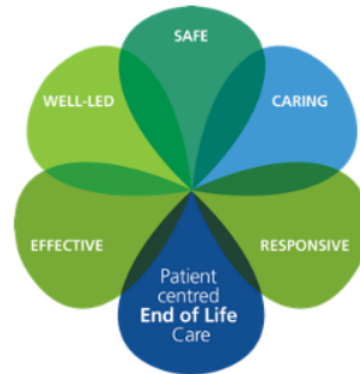
### Cons

- 1 A request for assisted suicide is typically a cry for help
- 2 Suicidal intent is typically transient
- 3 Terminally ill pt who desire death are depressed and depression is treatable in those with terminal illness
- 4 Pain is controllable
- 5 Legalizing for those with terminal illness has spread to non voluntary euthanasia

- Euthanasia critics argue issues, including the sacredness of life, contending that taking someone's life voluntarily is immoral because it diminishes the essential worth of human life. They contend that making euthanasia legal might decrease public confidence in medical experts, who have historically been charged with saving a life. Opponents also worry that there may be "slippery slopes," where the practice could become more widespread than it was meant to be and eventually result in compulsory or non-voluntary euthanasia. To promote a dignified and peaceful end of life, they emphasize the value of palliative care and the need for increased access to pain medication and services (Pomfret, Mufti, and Seale, 2018).

## Gap between Need and Availability of End-of-Life Care

- There is a gap between the preferred place of care and the actual place of death
- This happens due to the Limited availability of home-based care services, inadequate funding, and a lack of resources
- Minority people face disparities in receiving end-of-life care
- Regional disparity has been faced in the UK as in some regions, accessing these facilities is difficult



- To satisfy everyone's requirements, the present end-of-life care system may not be enough. In the UK, almost 90% of individuals would want to pass away at home, but only about 30% can do so, according to Hospice UK research from 2021. It implies a large discrepancy between the chosen care site and the death location.

The difficulties in fulfilling this choice include lacking resources, poor funding, and a lack of home-based care services (Hunter and Orlovic, 2018).

- Additionally, people from minority ethnic backgrounds and economically isolated places experience more challenges accessing high-quality end-of-life care. It demonstrates the differences in care delivery, with specific populations having more difficulty accessing enough support throughout the dying period. There is uneven access to hospice facilities, home care services, and expert palliative care

teams in some parts of the UK, affecting people approaching the end of their lives (Choudry, Latif, and Warburton, 2018).

## **Legislation and Policy for older people**

- **The Care Act 2014:** necessary care and support services for people in critical phase
- **The Equality Act 2010:** safeguards the rights of older individuals to receive appropriate and dignified end-of-life care without prejudice
- **The Human Rights Act 1998:** ensures fundamental human rights are given to the patients



- The Care Act of 2014 lays out the rules governing adult social care, including how to identify and address the needs of those who require care and assistance. It emphasises the significance of improving well-being, caring for individuals, and including people in decision-making processes. The legislation requires local governments to offer or organise the medical and other services that older people need, notably end-of-life care, to guarantee

that they can receive the right care and assistance during this critical period in their lives (Schofield et al., 2020).

- In a variety of spheres of life, especially medical care, the Equality Act of 2010 guarantees people against prejudice, including age discrimination. It guarantees that elderly individuals who are nearing the end of their life won't be exposed to unjust treatment or refused access to medical treatments because of their age. This law upholds older people's rights to adequate, dignified end-of-life care free from bias or prejudice and fosters equality.
- <sup>5</sup> The European Convention on Human Rights is incorporated into UK law by the Human Rights Act of 1998. The right to life, the ban on cruel or <sup>6</sup>inhumane treatment, and <sup>9</sup>the obligation to respect one's private and family life are all enshrined in this document. These rights are essential for

ensuring that elderly people receive kind and respectful care at the end of their lives, have control over treatment choices, and are safeguarded from abuse or neglect (Schofield et al., 2020).



## Theories

- Disengagement theory: aged individuals naturally withdraw from social roles and responsibilities supporting euthanasia
- Activity theory: Does not support euthanasia as elders need to be active to have a sense of well being
- Continuity theory: the importance of maintaining consistency in one's lifestyle and preferences throughout the aging process
- Maslow's hierarchy of needs: can support euthanasia as it might fulfill the need for relief from pain and suffering

- According to the disengagement theory, people naturally retreat from their social duties and obligations as they age, leading to a decline in social involvement. This notion could be used as a counterargument against euthanasia since it suggests that elderly individuals approaching the end of their life are currently disengaged and might be kinder to their demise (Nath et al., 2021).

- According to the activity hypothesis, people should be socially and physically engaged as they age to keep their sense of meaning and well-being. Euthanasia might have been seen as going against the idea of encouraging engaged and involved living, goes this viewpoint (Borgstrom, 2015).).
- According to the continuity theory, retaining stability in one's lifestyle and tastes is critical as they change with age. Although the idea of preserving a person's right to life may have been supported by continuity theory, this theory does not directly address the issue of euthanasia (Nath et al., 2021).
- <sup>3</sup> According to Maslow's hierarchy of requirements, people have basic needs that include their bodily and emotional well-being. This theory might be used in euthanasia to

support the idea that doing so could satisfy the demand for respite from suffering and discomfort at the end of life, especially when other therapies are ineffectual (Borgstrom, 2015).

## CONCLUSION

## Conclusion

- Euthanasia is illegal in the UK; however acceptable in many countries
- In acceptable countries, strict laws are developed to guide Euthanasia
- Euthanasia provides individual autonomy, the right to end suffering and the potential for compassionate and dignified deaths
- However, it may lead to the sanctity of life, concerns about the erosion of trust in healthcare professionals, and potential involuntary

- Euthanasia remains illegal in the UK under the Suicide Act 1961. Proponents of euthanasia emphasize individual autonomy, the right to end suffering and the potential for compassionate and dignified deaths. They advocate for strict regulations and safeguards to prevent abuse. On the other hand, opponents highlight the sanctity of life, concerns about the erosion of trust in healthcare professionals, and potential

involuntary euthanasia.

## Recommendation

- **Public Education and Awareness**
- **Robust Safeguarding**
- **Policy Development**

*Recommendation*



- **Public Education and Awareness:** More public education and awareness campaigns should encourage informed discussions about euthanasia, end-of-life care, and the various alternatives. It can promote open communication between healthcare providers, patients, families, and communities while removing stigma and dispelling common misunderstandings (Nath et al., 2021).

- Robust Protection: To guarantee that any legalization of euthanasia is backed by strong laws and protocols, avoiding misuse and safeguarding vulnerable people, implement stringent safeguards and supervision measures (Borgstrom, 2015).).
- Policy Development: The UK should consider thorough and open discourse on the legalization of euthanasia, engaging participants from the healthcare, morality, legal, and public opinion sectors. In order to support evidence-based policymaking, this should also involve an investigation of the circumstances and customs of nations where assisted suicide is permitted (Chan et al., 2020).

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