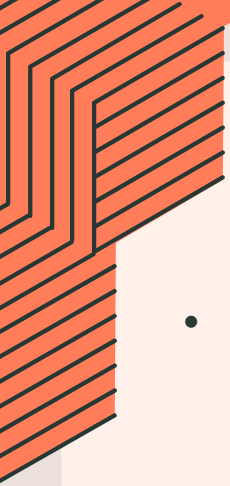


Euthanasia & ASSISTED SUICIDE

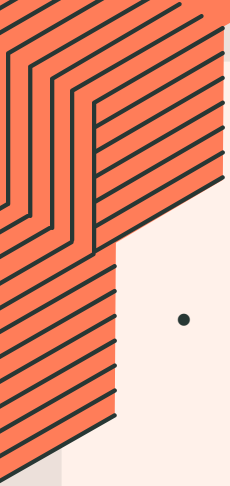
CASE STUDY OF UK





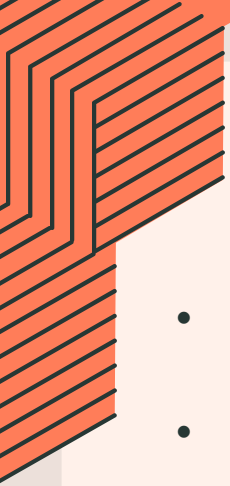
End of life cycle (Palliative care):

- **End-of-life care** is a type of care given to individuals who are approaching the end of their life due to a terminal illness or advanced age. The goal of end-of-life care is to provide comfort and support to the person and their family, rather than cure the illness Seale, C. (2010).
 - **Palliative care** is a specialized form of end-of-life care that focuses on managing the symptoms and improving the quality of life for individuals with serious or life-limiting illnesses. Palliative care can be provided at any stage of an illness, not just at the end of life.
 - **End-of-life care and palliative care are often used interchangeably**, but they are not the same. Palliative care is a type of end-of-life care that is focused on symptom management and improving quality of life, while end-of-life care is broader and includes providing emotional and spiritual support to both the person and their family.
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End of life cycle (Palliative care):

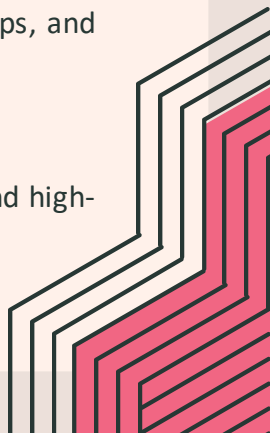
- In the UK, end-of-life services are provided by a range of healthcare professionals and organizations, including the National Health Service (NHS), hospices, and palliative care teams. Here are some of the key end-of-life services available in the UK:
 - **Hospice care:** Hospices are specialized healthcare facilities that provide end-of-life care and support to individuals and their families. Hospices provide a range of services, including medical care, pain management, emotional and spiritual support, and counselling.
 - **Palliative care teams:** These teams of healthcare professionals provide specialized care to individuals with serious or life-limiting illnesses. Palliative care teams work to manage symptoms, improve quality of life, and support the emotional and spiritual needs of the person and their family Seale, C. (2010).
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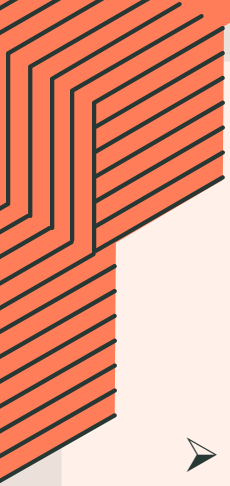


End of life cycle (Palliative care):

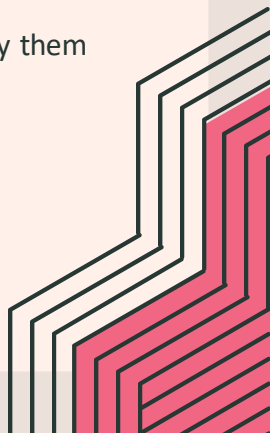
- **End-of-life care in hospitals:** Hospitals provide end-of-life care to individuals who are in the final stages of their illness. This care may involve pain management, medical treatment, and emotional and spiritual support.
- **Home-based care:** Many individuals prefer to receive end-of-life care in their own homes, with support from healthcare professionals and family members. Home-based care may include nursing care, pain management, and emotional support.
- **Bereavement services:** Following the death of a loved one, bereavement services are available to support individuals and families through the grieving process. These services may include counselling, support groups, and other resources.

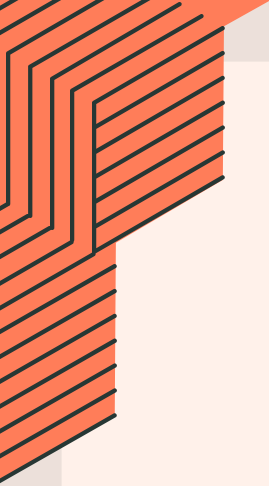
Overall, the UK has a well-developed system of end-of-life care that is focused on providing compassionate and high-quality support to individuals and their families during a difficult time.



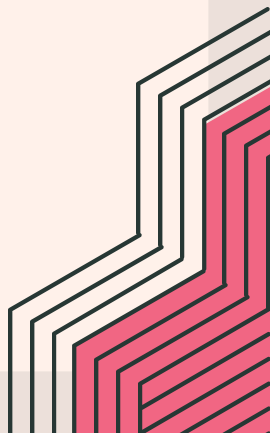


Euthanasia vs Assisted Suicide:

- Euthanasia and assisted suicide are two processes designed to end the suffering of the people suffering from chronic pain by ending their lives or helping them to do so.
 - In **Euthanasia** the person is killed by someone's else.
 - While in **assisted suicide** they are given all necessary help to kill themselves, however the final act is taken by them alone to end their suffering BBC News, (2020, February 4).
- 



Forms of Euthanasia





01

Active Euthanasia

An active euthanasia is when death is caused by an act for example giving someone an overdose of pain killers.



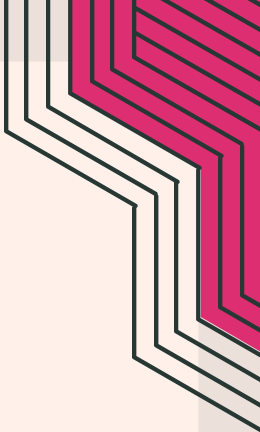


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Passive Euthanasia

In passive euthanasia is when the death is caused by the omission of something for example turning off somebody's life support or denying them an operation that would extend their life.



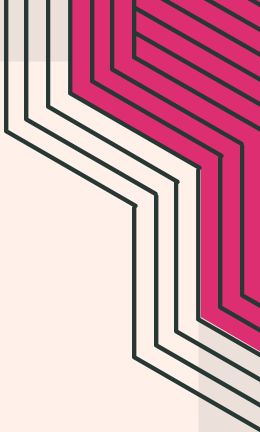


Development of Euthanasia in modern society:

- Palliative care and legalisation of euthanasia are widely viewed as antagonistic societal developments and causes.
- Belgium was the second country to legalise euthanasia but also has among the best developed palliative care.
- Adequate palliative care made the legalisation of euthanasia ethically and politically acceptable.
- The development of palliative care and the process of legalisation of euthanasia can be mutually reinforcing.

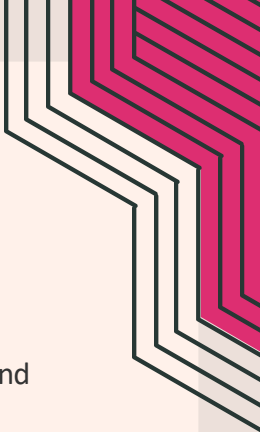


Practice of Euthanasia in UK:

- Euthanasia is the intentional ending of another person's life for their supposed benefit. It can be voluntary, non-voluntary, or involuntary. With euthanasia, one person (usually a doctor) ends the life of another (their patient). Similarly, assisted suicide is the act of assisting another person in ending their own life.
 - Both assisted suicide and euthanasia **are illegal in all parts of the UK.**
 - Only **fourteen countries globally** (7% of all countries) allow assisted suicide and/or euthanasia.
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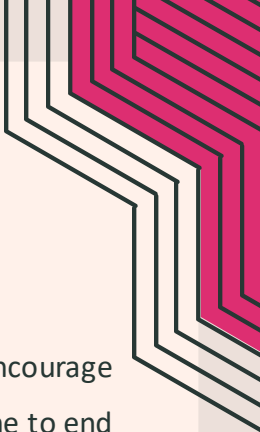


Practice of Euthanasia in UK:

- Making assisted suicide and euthanasia legal discriminates against the most vulnerable in our society and can pressure them to end their lives.
 - Evidence from overseas demonstrates that, incrementally, the 'right to die' has often extended from 'hard cases' to a more holistic provision, potentially including individuals with disabilities, mental illness and other chronic but non-life-threatening diseases, as well as minors (Emanuel, E. J., Onwuteaka-Philipsen, B. D., Urwin, J. W., & Cohen, J. (2016).
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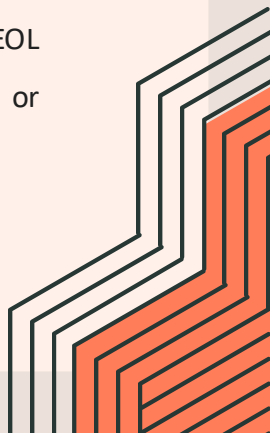


Practice of Assisted Suicide in UK:

- Assisted suicide is currently illegal in the UK. The Suicide Act 1961 makes it a criminal offense to assist or encourage someone to take their own life. This includes providing information or resources that would enable someone to end their own life.
 - However, it is legal for healthcare professionals to provide palliative care and pain relief, even if this may have the unintended effect of shortening someone's life. This is known as the principle of double effect, and it recognizes that the relief of pain and suffering is an important part of end-of-life care Emanuel, E. J., Onwuteaka-Philipsen, B. D., Urwin, J. W., & Cohen, J. (2016).
 - In addition, in 2021, the UK government announced that it would review the law on assisted dying, which could potentially lead to a change in the law in the future. However, at present, assisted suicide remains illegal in the UK.
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The gap between need and availability of end of life cycle:

- There is a need for the development of an overarching, and cross-sectoral EOL care policy in order to drive forward change and institutionalize service integration.
 - It is important to emphasize that any EOL care-related policy should not be just formulated to target care during the last months and days of life, but should be an integral part of a long-term care policy, since EOL care only happens to be the last phase of a longer continuum of care for patients with terminal illness or life-limiting condition, and therefore, cannot be separated from the earlier parts of the care (NHS,2023)
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The gap between need and availability of end of life cycle:

- Also, many of the gaps and issues were politically, socially, and culturally specific.
 - This is consistent with the literature, including the local study by Chan et al as well as the US Institute of Medicine's "Dying in America."
 - Therefore, recommendations should need to be contextualized in a socio-culturally sensitive and appropriate manner, rather than merely adopted from international policies from other cultures and contexts (NHS,2023).
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Quality of life and the right to die: an ethical dilemma

- The issues in the euthanasia debate usually revolve around patients who are terminally ill and/or suffering intractable pain.
 - However, pain is not the only determinant of an intolerable existence and the problems become more complex when existential quality of life issues are the focus.
 - This can lead to difficult decision making for the health workers involved in care (NHS,2023).
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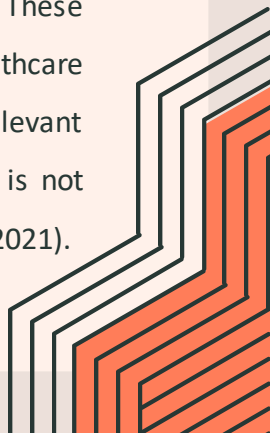


Quality of life and the right to die: an ethical dilemma

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 - However, pain is not the only determinant of an intolerable existence and the problems become more complex when existential quality of life issues are the focus.
 - This can lead to difficult decision making for the health workers involved in care.
- 



Maslow's theory of human needs?

- Abraham Maslow's theory of human needs is not directly linked with assisted suicide and euthanasia. Maslow's theory is a psychological framework that describes how individuals can reach their full potential by meeting their fundamental needs, such as physiological, safety, love and belonging, esteem, and self-actualization needs. The theory is primarily concerned with human motivation and the factors that drive individuals to achieve their goals and aspirations Simply Psychology, (2021).
 - Assisted suicide and euthanasia are ethical and legal issues that relate to end-of-life care and the right to die. These topics involve complex considerations around autonomy, dignity, pain and suffering, and the role of healthcare providers in supporting patients who are approaching the end of their life. While Maslow's theory may be relevant in understanding some of the psychological factors that may contribute to end-of-life decision-making, it is not directly linked to the ethical and legal issues surrounding assisted suicide and euthanasia Simply Psychology, (2021).
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Conclusion:

- planning for end-of-life care is an important part of preparing for the future, and there are several documents and considerations that individuals should take into account when doing so. This may include advance care planning, living wills, Do Not Resuscitate orders, powers of attorney, and hospice care (NHS End of life care ,2023).
 - Also, assisted suicide and euthanasia are complex ethical and legal issues that involve a range of considerations related to autonomy, dignity, pain and suffering, and the role of healthcare providers in supporting patients who are approaching the end of their life. While theories of human needs and social aging may be relevant to understanding some of the psychological and social factors that may influence end-of-life decision-making, they do not directly define or address the ethical and legal issues surrounding assisted suicide and euthanasia (NHS End of life care ,2023).
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Conclusion:

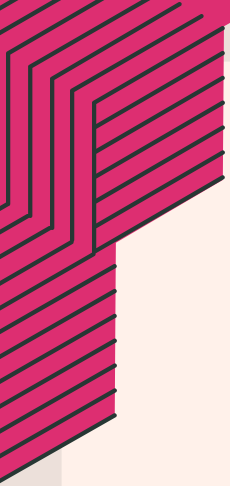
- Ultimately, the decision to pursue assisted suicide or euthanasia is a deeply personal one that should be made in consultation with healthcare providers, family members, and other trusted individuals, and with careful consideration of the individual's values, preferences, and goals. It is important for individuals to be informed about their options for end-of-life care and to plan ahead to ensure that their wishes are respected and that they receive the care that is most aligned with their values and goals (NHS End of life care ,2023).
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Recommendations:

Following are recommendations for future developments in the UK system related to end-of-life care.

- **Increase awareness and education:** It is important to increase public awareness and education about end-of-life care options, including palliative care and hospice care. This can help ensure that individuals and their families are informed about their options and can make decisions that are most aligned with their values and goals Seale, C. (2010).
 - **Improve access to palliative care:** Palliative care should be more widely available and accessible to individuals who need it, regardless of their location, age, or diagnosis. This can help improve the quality of life for individuals facing serious illness or approaching the end of their life Seale, C. (2010).
 - **Clarify the legal and ethical framework:** The legal and ethical framework surrounding end-of-life care, including assisted suicide and euthanasia, should be clarified to provide clear guidance and support for healthcare providers, patients, and their families. This can help ensure that end-of-life decisions are made in a thoughtful and informed manner and that the rights and dignity of patients are respected Seale, C. (2010).
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Recommendations:

- **Support for healthcare providers:** Healthcare providers who work in end-of-life care should be provided with the necessary training, resources, and support to help them provide high-quality care to patients and their families. This can include training in communication skills, pain management, and support for caregiver burnout (NHS,2023).
 - **Investment in research:** More research is needed to better understand the complex factors that influence end-of-life decision-making and to develop new treatments and interventions to improve the quality of life for individuals facing serious illness or approaching the end of their life. Investment in research can help improve the evidence base for end-of-life care and support the development of new treatments and interventions (NHS,2023).
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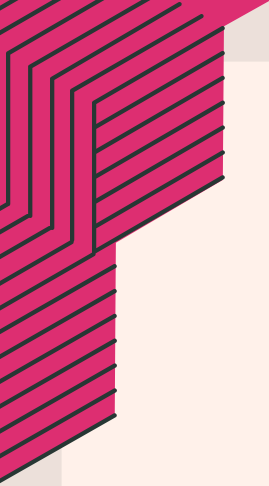
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THANK YOU!

