

Topic: Euthanasia-The arguments for and against - a discussion led by Terry Glover**Summary**

Terry circulated a discussion paper before the meeting as a guide to our discussions. The question of euthanasia has been regularly discussed by Parliament, as recently as 2015. But so far there have been no changes to the current law prohibiting the practice. Recently there have been moves to legalise 'assisted dying' and The Sunday Times is launching a campaign in support of euthanasia.

Euthanasia is a Greek word loosely translated as 'a good death', whereas the modern definition is 'deliberately to end a person's life – or to allow a person to die – so as to relieve suffering'.

Discussion***The right to terminate one's own life***

To end a person's life is an extremely emotive decision, and, because normally it would involve or depend on the action of one or more persons other than the person dying, it cannot be taken lightly even should the law of the land allow it. Some argue that as we had no choice in the matter of our birth, we should not be allowed to have any say in determining when it should be ended. As things stand and, put in the most simplistic terms, a request for help is tantamount to asking another person to commit murder, a sin outlawed by the Sixth Commandment as well as being a criminal offence.

Voluntary Active Euthanasia

This is the case when the medical practitioners accede to a request from a terminally ill patient to administer a lethal dose of medication. Alternatively, a person may be completely paralysed, needing 24/7 care but not terminally ill; but nevertheless may seek medical intervention to end their life because they consider it to be intolerable.

Voluntary Passive Euthanasia

This is when a terminally ill patient declines medical intervention which might extend his or her life. Is it right that patients should be forced to accept medical help? Do doctors have a moral obligation to try to persuade terminally ill patients to accept such treatment?

Involuntary Euthanasia

This is when medical practitioners switch off the life support system of a patient who is brain dead or in a permanent vegetative state. Medical ethics require that rigorous tests have to be performed in order to confirm there is no possibility of recovery. Sometimes the practitioners have to apply to the Court to obtain the right to withdraw treatment, thereby possibly overriding the opposing wishes of the patient's close relatives. Regard should also be had to previously expressed 'End of Life wishes' which may, or may not be already in records kept by the NHS, having been filed with the patient's GP.

Arguments for and against

Those in favour argue this is a morally justified rational choice, personal and individual, provided that the person is terminally ill or totally paralysed, in considerable pain or otherwise in severe distress; and in command of his or her faculties. Furthermore, the State should have no right to interfere, a person should be allowed to die peacefully and with dignity and avoid a long drawn out and painful death. A recent survey of UK doctors commissioned by the BMA showed that 50% of doctors were in favour of assisted dying.

Whereas, those that are against argue that Society is profoundly damaged should euthanasia be permitted; as it goes against all religious arguments about the sanctity of life; to be preserved at all costs. Some incurably ill persons (particularly if they feel they are a nuisance/burden to others) may be put under extreme pressure to request help in ending their lives, it may lead to medical practitioners thinking of themselves as being God and feeling entitled to decide who is worthy of life and who is not. No doctor should ever be put into a situation where he/she is forced to commit an act of euthanasia, irrespective of personal religious convictions.

Palliative care

Palliative care attempts to reduce the pain, suffering and enable patients to die peacefully. It thus represents an alternative to one of the main arguments for euthanasia. The normal practice in the UK is not to ask whether a patient would prefer to die at home rather than in a hospital. Older people are pushed into residential homes (at huge cost.) However, it is difficult to provide optimal pain relief 24/7, particularly if doctors err on the side of caution to avoid the risk of overdosing and inadvertently taking a life. Suffering is often more than just pain, patients may be distressed by their dependency, their lack of quality of life and existential despair.

Medical Technology

Advances are made every day, and what may in the past have been regarded as beyond recovery, relief (and perhaps cures) may now, or in the near future, become possible.

Conclusion

Euthanasia is an entirely personal choice. None of us would like to see anyone else suffer pain, indignity or a 'bad death'. However, there are others who will not have such a positive attitude and actively seek to persuade someone to commit euthanasia to further their own personal gain.

Should assisted dying and some forms of euthanasia ever be legalised in this country, strict controls would need to be in place and rigorously enforced.