Euthanasia as a humanistic problem in modern medicine

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Abstract: The paper considers the problem of euthanasia (voluntary death) and different views on this phenomenon in the context of the development of medical knowledge, explains in detail the positions of different parties, as well as the position of religious denominations on this issue.

Keywords: deontology, bioethics, ethical aspects, moral aspects, euthanasia and its types, religion and euthanasia

Modern medical ethics is part of general ethics that considers issues of morality of a doctor, including the set of standards of his behavior and morality, a sense of professional duty and honor, conscience and dignity. It also covers certain norms of behavior of a medical worker in everyday life, his culture, love of humanity, physical and moral cleanliness. Ethics is, first of all, an external manifestation of a person's inner content.

Medical ethics considers the entire set of moral criteria that guide a medical professional in his daily work aimed at meeting the needs of society and each person, maintaining and strengthening health or returning it in case of illness.

In turn, medical deontology is a set of ethical standards when a medical worker fulfills his professional duties, as well as principles of behavior, professional methods of psychological communication with a healthy or sick person visiting a doctor. Deontology is an integral part of medical ethics, and if ethics is methodological, then deontology is a methodological concept. Over the past centuries, ideas about the moral character and professional duty of a medical worker have changed depending on socio-economic and class relations, the political system, the level of development of national culture, the presence of certain religious traditions and other factors.

Euthanasia (from the Greek εὖ good and θάνᾰτος death) is the practice of ending the life of a person suffering from an incurable disease and experiencing unbearable suffering as a result of this disease. There are two main types of euthanasia: passive euthanasia (the deliberate cessation of supportive care by physicians) and active euthanasia (the administration of medications to a dying person or other actions that entail a quick and painless death). Active euthanasia often includes medically assisted

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suicide (providing the patient with life-shortening drugs at his request). In addition, it is necessary to distinguish between voluntary and involuntary euthanasia. Voluntary euthanasia is carried out at the request of the patient or with previously expressed consent (for example, in the USA it is common practice to express one's will in advance and in a legally reliable form in the event of an irreversible coma). Involuntary euthanasia is carried out without the consent of the patient, who is usually unconscious. It is made on the basis of the decision of relatives, guardians, etc. The Council on Ethics and Judicial Affairs of the American Medical Association admits that these decisions may not be "reasonable." However, in the case of "competent decision," people are considered to have the right to make decisions that others consider unwise because their choices go through a competently reasoned process and are consistent with their personal values.

The term "euthanasia" was first used by Francis Bacon in the 16th century to define "an easy death." The Concise Oxford Dictionary gives three meanings of the word "euthanasia": the first is "a calm and easy death", the second is "the means for this purpose", the third is "actions to achieve it". Before the outbreak of World War II, the idea of euthanasia was widespread in a number of European countries. At that time, euthanasia and eugenics were quite popular in medical circles in European countries, but Nazi actions, such as the T-4 program, discredited these ideas for a long time. Among famous people, it is worth noting S. Freud, who, due to an incurable form of oral cancer, with the help of Dr. Schur, performed euthanasia in his London home on September 23, 1939, having previously undergone 31 operations to remove tumors under local anesthesia (anesthesia in such operations at that time time was not applied).

The Netherlands became a pioneer in the field of legalizing voluntary death. In 1984, the country's Supreme Court recognized voluntary euthanasia as acceptable. On April 1, 2002, euthanasia became legal in the Netherlands. Euthanasia was legalized in Belgium in 2002. In 2003, euthanasia helped 200 terminally ill patients end their lives, and in 2004, 360 patients. In 2014, the euthanasia of children was legalized in Belgium.

In the United States, a law allowing the provision of medical assistance in suicide for terminally ill patients was adopted (with a number of restrictions) in November 1994 in the state of Oregon, and in November 2008 in the state of Washington. On May 13, 2013, Vermont passed a bill allowing euthanasia. In March 2012, Georgia Governor Nathan Deal signed a bill banning euthanasia. In California, in October 2015, Governor Jerry Brown signed the Right to Die Act, which allows euthanasia. Thus, the procedure is allowed in 5 states. In Luxembourg, it is allowed to help hopelessly ill people die. In Azerbaijan, the ban on euthanasia is enshrined in law; according to the Criminal Code of Azerbaijan, euthanasia is "punishable by

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correctional labor for up to two years or imprisonment for up to three years with deprivation of the right to hold a certain position or engage in certain activities for up to three years or without it." In Russia, euthanasia is legally prohibited by Article 45 of Federal Law No. 323 "On the fundamentals of protecting the health of citizens in the Russian Federation," which defines euthanasia as accelerating the death of a patient at his request. From the point of view of the Criminal Code of the Russian Federation, euthanasia is punishable by Article 105. In Kazakhstan, the implementation of euthanasia is prohibited, in accordance with Art. 154 of the Code "On the health of the people and the healthcare system". The Supreme Court of Canada allowed the use of euthanasia On February 26, 2020, the Federal Constitutional Court of Germany allowed the assistance of euthanasia.

In September 2021, the fifth state in Australia legalized euthanasia. 51.5% and 44.8% of Russian doctors aged 41-50 and 51-65 years, respectively, answered the question of a sociological survey (1991-1992) "Do you consider euthanasia acceptable?" They answered "I never thought about it." A positive answer was given by 49% of doctors aged 21-30 years. A 2010 survey of more than 10,000 physicians in the United States found that 16.3% of physicians would consider withdrawing life-sustaining therapy because the family demanded it, even if they thought it was premature. Approximately 54.5% did not answer, and the remaining 29.2% responded that the decision depends on the circumstances. The study also found that 45.8% of physicians agreed that physician-assisted suicide should be allowed in some cases; 40.7% - no, and the remaining 13.5% believe that it depends on the circumstances.

Socio-political activities aimed at convincing public opinion of the admissibility of euthanasia, that is, satisfying the request of a terminally ill patient to hasten his death by any actions or means, are carried out in many countries. Supporters of euthanasia argue their position on grounds of humanity, while opponents consider it to be the legalization of assisted suicide, as well as various criminal manifestations associated with the deprivation of life. In some countries, such as Australia, the promotion of euthanasia entails criminal penalties under the articles "incitement to suicide", "assistance in suicide" and others. In some countries (Netherlands, Belgium, Canada) euthanasia is permitted by law. In Russia, on April 16, 2007, Deputy of the State Assembly of Bashkiria Edward Murzin made a proposal for an amendment to the Criminal Code of the Russian Federation, which will be required after the possible legalization of euthanasia. At the same time, the Federation Council of the Russian Federation prepared a bill legalizing euthanasia in Russia, which immediately caused a wave of criticism from conservative and religious circles.

The idea is that it is permissible, at least in some cases, to stop treatment and let the patient die, but it is never permissible to take any direct action intended to kill the

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patient. This doctrine appears to be shared by most physicians, as reflected in the statement adopted by the meeting of delegates of the American Medical Association on December 4, 1973: “The intentional ending of the life of one human being by another-merciful killing-is contrary to both the very purpose of the medical profession and the policy of the American Medical Association.” associations. The question of stopping the use of special measures to prolong the life of the body, when it is clearly established that biological death is inevitable, is left to the patient and (or) his relatives to decide. The doctor’s advice and opinion should be freely provided to the patient and (or) his relatives.” However, compelling arguments can be made against this doctrine. Below I will present some of these arguments and try to persuade doctors to reconsider their positions on this issue. I’ll start with one of the typical situations: a patient dying from incurable laryngeal cancer experiences terrible suffering that can no longer be alleviated. He will probably die within a few days even if appropriate treatment is continued. But he does not want to live these few days, since the suffering is unbearable, and asks the doctor to stop it; his family joins this request. Suppose the doctor agrees to stop treatment because the above doctrine allows it. The justification here is that the patient is in terrible agony and will die anyway, so it would be wrong to prolong his suffering unnecessarily. Let us note this circumstance. But simply stopping treatment in this situation may prolong the patient’s demise, and therefore he may suffer more than if the direct action of killing him by lethal injection had been taken. This fact gives serious reasons to think that since the decision not to prolong the patient’s agony was made, active euthanasia in this case is indeed preferable to passive one. To say otherwise would be to choose the right to choose more suffering rather than less, which is contrary to the humanistic motive that gave rise to the decision not to prolong his life. With the modern development of medical technologies, it is quite problematic to distinguish between euthanasia and physician-assisted suicide. Defining euthanasia and physician-assisted suicide as hastening the time of death of a patient suffering from a terminal or terminal illness may be insufficient. The discussion about the admissibility of shortening human life has long ceased to concern only terminal diseases. The problem is much broader and concerns those people whose life span is extended through the use of advanced technologies used in medicine. The boundaries between natural death and death caused by external factors become blurred. Those who support the legalization of euthanasia and physician-assisted suicide argue that, in fact, many countries allow passive euthanasia in the form of withholding or withdrawing therapy, especially when the patient expresses such a wish. On the other hand, it is emphasized that there is a fundamental difference between withholding or withdrawing treatment at the request of a patient, on the one hand, and actively assisting a third party in the death of a patient at the request of the latter, on the other.

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There are other situations that give rise to controversy, such as withholding fluids and drinks during artificial nutrition, providing a lethal dose of pain medication or terminal sedation. Defining the boundaries between "causing" death and palliative care, withholding and cessation of artificial life support. Defining the boundaries between "causing" death and palliative care, withholding and withdrawal of life support is incredibly difficult.

If all of the above procedures are considered euthanasia, there may be serious problems associated with, for example, administering pain medications to patients in the final stages of cancer, withholding further resuscitation or other painful therapy, and in cases of medical futility, even despite the patient's protests.

Defining the differences and boundaries between the situations mentioned, euthanasia and physician-assisted suicide, poses a significant challenge to discussion. Another issue is the justification for distinguishing between euthanasia and physician-assisted suicide. According to supporters of drawing a line between the two, physician-assisted suicide should be legalized as an alternative to euthanasia, since the final act is carried out by the patient and relieves others of responsibility. Opponents of the separation of these concepts, advocating the legalization of death at the request of the patient, claim that their separation is a kind of discrimination against patients who cannot commit suicide on their own (for example, take a pill or press the appropriate button on a life support machine).

The most important and oldest argument used by opponents of the legalization of shortening a patient's life is the argument about the sanctity of life in religious and secular aspects. The premise of this argument in a religious context is that taking life is immoral. In the case of revealed religions such as Judaism, Christianity, and Islam, life is a gift from God. Therefore, no one can dispose of it at their own discretion. There is a special obligation to cherish this gift. The strict provision also concerns the prohibition of taking someone's life, including suicide, physician-assisted suicide and euthanasia. Even when suffering from an incurable disease, a person should not ask to take his own life, just as he should not ask anyone to hasten someone else's death - even guided by the intention of ending the suffering and compassion for the sick person. By destroying life, a person goes against the principles established by God, arbitrarily establishing a moral order. Theology does not have detailed rules for applying modern discoveries in biology and medicine (the Bible and the Koran do not explicitly mention euthanasia and physician-assisted suicide), so it is necessary to turn to philosophy. The discussion at this stage is not so much of a religious nature as it is anthropological. What is meant here is the concept of humanism, and not just an ideological dispute regarding an outlook on life. Moreover, religious views and beliefs should not be rejected on the basis of rational arguments, but they are binding only on the followers of a particular religion and cannot be imposed on other people.

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Another version of the sanctity of life argument8 is the natural law argument. It is not assumed here that the existence of God is the basis of moral standards. Their sources must be sought in human nature, his consciousness or practical reason. Life is supposed to have an inherent value, so it must be protected. While "Revelation" is an abstraction for non-believers, the prohibition "thou shalt not kill" in the 10 Commandments is not considered so abstract at all. It may have a religious reference, but does not have to; this prohibition can also be justified on philosophical grounds. It should be taken into account that this norm is protected by both national and international legal systems. This premise is universal, the sacredness of everyone's life is fundamental in nature, therefore incurable illness and suffering are not circumstances that can justify consciously approaching the moment of death. The principle of the sanctity of life is a fundamental principle of the functioning of society, and regardless of religious background, killing a person is evil. A departure from this principle means a decrease in respect for life; Exceptions to this rule cannot be made by legalizing euthanasia and physician-assisted suicide. Allowing the lives of sick people to be shortened, even at their request, can be a dangerous balancing act on the moral edge. Everyone has the right to protection from attacks on their lives.

One of the fundamental human rights is that an innocent person must not be killed, injured or mutilated. The prohibition of abortion, euthanasia or the killing of hostages is justified by this provision. The principle of the sanctity of life is not only based on religious principles, so it can be used in a secular society. The universality of this principle can become the basis for binding norms enshrined in law, without the risk of accusations or objections that the decisions taken reflect the point of view of only a certain social group, church or religious association (association). The principle of the sanctity of life is universal: all cultures recognize that taking another's life is evil, regardless of religious background. Suicides are rescued and provided with assistance, rather than helped to say goodbye to life. A very important purpose of the law is to protect the weak and vulnerable: the crippled, the disabled and the terminally or terminally ill must certainly be included in this category. Human life is a basic good; respect for life does not mean naive vitalism. Everyone has the right not to be killed, regardless of mental state or capacity, advanced age, clumsiness or clumsiness. The cornerstone should be the understanding that human life is a good, and not just a preference of the social majority. Otherwise there is a risk of moral skepticism and relativism, and from this point of view there is a possibility of abuse. The assumption of the sanctity of life is the starting point for legislative measures prohibiting life shortening, including euthanasia and physician-assisted suicide.

In a secularized world, law becomes a determinant of behavior, and at the same time it must be remembered that it is the result of the values shared by decision-

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makers. In the case of the debate about euthanasia and assisted suicide, which seems intractable, the most important thing is that we accept it as a measure of humanity, assuming that it is good.

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