

Euthanasia

Euthanasia is one of the most emotive topics we will look at. The word literally means 'good death' and is often explained as 'mercy killing' or 'dying with dignity'.

Although Euthanasia is legal in some countries, notably the Netherlands, it is illegal in Hong Kong. Those involved are at best charged with assisting suicide and at worst with murder. There have been many attempts to change the law, and many are concerned with the lack of available care for Hong Kong's rapidly aging population. Many doctors and nurses have serious concerns about legalising euthanasia, though in surveys the public will often support it.



Euthanasia was discussed by the Legislative Council in Hong Kong in 2016. You can read what was [discussed here](#).

There are three types of Euthanasia:

- **Voluntary Euthanasia** is when a person asks a doctor to end his/her life.
- **Non-voluntary Euthanasia** occurs when the patient is unable to request an end to life but it is believed to be in his/her best interests.
- **Involuntary Euthanasia** happened in Nazi Germany. Disabled and sick people were killed without being consulted, though they were perfectly capable of stating their own wishes.

If voluntary euthanasia were legalised, it might be used in situations of:

- Terminal or incurable painful illness
- Degenerative diseases, which lead to loss of dignity and quality of life

If non-voluntary euthanasia were legalised, it might be used for:

- those in comas or incapable of communication
- severely disabled newborn babies
- senile people

Questions

1. What are the different forms of Euthanasia?
2. What are the differences between voluntary and non-voluntary euthanasia?
3. What are your views on euthanasia? Do you see a difference between voluntary and non-voluntary?

Active and Passive Euthanasia

Active Euthanasia is illegal in Hong Kong. It is an action taken or withheld with the deliberate intention of ending someone's life.

Passive Euthanasia is legal, as there is no intention to kill. It may take two forms:

- A doctor gives a patient a pain-relieving drug such as morphine, knowing that the dosage will have to be increased as the patient develops tolerance to the drug, and knowing that it will shorten the patient's life. This is not illegal because the intention is to relieve pain, not to end life. It is seen as good medical practice.
- Medical treatment may be withheld or withdrawn from a dying person on the grounds that it is wrong to prolong the natural process of dying. The intention is not to kill, but simply to acknowledge and allow the inevitable.

4. What is the difference between *active* and *passive euthanasia*?

Keywords

Living will - (also called a directive to physicians or advance directive) a document that lets people state their wishes for end-of-life medical care, in case they become unable to communicate their decisions. It has no power after death.

Palliative Care - care for the terminally ill and their families, especially that from an organised health service.

Hospice - Hospice care is a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs

Arguments for and against legalising *voluntary euthanasia*:

- People have the right to choose, and the right to autonomy up to and including death.
- It is unnecessary in view of the great advances made in care in hospices.
- It is impossible to be sure that an individual wants to die
- Euthanasia provides a quick and humane release from suffering. In similar circumstances we would chose euthanasia for our pets.
- We cannot know how we will feel about things in the future.
- Death is easier to face if we know it will be painless and dignified.
- Mistakes might be made.
- Living wills can remove anxiety about the future.
- The last weeks and months are helpful to relatives as a time for caring, and adapting to the face that the loved one will not always be there.
- The suffering of relatives is lessened, and so is the burden of caring.
- There could be a slippery slope from voluntary to non-voluntary and even to involuntary euthanasia. Non-involuntary euthanasia, including that for babies, is now practised in the Netherlands.
- The burden on the state is lessened.
- Unscrupulous relatives might abuse the system.
- Doctors need not fear prosecution for carrying out euthanasia.
- Euthanasia implies that life is disposable.

Task

Colour the arguments in the list above in support of euthanasia in **green** and the arguments against in **red**.

Once you have done that, select the three you feel are strongest for each and note them in your books.

A Case Study

“Recently in Taiwan, the end-of-life care debate was reignited after a doctor revealed on Facebook how he was forced to carry out cardiopulmonary resuscitation (CPR) on a terminally ill 75-year-old cancer patient – despite the man previously telling him he would prefer an easy death. But the man’s sons disagreed, mostly because they did not want other relatives to blame them for letting their father die.”

Blundy, Rachel. “The Struggle for Hong Kong's Old and Sick to Die with Dignity.” South China Morning Post, 20 July 2018,

www.scmp.com/news/hong-kong/health-environment/article/2103645/struggle-hong-kongs-old-and-sick-die-dignity.

1. What are the arguments for and against euthanasia in this case?
2. Do you feel the best course of action was taken? Explain fully.