

# Euthanasia in Modern Society: the Topicality, Practicability, and Medical Aspect of the Problem

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## Abstract

The article is devoted to the issues of definition of ethical, legal and medical aspects of euthanasia. The main problems of the current state of the right to euthanasia in the world practice, its interrelation with the right to medical care and the right to life are considered.

The work analyzes the types of euthanasia. It is shown that human life continues to be considered the highest value in many countries of the world. This is confirmed by an increasing number of human rights organizations seeking to protect human rights. In addition, euthanasia as a social phenomenon continues its existence in the modern global world. The article instances the countries of the European Union, which until now have been using euthanasia as a means of achieving state goals.

The results of the carried study of the doctors' attitude to the possibility of using various forms of euthanasia have shown that the problem of euthanasia is one of the most vexed and unsolved medical, deontological, ethical, philosophical, and legal problems of our times. At the same time, it is shown that it is not possible to consider the problem of euthanasia from the standpoint of good and evil, since these categories cannot be universal.

The authors, based on the analysis of existing points of view, the current legislation provisions, set forth their own vision of this problem. Considering the need to provide a legal form of euthanasia from different points of view, the authors come to the conclusion that the consolidation at the legislative level in modern socio-economic and political conditions of such a form of alleviating the suffering of seriously ill patients will not solve the underlying problem. On the contrary, it can facilitate the actions that contradict the norms of morality and justice.

**Keywords:** euthanasia, legalization, human rights, the right to life, the right to die.

## INTRODUCTION

Human life is recognized as the highest social value, and the right to life is the most important among personal non-property rights, which is determined by the very being of man and is on top of a galaxy of social values. International legal and regulatory acts that guarantee human rights and freedoms, as well as the Constitution of the Russian Federation recognize the right to life as an inalienable right of every individual, entrusting the state with the duty to protect it. At the same time, there is the right of an individual to dispose of his/her life, which, in the context of the right to life, is interpreted by scientists as an opportunity to expose it to considerable risk and to decide on the question of ending life. It is with the possibility of exercising the right to dispose of one's own life that a problem arises that worries not only lawyers but also doctors, and the society as a whole - the problem of euthanasia [1].

Euthanasia is classified as active and passive (depending on the nature of the actions). Active euthanasia is the carrying out of certain actions to accelerate the death of a terminally ill person according to his request in order to get rid of especially severe suffering. Active euthanasia can also be carried out by joint actions of the doctor and the patient (for example, taking certain medications). Passive (negative) euthanasia is manifested in the nonuse of medications and the nonfulfillment of medical manipulations that could maintain the life of a seriously ill patient for a definite time, provided that the patient expressed a desire not to perform medical intervention.

Euthanasia became relevant only in the twentieth century, when the first experience of its legalization was implemented, as well as practical use contrary to the current legislation. During the 20th century, passive euthanasia was used in most countries. According to the results of sociological research in the late 1990s, 40% of deaths of seriously ill patients accounted for the facts of the use of passive euthanasia. Patients died "by prior arrangement" with the doctors either as a result of official refusal of treatment, or accelerated the lethal outcome with the help of medications [2].

Active euthanasia has a slightly different history of its development. In accordance with the Criminal Code of Soviet Russia in 1922, the killing of the patient out of compassion was permitted. Soon such a legal rule was repealed.

Active euthanasia as "destruction of the defective" was widely used in fascist Germany (mainly for the mass murder of Jews in concentration camps, who could not work due to serious illnesses). The International Military Tribunal in Nuremberg qualified the actions of such "doctors" as a crime against humanity.

After the Second World War, euthanasia was legalized only in 1977, when the world's first law was passed in the USA (California) "On the Human Right to Die," according to which passive euthanasia was allowed. However, today only three US states (Oregon, Washington, Vermont) have legalized active euthanasia, but provided that the patient himself takes the lethal injection (or drinks the appropriate medicines with the permission of the doctor). The fourth state, which also uses euthanasia, but with significant limitations, is Montana [3].

Whereas in most countries of the world, not only active, but also passive euthanasia is not prescribed or banned by law, there are countries, which are exceptions to this rule. The first country to legalize both active and passive euthanasia was the Netherlands in 2001. In 2002, active euthanasia was legalized in Belgium and could be applied to adults suffering from an incurable disease. The third European country, which legalized euthanasia, became Luxembourg in 2009.

In Switzerland, euthanasia is formally banned, but it is in fact permitted, because in accordance with Swiss law, assistance in the act of suicide, if there are no personal useful purposes, is not prohibited. For this purpose, foreigners come here because it is the only country in Europe and the world where euthanasia is allowed for residents of other countries. For example, being banned, in the UK there is an official algorithm for its implementation: if there are appropriate medical notes about the incurable disease and the patient's desire to carry out euthanasia, he is sent by the doctor to Switzerland [4].

In 2014, King Philippe of Belgium signed the first and so far the only law on child euthanasia in the world, which allows its use for underage children. Upon condition of their own desire, the consent of parents and the availability of documentary evidence of a psychiatrist and a psychologist about the child's recognition of incurability, they may die at their choice [5].

In Russia, any form of euthanasia is prohibited. Thus, in Article 45 of the Federal Law of the Russian Federation "On the Fundamentals of the Protection of Citizens' Health in the Russian Federation", under the unambiguous title "Prohibition of Euthanasia", it is written that medical personnel is prohibited to satisfy the patient's request to accelerate his death "by any actions (inactions) or means, including the cease of life-sustaining treatment" (The federal law "On the fundamentals of protecting the health of citizens in the Russian Federation" [[http://www.consultant.ru/document/cons\\_doc\\_LAW\\_121895/](http://www.consultant.ru/document/cons_doc_LAW_121895/)]).

The special complexity of the problem at issue lies in the impossibility of finding general scientific criteria for its solution, on the basis of which it could be argued what is a boon to man. In all cases, questions about the moral principles and principles of the corresponding scientific research arise: humane attitude, guarantees of observance of human rights - subjects of research - their right to life, health, freedom of choice, dignity, etc. [6].

An analysis of views on the right to euthanasia provides an opportunity to identify three main doctrines that have existed since the last decade of the last century:

1) strongly denying the right to euthanasia. Supporters of euthanasia prohibition suggest that the legalization of euthanasia will lead to abuse, as well as to the cessation of scientific progress in the field of medicine [7];

2) doctrines, substantiating the possibility of volitional choice of a person with regard to the use of euthanasia. According to this doctrine, the main reason is the recognition of the individual independence; the right to give the person the opportunity to solve the problems concerning his psyche, body, and emotional state. The patient should receive complete and comprehensive information about the state of his health, about his illness. According to this information, the patient can come to a determination himself concerning possible medical intervention in accordance with his motivations, values and perceptions [8];

3) doctrines that justify that the right to euthanasia is a consequence of the right to life. In their view, the existence of the right to life presupposes the right to death, since the right to death is part of the right to life. Otherwise, the right to life becomes a duty from which it is impossible to refuse [9].

The approaches we analyzed to understand the concept of euthanasia, the forms of its implementation, the attitude of researchers regarding its possible legislative consolidation in Russian medicine once again convince us of the importance of this issue and the need for its more enhanced studying.

The purpose of the article is to express our own opinion on the topicality, practicability, and medical aspects of the problem of euthanasia.

Research hypothesis: in modern socio-economic and political conditions, the legalization of euthanasia as a form of alleviating the suffering of seriously ill patients will not solve the underlying problem; on the contrary, it can contribute to the performance of actions that are contrary to the norms of morality and justice.

#### MATERIALS AND METHODS

The main research methods were the analysis of research literature from the problematic area of the study, content analysis, as well as a survey of medical workers on their attitude to the possibility of using various forms of euthanasia.

As part of research, 54 public health care workers were interviewed at the workplace, including 4 chief physicians, 50 specialist doctors, 44% of them men and 56% women. This sample of respondents highlighted the existing problem and made it possible to draw the appropriate conclusions.

#### RESULTS

The attitude of medical personnel towards the possibility of using various forms of euthanasia has shown the following.

46% of doctors believe that it is necessary to adopt a law that would regulate the mechanism for euthanasia implementation. Herewith, they talk about limited euthanasia, which would not contradict the current legislation, and would not affect the professional humanism and ethics of medical workers. According to 15% of doctors, the non-use of euthanasia leads to the violation of other rights and freedoms of a terminally ill person, such as the right to freedom and the right to dignity.

36% of respondents raised an objection to euthanasia, and 18% refrained from answering.

The opponents of euthanasia indicated that its introduction would lead to a number of negative consequences. Among the latter in the first place, one can single out: the legalization of euthanasia will cause abuse by doctors and relatives, and will also enable them to mask certain crimes; will reduce the size of the state provision of seriously ill patients.

A highly negative attitude towards the use of any kinds and forms of euthanasia was expressed by 35% of the respondents. Speaking against the legalization of euthanasia, they emphasized that its consolidation would lead to the destruction of moral and religious norms, as well as to slowing down the search for new, more effective means of treatment and would contribute to dishonesty in the delivery of health care.

Thus, the opponents of euthanasia, based on humane considerations, appeal to the patient's ability to recover and disagreements with Christian morality.

In addition, almost 64% of doctors are not ready to implement the request of a patient to die personally, i.e. in case of adoption of the relevant law on euthanasia almost two-thirds of those surveyed are not ready for moral responsibility for the possible consequences of the application of such a law.

The overwhelming majority of doctors do not imagine entirely the circumstances and ways of carrying out active euthanasia by them personally, considering it an inhumane phenomenon. Even the formal permit of active euthanasia, according to doctors, can lead to the paralysis of the modernization process in the health sector.

#### DISCUSSION

The results of the carried study of the doctors' attitude to the possibility of using various forms of euthanasia have shown that the problem of euthanasia is one of the most vexed and unsolved medical, deontological, ethical, philosophical, and legal problems of our times. It is worth noting that it is difficult enough to consider the problem of euthanasia from the standpoint of good and evil, because these categories are not universal, everyone has different ideas about good and evil. Even among adherents of one system of morality, either religious or philosophical, there is no unity in understanding these systems. This is because any event can never be deprived of its objective, spatial and temporal characteristics, but may or may not be accepted by the society as a very significant fact to become in its turn a source of historical, social, national, confessional or other identification [10].

It is also worth considering the medical aspect of the problem. If a hopelessly ill patient (whose "hopelessness" is determined by taking into account subjective and individual circumstances and the statistics of the mortality rate among

patients with a similar diagnosis) is waiting for a grievous, unbearable, martyr and near (at a specified time) death, euthanasia can really act as a last resort to cease the patient's suffering. The so-called "principle of expediency" (economic efficiency) is intermingled with the mentioned aspect: the cessation of long and futile measures to support the life of seriously ill patients with the purpose of using certain means (equipment, medications) for resuscitation of patients with a lesser degree of lesions (with more chances for life).

Today, there are no fundamentally new arguments on the conditions for legalizing euthanasia, but they are interpreted somewhat in more broad perspective, in particular in this way: an adult, legally capable person who asks for it, is incurably ill at the terminal stage of the disease, which is confirmed by a written conclusion of a council of physicians in accordance with an accredited health care institution or a scientific institution, expressed unanimously. The incurable patient must be conscious, be informed objectively about the diagnosis and possible results of treatment by his doctor and voluntarily, consciously come to a decision about the necessity of meeting his death due to the intolerable suffering, about which he submits a written application (with the consent of his relatives if they exist) for consideration in court. The application is subject to immediate consideration in the court session only by the collegial staff of the court in order to ensure a critical evaluation of the application submitted. The decision of the court, adopted unanimously, within 24 hours must be brought to the notice of the terminally ill patient and his doctor. The doctor is obliged to continue taking all the necessary measures for the most possible anesthetizing of the course of the disease - until the onset of the inevitable death of the terminally ill; the physician's violation of the duty of anesthesia should entail the introduction of criminal sanctions.

It is worth turning to the experience of the countries of the European Union (in the context of solving the issue of granting the phenomenon of euthanasia a legal form), for which the mentioned problems are quite relevant. Now, the legislative consolidation of the human right to euthanasia in its primary sense is carried out in the Benelux countries. The first EU country, in which the relevant human right was recognized at the highest legislative (constitutional) level, as it has already been shown, are the Netherlands.

It is in the Netherlands that the most clearly visible intersection of economic considerations and the "culture of euthanasia". The opinions of the population about the ethics of euthanasia as a phenomenon can be different. However, a negative by-product of the policy that allows doctors to practice euthanasia is the blurring of the taboo on the cessation of human life. Consequently, the idea of ending a patient's life "for his own good" only with the consent of the family, and not the patient himself (and sometimes even without the consent of the family), meets less and less resistance. As Dutch human rights advocates note, unfortunately, sometimes doctors, instead of using the latest medical technologies to prolong the life of patients, simply allow them to die [11].

So, we see how thin are the lines between the constructions "the freedom to dispose of the right to own life (in the context of the right to its termination)" and "interference in the life processes by third parties, which can degenerate into an arbitrariness, life-threatening to the patients on the verge of life and death." So now, let us turn to several important arguments that directly influence the formation of a point of view regarding the inadmissibility of euthanasia in modern conditions.

In the general philosophical aspect, the basis for the formulation of any public opinion is the cultural tradition of peoples. In European countries, it regards human life as the highest good, the greatest value. The legalization of euthanasia will lead to a devaluation of this value. In addition, this will not

serve as a means of solving the philosophical problems of life and death, but will only eliminate them by force.

From the religious point of view (in particular, in Christianity as the leading European religion), the axiomatic principles are "life is the gift of God and only He can give or take it away," "love your neighbour," and the prohibition "do not kill", etc. Concerning the consolidation of the legalization of euthanasia in legal norms, it should be noted how this will affect the public consciousness. After all, from the point of view of social psychology, everything that is legalized is considered one that is encouraged by the state. Therefore, in order to avoid "unnecessary trouble", people (medical workers, relatives) with a low level of moral culture can simply turn such individually significant right of a patient into a fiction, resorting to an advantageous "abuse of the right", however, by "hands" of the patient himself.

In addition, it is necessary to take into account the precedents of diagnostic errors, because there are no criteria for the "incurability" of a specific disease today. A powerful argument of opponents of euthanasia is also determined by the fact that its legalization can lead to the paralysis of scientific progress. If the legislator resolves the possibility of depriving a terminally ill person of life, medical personnel will not have to look for new methods of alleviating suffering; life-scientists, geneticists do not have to invent new means of combating diseases that are progressive in terms of the number of modifications and strains.

Finally, it is worthwhile to pay attention to the "human (strong-willed) factor": the decision to euthanize can be though conscious, but hasty and unbalanced, because in a painful state it is practically impossible to avoid the so-called "vices of the will" - mistakes of forced will due to external reasons. Legalization of euthanasia can become the basis for unacceptable pressure in relation to some socially vulnerable groups of the population (disabled, elderly), whose representatives seem to want to live, but at the same time do not want to be a "useless and heavy burden" for the society, first of all - for the family.

## CONCLUSIONS

The results of the survey of medical workers on their attitude towards the possibility of using various forms of euthanasia and their subsequent discussion confirm the hypothesis of the study that in modern socioeconomic and political conditions the legalization of euthanasia as a form of alleviating the suffering of seriously ill patients will not solve the underlying problem. On the contrary, it can contribute to the performance of actions, which contradict the norms of morality and justice.

Summing up, it should be noted that the problem of euthanasia remains open in modern society. An objective analysis of the problem is possible only if scientists cooperate. Moreover, of course, this issue primarily concerns those terminally ill who are in suffering waiting for death. However, the moral side of this problem affects dozens, and perhaps hundreds of thousands people more: politicians and legislators who must pass relevant laws, and subsequent specific legal decisions regarding the euthanasia of a particular person; family members of this person who must agree with the early death of their relative; doctors, who, first, must take a correct, professional decision regarding the patient's condition, and secondly, perform the procedure for causing death.

Thus, at least four categories of people participate in the process of euthanasia: patients who ask for easy death, lawyers, relatives, and doctors. However, they all have the same right - the right to free choice, but rather, to a willful decision: the first - to live or not to live; the second - to provide or not to provide a legal right to early termination of life; the third - to give or not to give consent to the unnatural death of a dearest person; the fourth - it is possible or impossible to alleviate the sufferings of the patient

with known means, the decision about the undoubted proof of the impossibility to save life, about this or that "easy" set of medicines for euthanasia, and, finally, about whether this or that particular doctor (or doctors) wishes to carry out this procedure.

The prospect of further research may be an analysis of the possibility of including the fifth participant in the euthanasia process - the church - and the development of specific measures to develop the cooperation of the church and medical institutions in order to further humanize the attitude towards the terminally ill.

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