

**The Youth of Today - The Generation of the Global
Development
*Estudentiana***

**The Offense of Homicide by Request of the Victim: Disguised Crime
vs Salvation**

Geanina Bounegru¹

Abstract: Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering. In most cases euthanasia is carried out because the person who dies asks for it, but there are cases called euthanasia where a person can't make such a request.

Keyword: euthanasia; assisted suicide; mercy; indignity

Euthanasia and Assisted Suicide. Moving the Boundaries

"Euthanasia" is a compound of two Greek words - eu and thanatos meaning, literally, "a good death". Today, "euthanasia" is generally understood to mean the bringing about of a good death "mercy killing," where one person, A, ends the life of another person, B, for the sake of B (Kuhse, 1992, p. 40).

There are different *euthanasia laws in each country*. The British *House of Lords Select Committee on Medical Ethics* defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering" (Harris, 2001). In the Netherlands and Flanders, euthanasia is understood as "termination of life by a doctor at the request of a patient".²¹

Euthanasia is categorized in different ways, which include voluntary, non-voluntary, or involuntary:

¹ Master Student, Danubius University of Galati, Romania, Address: 3 Galati Blvd., Galati 800654, Romania, Tel.: +40372361140, Corresponding author: geaninabounegru@univ-danubius.ro.

² Euthanasia and assisted suicide. BBC. Last reviewed June 2011. Accessed 25 July 2011. Archived from the original Archived 19 July 2011 at the Wayback Machine.. The Dutch law however, does not use the term "euthanasia" but includes it under the broader definition of "assisted suicide and termination of life on request." "See: http://www.schreeuwomleven.nl/abortus/text_of_dutch_euthanasia_law.doc. See also: Euthanasia in the Netherlands.

Voluntary euthanasia is legal in some countries. Euthanasia conducted with the consent of the patient is termed voluntary euthanasia. Active voluntary euthanasia is legal in Belgium, Luxembourg and the Netherlands. Passive voluntary euthanasia is legal throughout the U.S. per *Cruzan v. Director, Missouri Department of Health*. When the patient brings about his or her own death with the assistance of a physician, the term assisted suicide is often used instead. Assisted suicide is legal in Switzerland and the U.S. states of California, Oregon, Washington, Montana and Vermont.

Non-voluntary euthanasia, patient's consent unavailable, is illegal in all countries. Involuntary euthanasia, without asking consent or against the patient's will, is also illegal in all countries and is usually considered murder.¹ Examples include child euthanasia, which is illegal worldwide but decriminalised under certain specific circumstances in the Netherlands under the Groningen Protocol. As of 2006, euthanasia is the most active area of research in contemporary bioethics. (Borry, Schotsmans, & Dierickx, 2006, pp. 240–5)

Involuntary euthanasia: The euthanasia conducted against the will of the patient.

Voluntary, non-voluntary and involuntary euthanasia can all be further divided into passive or active variants (Rachels, 1975, pp. 78–80). Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life (Harris, 2001). Active euthanasia entails the use of lethal substances or forces, such as administering a lethal injection, to kill and is the most controversial means. A number of authors consider these terms to be misleading and unhelpful (Harris, 2001).

Active euthanasia entails the use of lethal substances or forces to kill and is the most controversial means. An individual may use a euthanasia device to perform active voluntary euthanasia on himself or herself.

Passive euthanasia: Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life. Whether the administration of increasingly necessary, albeit toxic doses of opioid analgesia is regarded as active or passive euthanasia is a matter of moral interpretation, but in order to pacify doctors' consciences, it is usually regarded as a passive measure. (Najimudeen, 2013)

Positive euthanasia refers to the actions that actively causes death. Negative euthanasia is withdrawing the life supports. (Najimudeen, 2013)

According to the historian N.D.A. Kemp, the origin of the contemporary debate on euthanasia started in 1870 (Kemp, 2002). Euthanasia is known to have been debated and practiced long before that date. Euthanasia was practiced in Ancient Greece and Rome: for example, hemlock was employed as a means of hastening death on the island of Kea, a technique also employed in Marseilles. Euthanasia, in the sense of

¹ Voluntary and involuntary euthanasia. BBC. Accessed 12 February 2012.

the deliberate hastening of a person's death, was supported by Socrates, Plato and Seneca the Elder in the ancient world, although Hippocrates appears to have spoken against the practice, writing "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death" (Mystakidou, Parpa, Tsilika, Katsouda, & Vlahos, 2005, pp. 97–98; Stolberg, 2007, pp. 206–07; Gesundheit, Steinberg, Glick, Or, & Jotkovitz, 2006, p. 622).

In some countries there is a divisive public controversy over the moral, ethical, and legal issues of euthanasia. Those who are against euthanasia may argue for the sanctity of life, while proponents of euthanasia rights emphasize alleviating suffering, and preserving bodily integrity, self-determination, and personal autonomy. (Griffiths, Bood, & Weyers, 1998, p. 186) Jurisdictions where euthanasia is legal include the Netherlands, Canada,¹ Colombia, Belgium, and Luxembourg.

Like other terms borrowed from history, "euthanasia" has had different meanings depending on usage. The first apparent usage of the term "euthanasia" belongs to the historian Suetonius, who described how the Emperor Augustus, "dying quickly and without suffering in the arms of his wife, Livia, experienced the "euthanasia" he had wished for."² The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the "physical sufferings" of the body." Bacon referred to an "outward euthanasia"—the term "outward" he used to distinguish from a spiritual concept—the euthanasia "which regards the preparation of the soul." (Bacon, 2008, p. 630)

In current usage, euthanasia has been defined as the "painless inducement of a quick death" (Kohl, 1974, p. 94). However, it is argued that this approach fails to properly define euthanasia, as it leaves open a number of possible actions which would meet the requirements of the definition, but would not be seen as euthanasia. In particular, these include situations where a person kills another, painlessly, but for no reason beyond that of personal gain; or accidental deaths that are quick and painless, but not intentional (Beauchamp & Davidson, 1979, pp. 294–312; Draper, 1998).

Another approach incorporates the notion of suffering into the definition. (Beauchamp & Davidson, 1979) The definition offered by the Oxford English Dictionary incorporates suffering as a necessary condition, with "the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma",³ This approach is included in Marvin Kohl and Paul Kurtz's definition of it as "a mode or act of inducing or permitting death painlessly as a relief from suffering" (Kohl & Kurtz, 1975). Counterexamples can be given: such definitions

¹ Supreme court gives Parliament 4-month extension on doctor-assisted dying law. *15 January 2016*. Retrieved 28 February 2016.

² Philippe Letellier, chapter: History and Definition of a Word, in *Euthanasia: Ethical and Human Aspects* By Council of Europe.

³ *Oxford Dictionaries*. Oxford University Press.

may encompass killing a person suffering from an incurable disease for personal gain and commentators such as Tom Beauchamp and Arnold Davidson have argued that doing so would constitute “murder simpliciter” rather than euthanasia (Beauchamp & Davidson, 1979).

The third element incorporated into many definitions is that of intentionality – the death must be intended, rather than being accidental, and the intent of the action must be a “merciful death”. (Beauchamp & Davidson, 1979) Michael Wreen argued that “the principal thing that distinguishes euthanasia from intentional killing simpliciter is the agent's motive: it must be a good motive insofar as the good of the person killed is concerned” (Wreen, 1988). Similarly, Heather Draper speaks to the importance of motive, arguing that “the motive forms a crucial part of arguments for euthanasia, because it must be in the best interests of the person on the receiving end” (Draper, 1998). Definitions such as that offered by the House of Lords Select Committee on Medical Ethics take this path, where euthanasia is defined as “a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering” (Harris, 2001). Beauchamp and Davidson also highlight Baruch Brody's “an act of euthanasia is one in which one person... (A) kills another person (B) for the benefit of the second person, who actually does benefit from being killed”.¹

Draper argued that any definition of euthanasia must incorporate four elements: an agent and a subject; an intention; a causal proximity, such that the actions of the agent lead to the outcome; and an outcome. Based on this, she offered a definition incorporating those elements, stating that euthanasia “must be defined as death that results from the intention of one person to kill another person, using the most gentle and painless means possible, that is motivated solely by the best interests of the person who dies.” (Draper, 1998) Prior to Draper, Beauchamp and Davidson had also offered a definition that includes these elements. Their definition specifically discounts fetuses in order to distinguish between abortions and euthanasia: (Beauchamp & Davidson, 1979)

“In summary, we have argued... that the death of a human being, A, is an instance of euthanasia if and only if (1) A's death is intended by at least one other human being, B, where B is either the cause of death or a causally relevant feature of the event resulting in death (whether by action or by omission); (2) there is either sufficient current evidence for B to believe that A is acutely suffering or irreversibly comatose, or there is sufficient current evidence related to A's present condition such that one or more known causal laws supports B's belief that A will be in a condition of acute suffering or irreversible comatoseness; (3) (a) B's primary reason for intending A's death is cessation of A's (actual or predicted future) suffering or irreversible comatoseness, where B does not intend A's death for a different primary reason,

¹ Brody, Baruch (1975). *Voluntary Euthanasia and the Law*. In Kohl, Marvin. *Beneficent Euthanasia*. Buffalo, New York: Prometheus Books. p. 94, quoted in Beauchamp & Davidson (1979), p. 295.

though there may be other relevant reasons, and (b) there is sufficient current evidence for either A or B that causal means to A's death will not produce any more suffering than would be produced for A if B were not to intervene; (4) the causal means to the event of A's death are chosen by A or B to be as painless as possible, unless either A or B has an overriding reason for a more painful causal means, where the reason for choosing the latter causal means does not conflict with the evidence in 3b; (5) A is a nonfetal organism.” (Beauchamp & Davidson, 1979, p. 304)

Wreen, in part responding to Beauchamp and Davidson, offered a six-part definition:

“Person A committed an act of euthanasia if and only if (1) A killed B or let her die; (2) A intended to kill B; (3) the intention specified in (2) was at least partial cause of the action specified in (1); (4) the causal journey from the intention specified in (2) to the action specified in (1) is more or less in accordance with A's plan of action; (5) A's killing of B is a voluntary action; (6) the motive for the action specified in (1), the motive standing behind the intention specified in (2), is the good of the person killed” (Wreen, 1988, pp. 637–640).

Wreen also considered a seventh requirement: “(7) The good specified in (6) is, or at least includes, the avoidance of evil”, although as Wreen noted in the paper, he was not convinced that the restriction was required (Wreen, 1988).

In discussing his definition, Wreen noted the difficulty of justifying euthanasia when faced with the notion of the subject's “right to life”. In response, Wreen argued that euthanasia has to be voluntary, and that “involuntary euthanasia is, as such, a great wrong” (Wreen, 1988).

Religions and euthanasia

Most religions disapprove of euthanasia. Some of them absolutely forbid it. The Roman Catholic church, for example, is one of the most active organisations in opposing euthanasia.

Virtually all religions state that those who become vulnerable through illness or disability deserve special care and protection, and that proper end of life care is a much better thing than euthanasia.

Religions are opposed to euthanasia for a number of reasons.

God has forbidden it

- virtually all religions with a supreme God have a command from God in their scriptures that says “you must not kill”;
- this is usually interpreted as meaning “you must not kill innocent human beings”;

- this rules out euthanasia (and suicide) as well as murder, as carrying out any of these would be against God's orders, and would be an attack on the sovereignty of God.¹

Human life is sacred

- human lives are special because God created them;
- therefore human life should be protected and preserved, whatever happens;
- therefore we shouldn't interfere with God's plans by shortening human lives.

Human life is special

- human beings are made in God's image;
- therefore they have a special value and dignity;
- this value doesn't depend on the quality of a particular life.
- taking a life violates that special value and dignity:
 - even if it's one's own life;
 - even if that life is full of pain and suffering.

Eastern Religions

Some Eastern religions take a different approach. The key ideas in their attitudes to death are achieving freedom from mortal life, and not-harming living beings. Euthanasia clearly conflicts with the second of these, and it interferes with the first.

Freedom from Mortal Life

- Hinduism and Buddhism see mortal life as part of a continuing cycle in which we are born, live, die, and are reborn over and over again;
- the ultimate aim of each being is to get free of this cycle, and so be completely liberated from the material world;
- during each cycle of life and death human beings make progress towards their ultimate liberation;
- how they live and how they die play a vital part in deciding what their next life will be, and so in shaping their journey to liberation;
- shortening life interferes with the working out of the laws that govern this process (the laws of karma), and so interferes with a human being's journey to liberation.

Warning: this "explanation" is very over-simplified; there's much more to these religious ideas than is written here.

¹ Religions and euthanasia, <http://www.bbc.co.uk/ethics/euthanasia/religion/religion.shtml>.

Non-harm - the Principle of Ahimsa

- Hinduism and Buddhism regard all life (not just human life) as involved in the process above;
- therefore they say that we should try to avoid harming living things;
- this rules out killing people, even if they want to die.

Bibliography

- Bacon, F. (2008). *The Major Works*. Oxford: Oxford University Press.
- Beauchamp, T.L. & Davidson, A.I. (1979). The Definition of Euthanasia. *Journal of Medicine and Philosophy*, 4(3), p. 304.
- Borry, P.; Schotsmans, P. & Dierickx, K. (2006). *Empirical research in bioethical journals. A quantitative analysis*, 32(4), pp. 240–5.
- Draper, H. (1998). *Euthanasia. Encyclopedia of Applied Ethics, vol. 2*. San Diego: Academic Press.
- Gesundheit, B.; Steinberg, A.; Glick, S.; Or, R. & Jotkovitz, A. (2006). Euthanasia: An Overview and the Jewish Perspective. *Cancer Investigation*, 24(6), p. 622.
- Griffiths, J.; Bood, A. & Weyers, H. (1998). *Euthanasia and Law in the Netherlands*.
- Harris, N. (2001). *The euthanasia debate*.
- Kemp, N. (2002). *Merciful Release*. Manchester: Manchester University Press.
- Kohl, M. (1974). *The Morality of Killing*. New York: Humanities Press.
- Kohl, M. & Kurtz, P. (1975). *A Plea for Beneficent Euthanasia*.
- Kuhse, H. (1992). *Bioethics News*, Vol. 11 No. 4, p. 40.
- Mystakidou, K.; Parpa, E., Tsilika, E., Katsouda, E., & Vlahos, L. (2005). The Evolution of Euthanasia and Its Perceptions in Greek Culture and Civilization. *Perspectives in Biology and Medicine*. 48(1), pp. 97–98.
- Najimudeen, M. (2013). Euthanasia. *WebmedCentral Medical Ethics*, 4(2).
- Rachels, J. (1975). Active and passive euthanasia. *N. Engl. J. Med*, 292 (2), pp. 78–80.
- Stolberg, M. (2007). Active Euthanasia in Pre-Modern Society, 1500–1800: Learned Debates and Popular Practices. *Social History of Medicine*, 20 (2), pp. 206–07.
- Wreen, M. (1988). The Definition of Euthanasia. *Philosophy and Phenomenological Research*, 48 (4), pp. 637–640.