

Ethical Dilemmas Surrounding Physician Assisted Suicide in Psychiatric Patients

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Euthanasia is the practice of ending the life of a person suffering from an incurable disease. Today, disputes about helping hopeless patients flare up with a new force, provoking the development of an ethical dilemma. Some scientists call euthanasia an unacceptable phenomenon since it violates most medical principles, while others consider euthanasia acceptable since a person must make decisions about his or her life and death. This situation is especially crucial for mentally ill people; if such patients are denied euthanasia, they will kill themselves. Thus, although euthanasia leads to “killing,” it can still be applicable because it eases the suffering of a hopelessly sick person.

The dilemma surrounding euthanasia can be considered from such principles of bioethics as nonmaleficence, beneficence, justice, and autonomy. The subject of discussion, EAS (euthanasia and physician-assisted suicide), is associated with the definition of what is more harmful to the patient: the cessation of life, which brings physical and mental suffering, or its continuation, associated with an increase in this suffering. The principle of autonomy and justice and the doctor’s duty to respect the patient’s choice are the main ethical methods. From a liberal perspective, euthanasia is based on the fundamental human right to interrupt life if it is the only way out (Benedict et al., 1998). The arguments for the practice are compassion and recognition of an individual’s right to define the time of own death. “Many do not believe that the principles of autonomy and beneficence (relief of suffering) limit EAS to terminal conditions and argue that EAS should be extended to psychiatric conditions” (Kim et al., 2016, p. 2). Besides, euthanasia is associated with the principles of nonmaleficence and beneficence since the doctor must do everything to alleviate the suffering of the patient. Thus, euthanasia does not violate the basic principles of bioethics such as nonmaleficence, beneficence, justice, and autonomy of the person and can be applied even to mentally ill patients.

A clearly expressed request by the client is the primary condition for euthanasia, which is almost impossible for mentally ill people. However, in practice, several solutions to this dilemma exist. Firstly, the decision to conduct euthanasia can be provided by the court since psychiatric disorders contribute to suicides (Kim et al., 2016). Thus, the court as an independent body can analyze the adequacy of decision-making by patients. Secondly, Doenberg et al. (2016, p. 2) share the opinion that “the capacity of persons with such disorders therefore requires careful evaluation.” Nevertheless, such an assessment should be conducted not by the court, but by the doctors. Consequently, physicians have more robust methods to identify the adequacy of the patient’s actions and can apply the decision to use euthanasia. Thirdly, an alternative to euthanasia can be the placement of a terminal client in a hospice or the provision of quality care at home since the legalization and extensive use of euthanasia can serve as a brake on the search for painkillers and their proper prescription. Thus, the courses of action can include a forensic or medical diagnosis of a mentally ill patient or alternative quality care.

In most countries, euthanasia is considered unlawful and is prohibited religiously and legally. Opponents believe that a seriously ill person can follow the principle of altruism because he or she realizes that the disease causes harm to many people from his or her environment, and death will bring relief. Besides, representatives of most religious denominations, including Islam, Christianity, and Buddhism, strongly condemn euthanasia (Chakraborty et al., 2017). The main argument against this practice in religious cultures is the value of human life and its priority over death. According to Evenblij et al. (2019, p. 2), “euthanasia and/or physician-assisted suicide (EAS) are allowed under strict conditions in five US states, Australia, Colombia, Canada, Luxembourg, Belgium and the Netherlands.” These countries have fewer cultural traditions and beliefs. However, despite the legalization of euthanasia, the states have introduced severe restrictions. Thus, patients should not only have an appropriate diagnosis and suffer from pain, but also express an intention to end their life, being in a stable mind, and for a certain period.

Thus, cultural and religious values have a significant influence on the adoption of euthanasia in society.

Overall, euthanasia is a severe medical ethics issue that requires active consideration. Its use is ethical in alleviating the suffering of those dying of incurable diseases. Moreover, euthanasia must comply with the laws of a particular country to eliminate abuse. A clearly expressed and stable request by the patient is the primary condition for the practice. Nevertheless, if the client has a mental illness, a necessary prerequisite for euthanasia includes the provision of judicial or medical arguments about the adequacy of his or her decision. In some countries, despite the legalization of this practice, strict restrictions and conditions for its implementation exist. Most states advocate for the premature interruption of death due to cultural and religious values. Thus, even though the preservation of human life is the highest value of bioethics, euthanasia is still considered ethical because it eases the torment of dying from incurable diseases.

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