

Skyler Haber

Candidate Number: 2126

Is euthanasia an ethical solution to ending a terminally ill person's pain?

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Review of Literature

Overview

With euthanasia being defined by Merriam-Webster Dictionary (2015) as "the act or practice of killing someone who is very sick or injured in order to prevent anymore suffering", it can be stated that there are many aspects of euthanasia that need to be looked at. Merriam-Webster is a 184-year-old American-based reference company that specializes in the creation of reference material, including dictionaries. The word euthanasia comes from Greek origins, with *eu* meaning good and *thantos* meaning death (Humphry, 1992). In general this translates the word euthanasia to "good death" (Cundiff, 1992). Euthanasia is more commonly known as physician assisted suicide with individuals having a plethora of opinions on the ethicality of the situation. Derek Humphry is the author of *Dying With Dignity: Understanding Euthanasia*, a book that was analyzed for use in this research. The book and author both take a strong pro-euthanasia stand, which is shown in both his writings and through the revelation that he helped his wife, a terminally ill breast cancer patient, die through use of euthanasia (Humphry, 1992). Humphry is a British-born American journalist, author of numerous books involving euthanasia, the founder of the Hemlock Society USA and a previous president of the World Federation of the Right to Die Societies. With his extensive background for the legalization of passive euthanasia, it can be determined that Humphry avidly supports the decriminalization of voluntary euthanasia. Another writer analyzed for this research is David Cundiff, MD, the author of *Euthanasia is NOT the Answer: A Hospice Physician's View*. In this book Cundiff strongly advocates against the

legalization of assisted suicide with a focus instead on the improvement of hospice programs such as one in California, where he serves as a palliative physician (Cundiff, 1992). Cundiff has written three books dealing with health and wellness, one of these three involving euthanasia (Cundiff, 1992). Cundiff has written several articles for the website KevinMD.com, a compilation of over 2,000 authors including surgeons, specialist physicians, nurses, medical students and front-line primary care doctors who all write to inform the public of their knowledge on specific medical related topics. Cundiff is an oncologist and hospice care physician who has studied hospice systems extensively in both Europe and the United States, and he feels that they are the answer to end-of-life issues that many individuals face. Both slanted viewpoints of these authors must be taken into consideration when citing information from their works. This literature review will provide information on the ethicality of euthanasia, medical viewpoints towards euthanasia, the legality of euthanasia, euthanasia in developing nations and religious standpoints on the topic.

Ethicality Defined by Hemlock Society

The ethicality of euthanasia is a main aspect of the debate for or against euthanasia. Ethical is defined by Merriam-Webster (2015) as, “involving questions of right and wrong behavior” and “following accepted rules of behavior”. Humphry states in the book *Dying With Dignity: Understanding Euthanasia*, that suicide can be justified ethically to the average Hemlock Society supporter if it falls under one of two reasons. These reasons being: one, the individual has an advanced terminal illness that is causing great suffering or two, the individual has a physical handicap that is so grave and restricting that the person cannot tolerate “a limited existence” (Humphry, 1992). The

Hemlock Society is a national right-to-die organization with a mission to provide information to dying persons and support the legalization of euthanasia (Humphry, 1992). There are also seven ethical parameters for autoeuthanasia outlined in the book (Humphry, 1992). Autoeuthanasia is defined by Humphry as being justifiable suicide, or suicide that is rational and planned out (Humphry, 1992). These are listed as follows: the person must be a mature adult; the decision must be clearly considered; the act is not committed at first knowledge of a terminal illness, and medical help is sought first; the treating physician has been informed and response has been recognized; a will disposing of belongings has been made; the plan for suicide does not involve potential criminal implications for other individuals; and a note is left detailing why euthanasia was sought (Humphry, 1992). If these parameters are met, the average Hemlock Society member or supporter sees euthanasia as justifiable and ethical.

Medical Standpoints

The medical standpoint towards the ethicality of euthanasia also needs to be taken into account, which David Cundiff, MD, covers in his writing. A quote from his book states,

The discontinuation of life support technology when any realistic hope for recovery has completely vanished is a legal, ethical, and appropriate act also known as passive euthanasia (Cundiff, 1992).

He also states that, “In [passive euthanasia] the person dies naturally of the disease process...” (Cundiff, 1992). This basically implies that he believes natural death is the answer, not active euthanasia where he believes that “the person is killed” (Cundiff, 1992). Other doctors support Cundiff’s beliefs, such as Dr. Peter Ravenscroft, a medical professor in palliative care at a hospital in New South Wales, Australia (Dissent, 1997).

Ravenscroft, much like Cundiff, believes that palliative care should be given to patients with incurable illnesses in order to improve the quality of a person's life as they reach the end (Dissent, 1997). An article posted on a Catholic Pro-Life website by Kathleen Crabb, a graduate student from the Catholic University of America states that,

The World Federation of Doctors Who Respect Human Life, which has over 350,000 members in 70 countries, has this to say about euthanasia: "Euthanasia, that is the act of commission or omission with the deliberate intention of ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness." (Crabb, 2011).

With this quote coming from the World Federation of Doctors Who Respect Human Life, there is a slanted viewpoint, as they are strongly against euthanasia. However, the organization has over 350,000 members, making it safe to say that many doctors and individuals around the world share these same beliefs.

Religious View Points

There is much religious controversy on the ethicality of euthanasia as well. Humphry answers the question, "Who are your main opponents?" in his book which supports euthanasia by stating one of these opponents as the hierarchy of the Roman Catholic Church (Humphry, 1997). He further explains that many believe that only God can give life, and only He can take it away (Humphry, 1997). This claim is supported by BBC News, The British Broadcasting Corporation based in the United Kingdom, which states that most Christians and Roman Catholics share the belief that life is given by God, and the natural process of death should not be interfered with (BBC, 2009). Humphry further states that the Orthodox Jewish doctrine also opposes euthanasia (Humphry, 1997). However, many churches support euthanasia, such as The Unitarian church and

the United Church of Christ, whom both have voted endorsement of the right-to-die movement (Humphry, 1997). Some religions do not have a clear standpoint on euthanasia, such as the Buddhist religion. Most Buddhists are against involuntary euthanasia, however, their position on voluntary euthanasia is not unanimous (BBC, 2009). The teachings of the Buddha do not explicitly deal with euthanasia, although the Buddhist religion feels strongly about a “do no harm” mantra, making the intentional ending of life (voluntary euthanasia) against the Buddhist teachings (BBC, 2009). The Hindu religion has two major views on euthanasia, one of these being that by helping to end a life of pain, an individual is performing a good deed and thus helping to fulfill their moral obligations (BBC, 2009). However, the other view is that by helping to end a life, an individual is disrupting the timing of the cycle of death and rebirth, causing those involved with the euthanasia to take on the remaining karma of the patient (BBC, 2009). The Islamic religion is greatly against euthanasia. They take the belief that all life is sacred and given by Allah, with Allah choosing how long a person will live, and that it is not up to an individual to interfere with that (BBC, 2009). It can be determined from this information that most religions are opposed to euthanasia, however, it can also be stated that in the end, it comes down to an individual’s personal beliefs and the situation.

Legality

The legality of euthanasia varies by location. While in the United States suicide itself is not illegal, assistance with suicide (euthanasia) is illegal (Guardian Staff, 2014). Physician-assisted suicide is only legal in five of fifty states, with them being: California, Montana, Oregon, Vermont and Washington (Guardian Staff, 2014). There are no federal laws placed on euthanasia and physician assisted suicide in the United States (ProCon,

2015). The Netherlands became the first country to legalize euthanasia in 2002 (Guardian Staff, 2014). However, there are many conditions that need to be met before this will be allowed. These include: “the patient must be suffering unbearable pain, their illness must be incurable, and the demand must be made in ‘full consciousness’ by the patient” (Guardian Staff, 2014). In France, euthanasia and assisted suicide are against the law, with president Francois Hollande having no intention of legalizing euthanasia (Guardian Staff, 2014). In Germany and Switzerland, the act of a doctor prescribing a lethal drug (active assisted suicide) is illegal (Guardian Staff, 2014). However, the law allows for assistance in suicide under the circumstances that the lethal drug is taken with no help from others (Germany) and there are no “self-seeking motives” involved (Switzerland) (Guardian Staff, 2014). Belgium legalized euthanasia in 2002 following The Netherlands legalization (Guardian Staff, 2014). The Guardian is a British national daily newspaper reporting on events and situations happening around the world. This allows for a two-sided viewpoint on issues happening inside the United States as well as other countries. However, the company may have a slanted viewpoint on issues occurring in their own country. From this information it can be concluded that the legality of euthanasia is an on going debate that is closely related to the ethicality of euthanasia.

Euthanasia- Comparison Between Regions

Many factors are looked at when determining the ethicality of euthanasia. These differences may also arise between developed and developing nations, potentially ones without direct legal implications. Argentina is a country with a “dignified death” law but not a law permitting euthanasia (BBC News, 2012). However, palliative care, or end of life care, is barely available in Argentina as it is not recognized as a medical specialty and

payment for palliative care is not covered under most health plans (Delden, 2005). This causes many individuals to succumb to euthanasia, as they feel that it is the cheaper and better route for their lives. Johannes JM van Delden, MD PhD, is a professor of medical ethics at Julius Center for Health Sciences at Utrecht University in the Netherlands (Delden, 2005). Not only is Argentina a nation experiencing a lack of palliative care, but Saudi Arabia is as well. While neither of these nations are considered poor, a lack of resources and ability to set up adequate palliative care programs are causing citizens to result to euthanasia (Delden, 2005). A quote from Delden further supports this statement by saying,

...consider Saudi Arabia, also a nation of comparative affluence: Although a palliative care service had been established at the King Faisal Specialist Hospital and Research Center in Riyadh in 1992, it was not until a joint symposium of Saudi physicians and the European Society for Oncology took place a decade later that a fatwa was obtained from the religious authorities to condone the use of morphine, recognized as the most effective palliative drug- indeed, the gold standard of pain control- in patients with advanced cancer. One commentator, recognizing the scope of poverty and lack of resources even in the midst of affluence, describes this palliative care program as “a commendable initiative- one of the few islands of care in a sea of suffering. (Delden, 2005).

From reading this quote, it can be determined that not only do legal, medical and religious viewpoints need to be considered, but also whether a country is developed or developing and the regional differences that the country has.

The Debate

Euthanasia is a prominent debate in today’s society. The definition of euthanasia is "the act or practice of killing someone who is very sick or injured in order to prevent any more suffering"(Merriam-Webster Dictionary, 2015). With this in mind, it can be stated that there are many aspects of euthanasia that need to be considered. With the

literature review providing information on the medical viewpoints towards euthanasia, the legality of euthanasia and religious standpoints on the topic, a two-sided argument can be formed in order to come to an accurate conclusion on the ethicality of euthanasia. This paper will determine that euthanasia is an ethical solution to ending a terminally ill person's pain, with the reasons being that the individual is already dying, prolonging a terminally ill person's life causes more pain to both the individual and the family, and that the hospice units currently in use are inadequate. However, the contrary will also be considered, as many religions oppose euthanasia, assistance with euthanasia is illegal in many countries, and euthanasia violates the Hippocratic oath.

To begin, individuals that look to euthanasia are already terminally ill. This can be determined through numerous examples of individuals turning to euthanasia after receiving a terminal diagnosis that makes them question their desire to live. For example, Brittany Maynard, a supporter of "Dying with Dignity", passed away after taking lethal drugs prescribed by a doctor (Eleftheriou-Smith, 2014). Maynard was only 29 years old when she received the news of a malignant tumor in her brain (Eleftheriou-Smith, 2014). In a letter to her family on the day of her death, Maynard wrote:

Goodbye to all my dear friends and family that I love. Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer that has taken so much from me... but would have taken so much more (Eleftheriou-Smith, 2014).

Maynard's fear of causing more pain to her family and friends, as well as herself, caused her to choose euthanasia as a means of ending her life. For Maynard, as well as others, euthanasia is believed to be a way to end the pain and suffering that would only increase over time. Eleftheriou-Smith is a free-lance reporter who has been nominated for awards including business journalist of the year at the Press Gazette British Journalist Awards

2012. Although Eleftheriou does not have a particular expertise on euthanasia, her writings are typically accountings of world events, things that do not require specific expertise. Furthermore, a study completed by Ezekiel Emanuel, Linda Emanuel, and Diane Fairclough provided further insight on the statistics on euthanasia supporters. Ezekiel and Linda Emanuel both have MDs and PhDs, with Diane Fairclough having a DPH. E. Emanuel has a strong opposition to legalizing euthanasia, and supports a voucher-based universal health care. L. Emanuel is the director for the Institute for Public Health and Medicine, with a strong interest in palliative and end-of-life care research. Fairclough does not have a specific stance on euthanasia, allowing her to be a balanced source on analyzing the debate. Their study concluded that, of the 988 terminally ill patients surveyed, 60.2% supported euthanasia or physician assisted suicide (PAS) (Emanuel, 2000). Factors associated with being more likely to consider euthanasia were depressive symptoms, substantial caregiving needs, and pain (Emanuel, 2000). Moreover, the caregivers of the 256 decedents revealed that fourteen patients had discussed asking a physician for euthanasia and six had hoarded drugs (Emanuel, 2000). With over half of the terminally ill patients surveyed supporting euthanasia, it can be determined that terminally ill individuals are more likely to look towards euthanasia in order to end the pain that comes with a terminal illness.

The next area of analysis considers that prolonging an individual's pain causes more pain to the individual. Terminal illnesses and pain go hand in hand. An example of this severe pain can be seen with diagnosis of specific forms of cancer. Different forms of cancer affect the body differently, however forms that cannot be cured or eradicated

eventually lead to death. A quote from P. Silva shows how Ukrainians are being affected by the lack of palliative care and severe pain from a terminal illness.

More than 80,000 Ukrainians develop moderate to severe cancer pain each year. If not treated, these people face prolonged suffering—often for months. The pain incapacitates them, interferes with their sleep, and makes normal interaction with family and friends difficult. In a new report, *Uncontrolled Pain: Ukraine's Obligation to Ensure Evidence-Based Palliative Care*, many patients told Human Rights Watch that their suffering was so severe they would prefer to die rather than have to live with their pain. Much of the difficulty in treating pain in Ukraine stems from the lack of oral morphine in the country and overly restrictive drug regulations (Silva, 2011).

This quote explains that numerous Ukrainians would rather die than continue suffering, as the pain is so severe. Silva was a senior communications officer for the Public Health Program of the Open Society Foundations until October 2012 where he began working as a Strategic Communications Manager at the Ford Foundation in New York City. He has an educational background from George Washington University, however, his exact degrees are undocumented. In another study done by Chochinov, 200 patients with cancer from 2 inpatient palliative care units in Winnipeg, Canada were tested in order to determine the factors that contribute to a desire of a hastened death (Guy, 2006). Chochinov concluded that 45% of those surveyed expressed a desire to die at some point after being diagnosed (Guy, 2006). This percentage is much greater than results found by Brown or studies in The Netherlands (Guy, 2006). Even more shocking was how 8.5%, or seventeen patients, voiced a genuine and unmistakable desire for death that continued over time (Guy, 2006). Guy, MD, is the current Associate Director of Ambulatory Psychiatry at Massachusetts General Hospital, who has written multiple journal articles covering numerous health related issues, with no specific area of study. The statistics

presented cannot lie. From these results it can be concluded that many individuals with terminal illnesses have a strong desire to die, as the pain is unbearable.

Additionally, prolonging death causes more pain to the family of the terminally ill. This pain can also be defined as a burden that the terminally ill patient has placed on their family. Multiple things contribute to caregiver burden including: gender, age, race, financial status, educational level, and employment status (Joanna Briggs Institute, 2011). The Joanna Briggs Institute has concluded that females, young caregivers, Caucasians, lower income individuals, individuals with lower educational levels, and the unemployed all experience a higher caregiving burden as opposed to those who do not have these characteristics (Joanna Briggs Institute, 2011). The Joanna Briggs Institute is an international not-for-profit research and development center that is part of the Faculty of Health Sciences at the University of Adelaide, South Australia. However, this organization researches a multitude of topics and does not specifically study euthanasia. Moreover, a study completed at Connecticut's largest inpatient hospice facility in 1999 and 2000 concluded that:

...the individuals who felt the most burdened were not those who had to do the most for the patient, it was the caregivers who had to cut back on their own daily activities, those with scant social networks and younger people, most of whom were caring for a parent. The authors speculate that the young were more likely to be juggling family responsibilities as well as caregiving... This is one of the rare studies to focus on caregivers for patients with terminal, rather than chronic, disorders (Goldstein, 2004).

This study, much like the one previously mentioned, explains the burden that a terminally ill patient places on the lives of the ones who care for them. This information comes from an article written by multiple authors, all who have done extensive research on a variety of medically related topics. Contribution from multiple authors allows for the article to

have mixed perspectives on the topic, however, there is no specific expertise on euthanasia from any of the authors.

Furthermore, the hospice units currently in place are inadequate. Most hospice units are insufficient in what they do, with citations for numerous violations and never actually fixing the problem. An article written by the Huffington Post explains that hospice units have several months between when a violation is discovered and the inspection occurs to determine if the offense has been fixed (Hallman, 2014). During this time, hospice units are still able to care for patients, potentially without fixing of the problem (Hallman, 2014). Often times after a violation is committed and consequently dealt with, companies revert back to the previously offensive methods (Hallman, 2014). Hallman is a senior editor at The Huffington Post who reports on a variety of issues with no expertise in euthanasia. Furthermore, a study completed by the John D. Thompson Institute for Education, Training, and Research found interesting results on the topic of palliative care. Their study's concluded that,

...more than 80% of the nurses surveyed reported using a range of palliative care practices in caring for terminally ill patients in the hospital. However, many reported large gaps in knowledge about hospice and palliative care, and a minority of these nurses feel well-trained to take care of terminally ill patients (YALE Bulletin & Calendar, 2001).

These results conclude that many nurses feel that their knowledge of palliative care is limited for work in palliative practices. These nurses are continuing to work in palliative care without actually having advanced knowledge on what they are doing. YALE Bulletin & Calendar is a news source put out by Yale University. They are a source of research studies as well as news and information, however they do not specifically write on euthanasia.

On the contrary, the opposition argues euthanasia violates religious viewpoints. Most of the religious viewpoints on euthanasia were highlighted in the review of literature. However, it is important to note that many large religions oppose euthanasia. The Assemblies of God, the largest Pentecostal denomination in the United States, opposes physician-assisted suicide and euthanasia (Cooperman, 2013). A quote from the chairman of the church states:

The denomination teaches that life is a sacred gift and that only God should determine when life ends. "We simply feel that it is not our prerogative to end life," says Edgar R. Lee, chairman of the church's Commission on Doctrinal Purity. "God is the giver of life, not us (Cooperman, 2013).

The Assemblies of God are not alone in their beliefs. Many Christians also feel that God is both the giver and taker of life. The Roman Catholic Church also strongly opposes euthanasia, holding many of the same beliefs as The Assemblies of God (Cooperman, 2013). Furthermore, although there is no formal Hindu teaching on euthanasia, many Hindus believe that ending a person's life prematurely will affect their karma (Cooperman, 2013).

The concept of karma centers around the belief that good and bad occurrences in one's life are caused by actions taken in past lives, since Hindus believe in reincarnation. "We believe that whatever suffering you experience now is because of something you did in the past," Sarma says. "So if you circumvent karma by taking some action to stop suffering, you will pay for it later." In fact, Sarma says, the act of delaying suffering may further increase bad karma in the next life (Cooperman, 2013).

The article that these quotes were found in was written by a compilation of three authors: Cooperman, David Masci, and Erin O'Connell. All three of these individuals have completed previous research on both religion and end-of-life issues, however end-of-life issues covers a broad range of topics, not all specifically dealing with euthanasia. The plethora of religious stances on euthanasia make it very difficult to come to an accurate

conclusion on the ethicality, however, most religions explored in this paper stand firm in their beliefs against euthanasia.

Moreover, assistance with euthanasia is illegal in many countries. In Canada, assistance with suicide is illegal. For example,

Sue Rodriguez, popularly known as "Victoria Woman," diagnosed with Lou Gehrig's disease in 1991, asked legislators in 1992 to change the law banning assisted suicide. The Supreme Court of Canada ruled against Rodriguez, but she committed suicide in 1994 with the help of an anonymous doctor (Deccan Herald, 2011).

Since assistance with suicide is illegal in Canada, if this doctor's name was known, he could be prosecuted for assistance with suicide. Furthermore, assistance with suicide is also illegal in Britain. In 2006, legislation that would have legalized assisted suicide for the terminally ill was defeated in the House of Lords, making assistance with suicide still illegal in British regions (Deccan Herald, 2011). In the United States, only three states have legalized euthanasia: Oregon, Washington and Montana (Deccan Herald, 2011). Euthanasia is illegal in all other forty-five states. Deccan Herald is an Indian news source that covers a wide range of topics including politics, corruption, terrorism, sports and entertainment. Being an Indian based news source, it brings a global viewpoint to the paper, however the writers do not specifically write on euthanasia. Since legality of euthanasia was discussed in this article, it can be determined that this source is still applicable in this research.

Furthermore, the practice of euthanasia violates the Hippocratic oath. The Hippocratic oath is an oath taken by doctors with the principles of: to treat the sick to the best of one's ability, preserve patient privacy, and to teach the secrets of medicine to the next generation (Tyson, 2001). The oath is further defined in the quote presented below.

The Oath of Hippocrates," holds the American Medical Association's Code of Medical Ethics (1996 edition), "has remained in Western civilization as an expression of ideal conduct for the physician." Today, most graduating medical-school students swear to some form of the oath, usually a modernized version. Indeed, oath-taking in recent decades has risen to near uniformity, with just 24 percent of U.S. medical schools administering the oath in 1928 to nearly 100 percent today (Tyson, 2001).

As this oath swears medical professionals to “do no harm”, it can be translated that euthanasia goes against this sacred oath. Tyson was the editor in chief of NOVA online, the website of the award winning PBS documentary series. Tyson has a scientific research background, however with more of a focus on space and astronomy than medical issues. The Lutheran Church supports the claim presented by Tyson by stating,

Assisted-suicide/euthanasia violates the Hippocratic Oath, the foundation for medical ethics for more than 2,000 years. The Hippocratic Oath explicitly forbids assisted suicide/euthanasia by requiring doctors to pledge, 'to give no deadly medicine to anyone if asked, nor will I make a suggestion to this effect.' The Christian ethicist, Gilbert Meilaender, interprets the Oath as creating a positive obligation for physicians to 'be committed to the bodily life of their patients.' Assisted-suicide/euthanasia clearly conflicts with this moral obligation since it is an act intended to end the patient's bodily life. This is one reason why organized medicine—ranging from the World Medical Association, to the American Medical Association (AMA), to almost all of the state medical associations—overwhelmingly opposes legalizing assisted-suicide/euthanasia (The Lutheran Church, 2001).

After consideration of this belief, it must be recognized that The Lutheran Church has a slanted viewpoint on this topic. They are a confessional Christian denomination with Bible-based teachings. The Luther Church takes a strong religious stance on all issues, revealing that they have a predisposition in both their teachings and their writings. With this in mind, it can be said that examples taken from this source are still valid, however may have a skewed perspective.

Researching euthanasia opened my eyes to the heartache and pain that comes with being diagnosed with a terminal disease. My family and I have been incredibly lucky,

with none of us being diagnosed with a disease that made us question if we would like to continue living. I hope this always remains the case. However, if one day this does not become the circumstance, I know that I would like to have the freedom to choose whether or not my own pain, or a person that I love's pain, is being adequately dealt with. With this being said, the legal repercussions that come from aiding with euthanasia make it increasingly difficult to help a family member or friend take that route. I personally feel that euthanasia is an ethical solution to ending a terminally ill person's pain because the suffering that comes from continuing to live with a terminal disease is tremendous. In a selfish sense, I would want to keep my family member or friend around as long as possible, even if they were living with a terminal disease. On the other hand, I rationally know that it is ultimately not my decision to make. I know that I would want the decision if I ever became terminally ill, and I feel that all individuals deserve that same respect. I completely understand the religious and medical aspects to this debate, and why many individuals are against euthanasia, however those factors do not play a vast role in determining if I personally believe that euthanasia is ethical. Researching this topic has allowed me to view the large debate on euthanasia. I feel that both arguments for and against this topic can be fully argued and supported. When I originally started researching, I had absolutely no idea of the variety of opinions that individuals have on the ethicality of euthanasia. In the future, I believe that even more aspects to the debate on euthanasia need to be discussed, as the limited word count prevented me from covering all areas of the debate.

In summation, I feel that euthanasia is ethical if certain parameters discussed and defined by the Hemlock Society in the review of literature are met. Ultimately, I feel that

it is the terminally ill person's decision to decide whether or not they feel that euthanasia is the proper route for their lives. Euthanasia is an ethical solution to ending a terminally ill person's pain as the individual is already dying, prolonging a terminally ill person's life causes more pain to both the individual and the family and the hospice units currently in use are inadequate. However, many religions oppose euthanasia, assistance with euthanasia is illegal in many countries, and euthanasia violates the Hippocratic oath.

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