

THE IRISH COUNCIL FOR

**BIOETHICS**

COMHAIRLE BITHEITICE NA HÉIREANN

Irish Council for Bioethics



# **Euthanasia:** Your Body, Your Death, Your Choice?

PASIEKA / SCIENCE PHOTO LIBRARY

## Q1 What is euthanasia?

The word euthanasia stems from the Greek words “eu thanatos” meaning “good death” and refers to the action of a third party, usually a doctor to deliberately end the life of an individual. The individual must give consent for the procedure, which is known as voluntary euthanasia. Non-voluntary euthanasia occurs when the individual is unable to ask for the procedure e.g. if s/he is unconscious or otherwise unable to communicate and another person makes the decision on his/her behalf. In such cases the final decision might be based on the previously expressed wishes of the individual e.g. as stated in an advance healthcare directive (living will).

Assisted suicide refers to the practice of an individual taking his/her own life on the basis of information, guidance and/or medication provided by a third party. For example a doctor might prescribe a lethal dose of medication for an individual, who then administers the medication him/herself. (For a full list of definitions see table 1).

## Q2 Is withdrawing and/or withholding treatment the same as euthanasia?

In certain circumstances treatments may be withheld or withdrawn from a patient because their provision would no longer be deemed to be in the best interest of the patient. For instance, if a treatment is considered futile i.e. it offers a low probability of success or its provision would be overly burdensome on a patient then it may be withheld. Also if a treatment is initiated but becomes a burden on the individual and no longer offers any therapeutic benefit then it may be withdrawn.

## Q3 What is the principle of double effect?

When euthanising a patient, the doctor intends to cause the death of the individual. It is this intention that distinguishes euthanasia from other medical practices, which might also result in an individual’s death. For example, if a patient is in severe pain, a doctor may prescribe pain medication, the intention of which is to ease the patient’s suffering. However, in some cases the dose of pain medication required to relieve the pain may also be sufficient to end that patient’s life. This is known as the doctrine of double effect since the treatment provided to ease pain has the additional effect of ending the patient’s life.

TABLE 1

Terminology	Definition
Voluntary Euthanasia	The action of a third party, which deliberately ends the life of an individual, with that individual’s consent.
Non-voluntary Euthanasia	Where the individual is unable to ask for euthanasia and another person makes the decision on his/her behalf, usually based on previously expressed wishes.
Assisted Suicide	Where an individual takes his/her own life based on information, guidance and/or medication provided by a third party.
Physician Assisted Suicide	Where a doctor provides the information, guidance and/or medication with which an individual can take his/her own life.

#### Q4 Does an individual have the right to choose how and when to die?

---

It is generally accepted that as an expression of autonomy i.e. one's right to make independent choices without any external influences, a competent adult can refuse medical treatment, even in situations where this could result in his/her death. However, when it comes to actively ending a life via euthanasia there is widespread debate regarding the rights of an individual to make that choice. Proponents argue that euthanasia allows terminally ill people to die with dignity and without pain and state that society should permit people to opt for euthanasia if they so wish. Proponents also state that individuals should be free to dictate the time and place of their own death. Finally, proponents argue that forcing people to live against their wishes violates personal freedoms and human rights and that it is immoral to compel people to continue to live with unbearable pain and suffering. Opponents of euthanasia, on religious grounds, argue that life is a gift from God and that only God has the power to take it away. Others contend that individuals don't get to decide when and how they are born, therefore, they should not be allowed to decide how and when they die. They also raise concerns that allowing euthanasia could lead to an abuse of power where people might be euthanised when they don't actually wish to die.

#### Q5 Does personal autonomy have limitations?

---

Few decisions are as important as those related to end-of-life healthcare. While an individual might want to express his/her autonomy by deciding to end his/her life, that decision will, in all likelihood, be influenced by the views of third parties i.e. the individual's doctor, family or friends. Proponents of euthanasia argue that the decision to end a life of pain and suffering is an expression of one's right to personal autonomy, which should be respected by one's family, healthcare providers and society at large. However, opponents argue that because we live in an interdependent society, where one's decisions will impact on others physically, emotionally and financially, limits should be placed on personal autonomy in relation to end-of-life healthcare choices.

Opponents have raised concerns about the implications legalising euthanasia would have for society. They state that governments have a duty to protect society as a whole, as opposed to individual citizens and that allowing euthanasia could harm society. Therefore, they argue that governments should balance an individual's right to die against potential negative consequences for the wider community. On the other hand, proponents



VICTOR HABBICK VISIONS / SCIENCE PHOTO, LIBRARY

argue that society is made up of individual citizens, whose rights should be protected and that if euthanasia is properly regulated then the rights of society would not be harmed.

#### Q6 Does euthanasia devalue life?

---

It has been argued that permitting euthanasia could diminish respect for life. Concerns have been raised that allowing euthanasia for terminally ill individuals who request it, could result in a situation where all terminally ill individuals would feel pressurised into availing of euthanasia. There are fears that such individuals might begin to view themselves as a burden on their family, friends and society or as a strain on limited healthcare resources. Opponents of euthanasia also contend that permitting individuals to end their lives may lead to a situation where certain groups within society e.g. the terminally ill, severely disabled individuals or the elderly would be euthanised as a rule.

However, proponents of euthanasia argue that legalising the practice would not devalue life or result in pressure being put on individuals to end their lives but would allow those with no hope of recovery to die with dignity and without unnecessary suffering. They state that it would be imprudent not to implement legislation because this would drive euthanasia underground where it would be unregulated. They also raise concerns that the current legal vacuum has led to many Irish people travelling abroad (while they are still physically able to) to avail of euthanasia/assisted suicide before they feel they are ready to die.

Opponents state that suffering assists in forming personal identity and therefore, argue against euthanasia. However proponents argue that there is no value in suffering and state that individuals who have no hope of recovery should not be obliged to suffer unduly.

### Q7 Would legalising euthanasia undermine the level of healthcare provided?

There are fears that allowing euthanasia would encourage the practice to become the norm, as it might be easier and cheaper to provide than other forms of end-of-life healthcare.

Palliative care attempts to improve the quality of life for patients facing a life-threatening or life-limiting illness through the prevention and relief of pain and other symptoms, including physical, psychological, social and spiritual problems. However, it has been estimated that in a minority of cases (approximately 5%) an individual's pain cannot be eased with palliative drug treatment and concerns have been raised regarding the profound spiritual and psychological suffering experienced by individuals faced with their imminent death.

Opponents of euthanasia argue that more resources should be put into palliative care, which allows people to die with dignity and which offers support and comfort to family and friends. Proponents argue, however, that individuals might prefer to die on their own terms and at a time of their choosing and suggest that euthanasia should be offered as a viable alternative for those individuals who are not satisfied with palliative care.



TEK IMAGE / SCIENCE PHOTO LIBRARY



TEK IMAGE / SCIENCE PHOTO LIBRARY

### Q8 Is euthanasia only an issue for the terminally ill?

While euthanasia is often associated with terminally ill patients, there have been suggestions that voluntary euthanasia might also be relevant to very elderly individuals, individuals with chronic or degenerative illness, individuals with mental health problems and society as a whole. One area of healthcare where euthanasia has been widely debated of late is in the care of severely premature babies.

In effect, the same treatment and care decisions apply for extremely premature babies (those born after only 22 – 25 weeks of pregnancy) as with end-of-life care

decisions for adults i.e. should treatment be administered or should the baby be allowed to die. For extremely premature babies, the chances of survival can be very low, and those babies who do survive can show increased incidence of serious and long-lasting health problems. Some would argue that, because of potential future health risks, extremely premature babies should not be made to

suffer and argue that under such circumstances euthanasia for babies would be acceptable. On the other hand, opponents state that euthanasia should never be considered in such cases because they believe that all possible treatment should be provided to give severely premature babies every opportunity to survive and potentially live a normal life.

## Q9 Is euthanasia and/or assisted suicide legal in the Republic of Ireland?

---

Both euthanasia and assisted suicide are illegal in Ireland. Under the Criminal Law (Suicide) Act 1993 it is an offence to aid, abet, counsel or procure the suicide of another person, or an attempt by another person to commit suicide. The maximum penalty for this offence is 14 years imprisonment. Nonetheless, the weight of legal opinion in Ireland recognises the right of a competent adult to decide on the nature of their medical treatment. A competent individual has the right to refuse medical treatment to facilitate a natural death, but this is not considered a right to die by artificial means nor through the actions of a third party.

## Q10 Is euthanasia and/or assisted suicide legal elsewhere?

---

There are a number of different jurisdictions, which allow euthanasia and/or assisted suicide to varying degrees. In Europe, **Euthanasia** is only legal in the Netherlands and Belgium, provided certain conditions are met. For example, the patient's request must be voluntary and well-considered; the patient must be experiencing unbearable physical or mental suffering, with no prospect of relief; the patient must be informed about their situation and prospects; at least one other, independent, doctor must be consulted. In Belgium euthanasia is only allowed if the patient is an adult. However, in the Netherlands euthanasia is allowed for children aged between 12 and 16 years of age, with the consent of their parents/guardians and for individuals aged 16 years and over. **Assisted suicide** is legal in the Netherlands, Switzerland and the state of Oregon in the US. As with euthanasia certain criteria need to be met before an individual's request for assisted suicide is followed, e.g. the patient must be considered competent and aware of their situation. In Oregon the individual requesting assisted suicide must be terminally ill, but in the Netherlands and Switzerland an individual need not have a terminal condition in order to request it.



The Irish Council for Bioethics  
Regus House, Block 4,  
Harcourt Centre, Harcourt Road, Dublin 2.

E-mail: [info@bioethics.ie](mailto:info@bioethics.ie)