

INSTRUCTIONS

This is an argumentative paper;

We must have very clear thesis and side.

We need to write about whether the patient can choose euthanasia. It is global ethic class.

At least 3 topic sentences

APA format

12 sources at least.

EUTHANASIA ARGUMENTATIVE ESSAY

Student Name

Institution

Course

Date

Euthanasia, Argumentative Essay

Along with gender reassignment and birth control, euthanasia is another most discussed medical issue in modern healthcare settings. This is because of the increasing number of terminal illnesses such as cancer which exposes patients to a lot of suffering. Due to these infections, some of the patients are not able to talk or move and all their lives turn into a sequence of days accompanied with extreme pains with no hope to recover. As a result, some of the patients opt for euthanasia; the practice of intentionally ending or terminating another person's life with an aim of relieving them from continuous suffering when there is no hope of recovery. It is also referred to as mercy killing or easy and painless death which can only be done when requested by a dying patient or a legal representative of the victim. The heated debate surrounding this topic revolves around giving patients the freedom to choose euthanasia or not. While there are some people who support its legalization by considering it as a way of relieving pain and suffering, there are others who strongly oppose it because they perceive euthanasia as a way of killing innocent patients. Despite the arguments from both parties, euthanasia is morally and legally wrong because it does not uphold the sanctity of human life.

If patients are allowed to choose euthanasia, chances are very high that some of the cases will not involve terminal illnesses. There will be two major problems in this case; the definition of terminal illnesses and the changes are expected to take place with an aim of extending euthanasia to shield those who would wish to have it even when they are not terminally ill. Terminal illnesses have a wide range of definitions (Attell, 2017). For instance, there are those who consider terminal illnesses as diseases that curtails human life even if it is for a single day while there are others who perceive it as a condition in which death can be expected in a relatively short time. Others consider it as a condition in which death should be expected within

six months or less. These differences in how it is perceived by different people will lead to unexpected suicide cases whenever people are depressed, facing financial challenges or they have committed crimes that may haunt them in the future. It is important to consider that even in the cases where medical experts quote the life expectancy of patients with terminal illnesses, they usually acknowledge the fact that it is virtually impossible to correctly predict the life expectancy of a patient. Some of the patients who are diagnosed with terminal illnesses end up living so many years before they can die. However, euthanasia advocates have increasingly twisted the concept of terminal illness and replaced it with terms such as “desperately ill,” “meaningless life,” “hopelessly ill,” “incurably ill,” and “desperately ill” to simply mean victims have suicidal impulses. As described by the article “Suicide and Life-Threatening Behavior”, hopelessness has been excluded in the context of terminal illness but put under the category of psychological and physical pain, mental deterioration and debilitation or the quality of life that is unacceptable to the victim (Saul, 2014). That simply means a person with suicidal thoughts.

Allowing patients to make choice on euthanasia will be used an approach to cost containment within the health maintenance organizations. It is clear that if euthanasia is allowed, it will end up being a profit-enhancing tool for big health maintenance organizations. This is based on the fact that euthanasia drugs cost only about \$50 while it could take more than \$50,000 for patient treatment who doesn't opt for euthanasia. Cost containment is one of the crucial developments in the modern healthcare settings which have been placed on healthcare providers. In such an environment, euthanasia could be used as an easy way of achieving this goal. For instance, thousands of people in the United States don't have a medical insurance cover; which is mainly the poor and minority citizens (Sulmasy, Travaline & Louise, 2016). As a result, those people cannot have access to the available health-care and pain control facilities. On the other

hand, some health-care facilities offer medical practitioners some bonuses to neglect patients as they perceive it as a way of helping them to achieve cost containment goals. With a greater emphasis on managed care, doctors tend to get into financial risks whenever they dedicate themselves to providing quality treatment to their patients. Therefore, legalizing euthanasia will raise the potential for dangerous situations in which health practitioners could consider it as a financial breakthrough whenever a disabled or a seriously ill person “choose” euthanasia rather than long-term care. Governments are also expected to take advantage of euthanasia to save on health expenditure. This could happen if the governments decide to minimize their spending on treatment and care by replacing it with the “treatment” of death or euthanasia. For instance, after Measure 16, a law in Oregon legalizing euthanasia was passed, the health sector of this country announced that euthanasia would be charged as “comfort care” under the state’s healthcare plan which was providing medical insurance cover for over 350k poor citizens (Bryan & Rudd, 2016). Barely seventeen months after Measure 16 law was passed, the country declared its plans to cut off the health care expenditure on poor residents. The same case happened in Canada where hospital admissions have been shortened indefinitely even without any funds channelled to take care of the sick and elderly under homecare settings. Also, the registered nurses who were retiring would be replaced with practical nurses who were less expensive. As a result, patients endured a lot of suffering as they await surgery or other serious treatments.

If patients are allowed to choose euthanasia, psychological and emotional pressures will end up overpowering the depressed and dependent patients. Considering the choice to undergo euthanasia as a good decision will make some patients feel guilty for not opting for this alternative even under minimal suffering. When financial constraints are added to this feeling, the concern of “being a burden” to others will become an influential force that will easily make a

patient opt for euthanasia when it is not necessary. The supporters of euthanasia argue that voluntary euthanasia cannot lead to involuntary euthanasia. This is because they perceive this as just black and white. However, in a real-life scenario, there will be so many cases that will not fall in either of the two categories (Keown, 2018). For instance, elderly patients in nursing homes who cannot clearly read and understand any menu when given a consent form allowing euthanasia will definitely sign it. Will that be termed voluntary or involuntary and will they get protection by the law? How? This will position the overall ban on killing out of the way because if a single signature will be able to wipe another person's life, there will be no strong defense of the current prohibition on direct killing. Another great example is that of people with depression and decides to seek assistance to commit suicide. In a case where a doctor agrees to "help" such people after paying some amount, anyone who wishes to commit suicide will be seeking the services of such a doctor. How will the law protect people from the doctor? Or will the law specify the number of people who should be assisted in a year? The supporters of euthanasia dispute that there are no such doctors, just because they have not followed the cases of doctors and nurses in the past who have been linked with the deaths of so many patients and selling kids.

Giving people the freedom to opt for euthanasia will escalate to a point where patients, at some point, people will volunteer to be killed. Take it this way: what if a veterinary doctor advised a person with an ill dog to relieve its miseries by giving it some drugs which would kill it without pain but the owner refuses to consent (Symons & Chua, 2019). How will the veterinary doctor think? In a real-life situation, if a doctor tells a child that his mother's "quality of life" is not worth living and requested the child to sign a consent form to allow him to "quick end" her life without pain and the child refused, how are the doctors and nurses who had accustomed themselves and seen euthanasia as the remedy expected to treat the mother? Or in a

different scenario, what if the consent had been obtained from the mother under depression because of her suffering? Would she refuse what the doctors and nurses expected of her as an elderly person? The transformation to involuntary from voluntary euthanasia would take the route which was taken by the abortion debate, from “only when the mother’s life is in danger” as it had been proclaimed some years ago to what it has become “abortion on demand even if the baby is half born” According to the euthanasia supporters, abortion has been termed as an act that people chose without force but perceived euthanasia as something that will not be forced to people (Minerva & Sandberg, 2017). They have clearly missed the point that it is not in any way a matter of forcing people but a matter of the way the law against a certain practice should be expanded and broadened after the practice is legalized. People may not need to oppose abortion in order to acknowledge that abortion laws have been changing and anticipate what will happen with euthanasia after patients are granted the freedom to choose when to have it.

Allowing patients to choose when to have euthanasia will lead to suicide contagion. It is obvious that when allowed, the media will cover it and that will portray euthanasia as a way of taking control over life difficulties as it will be presented as a way of helping patients to kill themselves with what will be perceived as “death with dignity.” The society, especially teenagers, on the other hand, are likely to receive the message in a wrong way that suicide is a legitimate way to deal with life challenges. According to research by Wesley Smith (2013) in his article “Suicide Contagion is real”, he revealed that one suicide begets another. He demonstrated that teens that have witnessed a schoolmate committing suicide have high chances of attempting or thinking about suicide than teens with no “exposure” to suicide cases. According to this article, if suicide contagion is real, then euthanasia will be contagious too when actively promoted when actively in media as a way of “taking control” or “death with dignity”. In fact,

the effects of euthanasia will be more penetrating in modern society when legalized because the teens will try to justify self-killing as just okay as long as they are facing life challenges. This can be clearly seen in the case of Oregon where suicide cases spiked after the state passed Measure 16 Act which legalized euthanasia and broadcasted it on its media. In this sense, it is not a surprise to notice that the modern society is facing a pro-suicide culture problem as a result of the open and continued debates on suicide (Sulmasy et al, 2016).

Euthanasia should not be allowed because it undermines the importance and the value of life. In other words, it is wrong because it compromises the sanctity of human life. This is in consideration of the fact that human life should be esteemed irrespective of sex, age, religion, the potential to survive or social status. Based on this fact, the thoughtful taking away of human life should be avoided except when it's done for self-defence or defence for others. As philosopher Immanuel Kant termed them, human life is rational and must be seen as an end and not a way to something else. Human beings have value and their value does not rely on anything else, it does not rely on whether they have a good life or whether they are enjoying life (Keeling, 2018). Human life must be respected because of its value and that means that no human life should be ended even when it seems to be the actual way of putting suffering to an end. Euthanasia activists often argue that killing has already been permitted under certain conditions such as self-defence. However, they constantly miss the point in their argument by ignoring the fact that in such circumstances they are saving innocent lives, either their own or other people's lives while there is no life is saved in euthanasia but rather taken away. The dangers of euthanasia can be learnt from history and that is the reason why euthanasia has been legalized in two countries only. It is also the reason why most of the societies even those which are non-religious condemn euthanasia as a crime. It is incredible that euthanasia activists today tend to think that they know

better than millions of people in the history who banned euthanasia. It is however ridiculous how young euthanasia activists think in 2020 can abandon the ideas of almost all societies to allow murder of blameless people (Clifford, 2017). If there were to be some changes in regard to this matter, they should be changes that weaken the call for euthanasia because palliative care procedures are better than they were in history.

Euthanasia is unnecessary in modern healthcare settings where there is proper palliative care. Palliative care is the emotional, spiritual and physical care which is accorded to dying people or people with terminal illnesses when a cure is not possible. Before it was not possible for patients under critical conditions to access those services and that meant that they could suffer to the extent of giving up to the euthanasia. That is not the case in modern healthcare settings where palliative care services are enough to thwart patients from suffering and feeling any need to consider euthanasia. Successful implementation of palliative care has encouraged a successful treatment of an individual patient's not as a set of medical problems or symptoms (Yermolovich, 2018). As appraised by the World Health Organization, palliative care considers death as a normal process hence affirming through its approach to neither hasten nor postpone death. Instead, it relieves suffering and pain and integrates both the psychological and spiritual health concerns of patients. In consideration of the fact that the condition of the patient's family and friends played a major role in opting for euthanasia, palliative care has also considered making the lives of the patient's family and friends better. This came as a realization that the family and friend of the victim required some care too. Through palliative care, both the patients and their family members have been given an opportunity to have a quality life without distress. Therefore, good palliative care should be taken as a replacement to euthanasia because it has wiped away the major reasons which prompted patients to opt for euthanasia. Its availability to

all the patients should certainly reduce the desire by the patients to have their death brought closer.

From a religious point of view, euthanasia is against God's will to his people. Although religious beliefs don't dispute the fact that human beings can kill themselves or allow others to do it on their behalf because God has given them free will, they hold it to the fact that it is wrong to kill. They believe that human beings are God's creation and thus they are limited to take away lives. Killing or getting other people to kill has been considered as denial to God and denial to God's will over the time duration people should live and the way they should live their lives. Religion has argued against euthanasia because it believes that there is a positive value in suffering (Somerville, 2016). Down through generations, suffering from the religious perspective has been concealed with a particular power that gave people some special grace and drew them close to God. It also believed that pain should be relieved where necessary and those who are suffering helped to bear their suffering but not eliminating them as it is the case with euthanasia. For instance, Christians believe that suffering is part of God's plan because it enables those suffering acknowledge the redeeming power of God. It is also believed that God manifests himself during times of suffering and agony. However, although Christianity acknowledges suffering, some Christians don't embrace suffering because they are not heroic enough. So, Christians consider it right to relieve another person from suffering provided the process does not lead to death of that person. In regard to eastern religion, it is believed that human beings live so many lives but the quality of each life is determined by that of the previous life. In line with this belief, suffering is considered as a moral force in the universe which when cut short interferes with the progress to achieving full liberation. Again, this religion condemns euthanasia directly because of euthanasia advocates for cutting short the life of a patient who is suffering. Also,

some non-religious beliefs consider suffering to have a value, which gives people a chance to build character, compassion and wisdom. It is considered as something that enables people to achieve their highest and noblest points and draws all the resources of human beings (Sulmasy et al, 2016). Suffering is considered as a way through which people become good examples to other people by portraying their behavior when are not good. This implies that they don't believe in terminating human life even when suffering as euthanasia supports.

In summary, the reasons as to why patients must not be allowed to make choice in regard to euthanasia have been explored with deep insights from different points of view. In regard to its regulations, it has been revealed that allowing euthanasia will increase the rates of suicide even for the cases which do not involve a terminal illness. This has been attributed to the fact that different definitions of terminal illnesses will emerge for personal interests. Allowing patients to make their choices on euthanasia will be misused by the health maintenance organizations as a tool to achieve cost containment. This is because cost containment is one of the crucial developments in the modern healthcare settings which have been placed on healthcare providers. Also, if patients will be allowed to make their choices in regard to euthanasia, psychological and emotional pressures will end up overpowering the depressed and dependent patients. This is because considering the choice to undergo euthanasia as a good decision will make some patients feel guilty for not opting for it as an alternative even under minimal suffering. Putting financial constraints into the equation, the concern of "being a burden" to others is likely to become a powerful force that will make patients opt for euthanasia even when not necessary. From a different point of view, allowing patients to choose when to have euthanasia is expected to lead to suicide contagion. This is because the media will cover it and that will portray euthanasia as a good way of taking control over life difficulties as it will be

presented as a way of helping patients to kill them with what will be perceived as “death with dignity.” The society, especially teenagers, on the other hand, are likely to receive the message in a wrong way that suicide is a legitimate way to deal with life challenges. Lastly, the innovation of palliative care and other technological advancements in modern health settings are playing an important role in eliminating suffering which was considered to be the main reason behind euthanasia.

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