

## Euthanasia

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HM 480

Senior Thesis

*Euthanasia*

By Kiana Gil

# *Table of Contents*

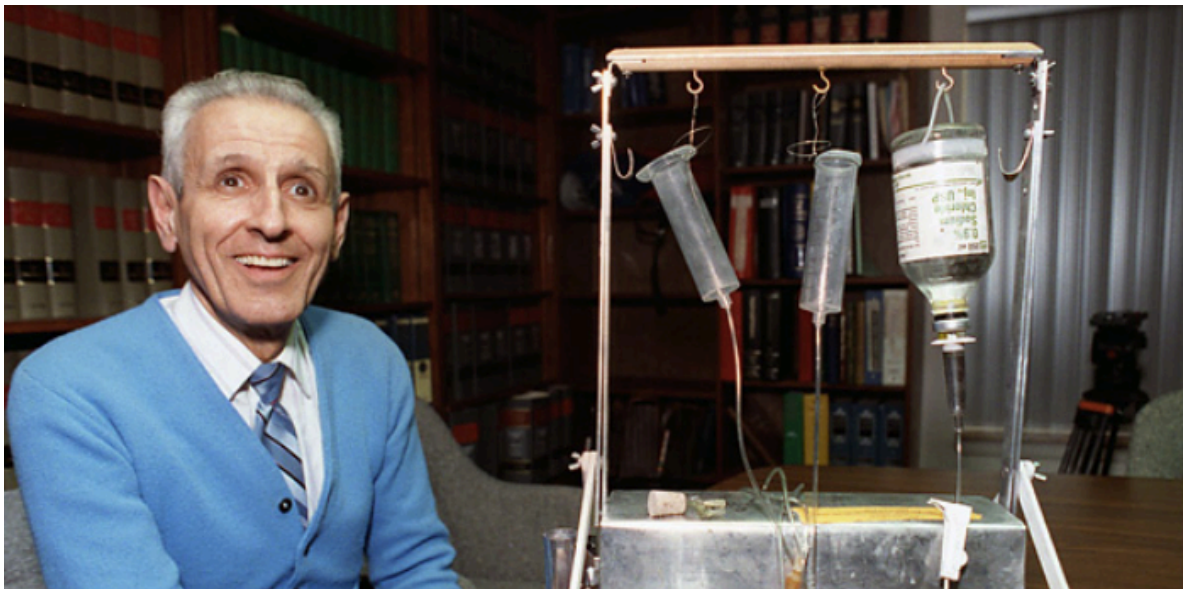
<i>Introduction</i> .....	<i>1</i>
<i>Chapter 1</i> .....	<i>4</i>
<i>1.1 Forms of euthanasia and their meanings</i> .....	<i>6</i>
<i>1.2 Voluntary, non-voluntary and involuntary euthanasia</i> .....	<i>7</i>
<i>1.3. Active and Passive Euthanasia</i> .....	<i>8</i>
<i>1.4 Actions and Omissions</i> .....	<i>10</i>
<i>Chapter 2 Attitudes on euthanasia in Italy vs. US</i> .....	<i>12</i>
<i>Chapter 3 Ethical debates in Euthanasia</i> .....	<i>23</i>
<i>Conclusion</i> .....	<i>38</i>

## *Abstract*

In my research I will introduce to my readers to the origins of euthanasia and the history that involves the early practices of euthanasia. Then I will go into a detailed research in the different forms of euthanasia and talk about the differences of each form and provide examples from Pete Singer's *A companion to Ethics* book which has heavily influenced my research and huge portion of my work. Following the chapter on different forms of euthanasia I will then talk about the different views and perspectives in the United States and Italy and talk about the most influencing factors such as religion and how they affect the views of euthanasia in each country. Finally I will talk about debates and arguments that are for and against euthanasia and present two different arguments by two authors from Arthur L. Caplan's *Contemporary Debates in Bioethics* which is another work that has heavily influenced and enforced my stance on euthanasia. My goal in my research is to present research to my readers that support my stance on making euthanasia an option available to everyone and enforcing my stand point.

## *Introduction*

A name that becomes closely linked to physicians-assisted suicide is Dr Jack Kevorkian, who died at the age of 83 on June 3, 2011. He assisted over 130 people with their own suicides by using machines which he constructed and designed like the Thanatron (named after the Greek god that personifies death, *Thanatos*) These were the devices that were created by him that allowed a person to push on a button that released deadly potassium chloride into someones body. He was referred to as ‘Dr Death’, despite the fact that he repeatedly said in 2008: “My aim was not to cause death, thats crazy. My aim was to end suffering” (Borghese, 2008).



*Mr. Kevorkian, in 1991 with his “suicide machine,” says he participated in more than 130 assisted suicides.*

The subject euthanasia is a very important to discuss, mainly do to the fact that is a very controversial topic to speak about. I've found a great deal of interest in this topic because it seems that we will never be able to agree on a conclusion on whether we believe it is morally correct for someone to take their own life? Or should it be legal or illegal? Euthanasia, or how some would call it, physicians assisted suicide, is an option to free people from pain. Im going to argue in my thesis that I believe physicians assisted suicide should be an option available everyone but under certain circumstances. I'm also going to argue what it is morally correct that we have such an option accessible to those that are terminally ill and/or in a position where they're only experiencing excruciating pain and there is no other cure to stop the pain.

Euthanasia is important because it allows for the possibility to stop someone where from experiencing any suffering there life, therefore how could say it is morally incorrect to stop someone from living life that is only filled with suffering? There are many types of arguments that are of course against physicians assisted suicide but I will focus on 3 that seem to be the most mentioned through out my research and the ones that stood out to me. After presenting you with the main arguments against euthanasia I will present my counter arguments in order to argue for my stance on why euthanasia is justifiable. The first argument against euthanasia that I will be talking about is the "religious argument". I will go in depth on argument but generally its the argument in which it is argued that us humans aren't the ones responsible for ending our own lives and we should this decision to be made for us by a higher power.

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I also will into detail the kind of moral arguments concerning euthanasia, for example, the different situations and circumstances in which euthanasia is done and who it is perform could would really determine if it was a morally correct decision, as well as ethical. There are three different types of euthanasia that will be discussed in one chapter. There is voluntary, involuntary and non voluntary euthanasia. To know the difference between these three is essential for making an opinion on whether or not we can consider euthanasia to be considered ethically correct in different and specific cases.

I will spend a chapter on euthanasia writing about the different views USA and Italy have concerning euthanasia. For example, I will speak about the cultural differences on approaches to physicians assisted suicide in Italy and the US. Since Italy's culture is heavily influenced by religion, I will also go into detail regarding on how this aspect influences Italy's views on euthanasia and their stance on the process and compare and contrast to the views the US has on the states. Finally I will spend a chapter on debates in bioethics and present two perspectives by two authors who are presented in Arthur L. Caplan's *Contemporary debates in bioethics*.

## Chapter 1

The word *Euthanasia* has greek origins in its composition. When we break up the two words *eu* and *thanos* it literally means 'good death' in translation to English. Today in our contemporary world, we may still view euthanasia in some way as a good death or perhaps better described as 'mercy killing'. The first time the term was used was during the 17th century. The term was used in medical context by a man named Francis Bacon. He used this term in reference to having an easy, happy and painless death. This was all possible due to the responsibility of physician to be able to alleviate someone who is experiencing unbearable sufferings in their body. This subject could be a topic of taboo in some countries and this is why this subject is very controversial and many difference countries have different stances and views concerning physicians assisted suicide. Different countries have different laws on euthanasia. Not only is there different laws but there are also different definitions of euthanasia in different countries. For example, in Great Britain, the British house of lords select Committee on medical ethics had made its one new and refined definition of euthanasia. They have concluded that euthanasia was "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering". Interestingly enough, in Belgium and in The Netherlands, euthanasia is simply seen and defined as "termination of life of a doctor". What is even more interesting is that according to Dutch law, the term "euthanasia" isn't seen as the correct wording to describe or call this action but instead they refer to the action as assisted suicide and/or termination of life on request. When reading this research I was pretty amazed how much the wording can affect the



meaning of something or its definition when being seen from a different lens. Ever since the year 2006, Euthanasia has been one of the areas mostly researched when it comes to Bioethics.

In order to understand Euthanasia we should understand two important points. We should understand that Euthanasia is the action of deliberately taking someones life; and secondly, that when the life of the other person is taken, it is in sake of their life, usually because this person is suffering from a terminal illness or some kind of disease that is causing them suffering or one that is incurable. This is two points that distinguishes euthanasia from other forms or ways of taking a life. Every society that we know of have usually subscribes to a set a rules which make “life taking” prohibited. But what makes this so interesting is that there are many variations in regard to culture and the traditions that come with it when it comes to taking a life and what is considered to be wrong. If we look in to our western traditions, such as in Greek and Roman times, we see practices of infanticide that are present in history. Even practices of suicide and euthanasia were widely accepted during these ancient times. But today in our modern times we see it as an approach to a painless and quick death. However, this approach to euthanasia is very much argued that it is incorrect. The controversial issue with euthanasia is the fact that such an action leaves open the possibility of number of actions and this is why it is hard to define euthanasia in a couple of words, or even in just that phrase specifically. There are many different scenarios that come into play that alter the definition of the action. For example, if there is a situation where person kills someone for no other reason than their personal gain. Yes, they are killing them painlessly, but this is no longer euthanasia. In the following in chapter I will go into depth the types of euthanasia and how they are categorized.

## Forms of Euthanasia and their meanings

When a terminally ill patient is “put down” because they are dealing with a life of only suffering, we can also call this mercy killing. In cases that we specifically classify as *voluntary euthanasia*, there is a lot of weight put on the respect for autonomy. Autonomy has been one of the primary reasons in which why euthanasia has gained “moral permissibility”. Today there are many philosophers who have made strong arguments that euthanasia is a medical practice that is morally defensible. Without surprise, institutions who subscribe to religious practices, for example, the Roman Catholic Church, still keep their stance on euthanasia and how they believe it is not the morally correct thing to do by any circumstances. Because the Roman Catholic Church has had such a heavy influence on culture and many different countries in the world, active euthanasia is still considered to be a crime in every nation besides the Netherlands. Since the beginning of the year 1973, there have been many court cases in which have declared that medically certified doctors, and only doctors may be the ones who are allowed to practice euthanasia. This also means the decision has to be a voluntary decision and a considered decision of an informed patient also has to be taken in place in order for this practice to be done correctly, or in a morally correct manner. There must also be physical suffering and if it is present, also mental suffering in which this patient may find to be unbearable. There has to be no other resolution that would improve the situation of the patient who is suffering. The doctor who is practicing euthanasia must also inform another senior professional. So before I decide to go into the arguments against or for euthanasia I would like to go into a closer look into the distinctions of euthanasia. There could be three-forms, it can voluntary, non-voluntary and involuntary.

## **Voluntary, non-voluntary and involuntary euthanasia**

I will create a scenario in order to explain the first form of euthanasia. Voluntary euthanasia would be considered to be when there's a patient in a hospital who has a disease such as cancer, and let's say they have the kind of cancer in which it only gets worse and doesn't get better. The patient reaches a stage where she is suffering and is completely paralyzed and at times, needs a breathing aid in order to keep her breathing. If this is the case, where there was no getting better and this patient's condition could only get worse, and they were aware of this and the patient wishes to die because there is no hope and asks for a lethal injection in order to end her life to stop the suffering. In this specific case it is very clear to see that this indeed is considered to be voluntary euthanasia. Euthanasia is being carried out by the doctor because the terminally ill patient is asking for it for the sake of the patient. There is a very fine line and a very close connection when we look into euthanasia and assisted suicide, where someone is able to get drugs for someone that will give access to a person to suicide.

The tricky part with understanding this form of euthanasia is that it can also be classified as voluntary euthanasia even if the patient is no longer considered to be competent in order for him or her to wish their life to be ended. If you are suffering because of a terminal illness but you are still competent to make such a decision and then the person who helps you end your life under the correct circumstances upon your request is a complete act of what we define as voluntary euthanasia.

Now following to the next kind of euthanasia in which we define as non-voluntary is when for example someone who's life has ended cannot decide between life or death for themselves. We'll look into an example set by Peter Singer in his book *A companion to Ethics*. Lets say once again someone who is terminally ill or even a child who is born as handicapped, or someone gets in an accident who was once fully competent then turns into fully incompetent, without that person being able to choose before if they would or wouldn't like to go under the process of euthanasia. The following form of euthanasia is the *involuntary* form of euthanasia. This is when the process is performed on a person who would have been able to give consent to their own death but in this case was not given consent either because of two things. One, they may have not been asked or secondly, they were asked but withheld consent, which means they wanted to keep on living. Usually these kinds of cases where *A* shoots *b* without *b*'s consent to save her from falling into the hands of sadistic rapist, would be considered to be something like involuntary euthanasia.

### **Active and passive euthanasia**

Next I will discuss these two different forms also important to understanding the concept of euthanasia. So far in this chapter we have understood and came to understanding that euthanasia could be understood as "mercy killing", as I stated previously in this chapter. This is where someone brings about the death of someone, for the sake of that person who is suffering conditions that are unbearable. However, there are two different ways in which someone can

bring about the death of someone. One way is where someone can give a person a lethal injection which ends their life. The second way is where someone withdraws or withholds a life-sustaining treatment from someone and lets them die. This is what we consider to be the difference between “active” euthanasia and “passive” euthanasia.

In the case where a terminally ill patient who had no chance of getting better in was in a suffering state who wished to put under euthanasia, this case very easily could be changed to passive euthanasia with very small details being changed. Lets say the same patient was suffering from a respiratory disease who needed to be put under a respirator periodically, but she wishes that the next time her breathing failed, she didn't want to be put under a respirator. The doctor would then agree to the patients wishes and instruct the nursing staff accordingly to the patients wishes. This patient would then die eight hours later and this would be considered to be passive Euthanasia. During my research I was surprised to have encountered that the roman catholic church has a *Declaration on Euthanasia*. Even more interestingly, in this declaration they have made their own definition of euthanasia in which they happen to define as “an action or omission which of itself or by intention cause death” (p. 296, Singer). However, when it comes to analyzing philosophical disagreements, they usually go into detail in which actions exactly would lead to what we define as euthanasia.

Despite the fact that the topic of euthanasia has so many debates I'd like to focus on some debates and arguments regarding the different kinds of euthanasia in this chapter which I came across during my research. For example the question of active or passive euthanasia, would it make a difference on regards of morals if a death was brought about actively rather than because

a life sustaining treatment was withdrawn? Or another debate in which really grasped my attention during my research is would it make a moral difference if a patients death was intended directly or if were a foreseeable consequence of an action or omission. Next in this chapter I will elaborate the differences between what 'actions and omissions'.

### **Actions and omissions**

In *A Companion to Ethics* Peter Singer helps us understand what the difference between actions and omissions. If two people are walking on opposite streets and one person decides to shot the other person, this is what we would consider to be what we call an "action", if someone witnesses a shooting happening right in front of them, this is what we call an "omission", where they see the shooting happening but they decide not to do anything about it. But during my research I have noticed that not all the debates on euthanasia are really concerned on whether it was an action or omission on each case but it rather more emphasized in the debates that deal with euthanasia if these actions were "intentional" and omissions. This is especially more held into account in those situations in which the "agent" who was responsible for the action could have had done something different in order to save that persons life. In Peter Singer's "*A Companion to Ethics*" he introduces to us the problems with being able to distinguish the difference between killing someone and letting someone die. It also says that there are even some problems in being able to distinguish also the differences between active and passive euthanasia. What I have come to understand is that is that one way to understand the distinction between killing and letting die is that we understand "killing" someone has initiating a course of events in which led to someone else's death. And we understand "letting die" as someone intervening

themselves in a course of events in which lead to someone's death. So according to this distinction someone who is the administration of the drugs, such as a lethal injection, would be the case of killing and the person who takes a person off a respirator would be an example of letting someone die. In the first scenario the patient dies due to a series of events which were invoked by someone. And in the second scenario, the patient dies because the person did not involve themselves in doing something so that person avoids their death.

Could we consider these distinctions of actions and omissions to be important to deciding what is morally significant and what isn't? We can ask ourselves if letting someone die is worst than killing someone right away and letting them die eventually? I believe that it is morally significant to understand the difference between both, but what's more important to making the decision of choosing which one is more morally "correct" would say it all depends on the circumstances on why the course of events happened. But there has been a number of reasons in have been proposed that could also be important to understand the both scenarios and the moral understanding of both. For example, a doctor who decides to give someone a lethal injection is plain out killing someone. The doctor who takes the patient off a respirator machine is simply letting nature run its course. In my opinion I believe they are basically the same, since the doctor already knows both actions will result in death. If someone has a disease in which they knew was getting worse day by day and they needed the assistance of a machine to breathe and had wished to be taken off the machine, there's no doubt this patient would die shortly after. There is no chance of a person gaining back the ability to breathe by themselves without the assistance of a machine as they did before. However, these two distinctions have been described to be as 'making happen' and 'letting happen'. It has been argued that understanding this moral

significance is important because it arranges and establishes a set of responsibilities and limits for the proposer to save lives. An interesting point was raised when I was reading this part of my research that really struck me when understanding the moral significance of these differences that really changed the way I looked at euthanasia. While it requires no effort or at least a small amount to refrain from killing someone , it usually requires effort in order to help someone live. But if this was true, then we would all be responsible for the dying and starving children in central america and failing to help starving children in Africa would be the moral reciprocal as sending them poisoned food. Looking and examining the moral significance and moral arguments to 'killing' or 'letting die' really struck me.

## *Chapter 2*

### **Attitudes on Euthanasia in Italy vs. US**

After doing my research understanding the different kinds of of Euthanasia and the arguments that have been made for or against or simply different understandings of euthanasia, I wanted to focus where the topic of euthanasia stands in Italy as a country. I thought talking about this in my thesis would be essential due to the fact that it is the country in which I have lived and studied for two years. Italy seems to be a country in which it has been progressing very very slowly in regards to this topic. In a clinical ethics journal which I had come across in my



research was extremely interesting in which the main focus of the article was to look at closely how the country in where a physician resided in influences their attitudes when it comes to making decisions on “end-of-life” decisions and their actual attitudes and influences on how they make their decisions in order to end a life. In this article there are studies done that involved dying patients in Belgium, The Netherlands, Italy, Switzerland and Australia. Of course in this study we have noticed that religious teaching definitely has a big impact on and influence on making decisions for these physicians, however, we see that some physicians tend to embrace their religious beliefs but in a non-imperative way which allows them to adapt their beliefs in particular situations.

In another article called *Attitudes of Italian doctors to euthanasia and assisted suicide for terminally ill patients* by L Grassi, M Agostini and K Magnani, helped me acquire a further more better understanding of the views physicians in Italy had when it came to the top of Euthanasia. Within this research I would constantly reflect on the views physicians have towards Euthanasia in America which seem to have a rather interesting comparison and contrast that I will talk about in my next chapter. It is stated in this article that amongst hospital physicians and general practitioners 17.9% endorsed euthanasia or as we call it “physicians assisted suicide” for patients who are terminally ill. Shockingly, 79.4% of these doctors sided with withholding or withdrawing of treatment.<sup>1</sup> These statistics took me back to the ideas and the morally challenges when it comes to “killing” or “letting die” of a patient. There was study that was done in Ferrara, which is located in the North-East area of Italy. The sample involved 148 physicians at a local

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<sup>1</sup> L. Grassi, M Agostini, K Magnani Attitudes of Italian doctors euthanasia and assisted suicide for terminally ill patients, Nov. 1999, The Lancet.

university hospital. Most of the practitioners were middle ages and some of them were general practitioners. Some of the major influencing factors of these physicians and general practitioners stated that religious beliefs and Hippocratic oath was influencing their decisions much more than the fear of legal repercussions which were the major deterrents when it came to being an agent to facilitating someone else death. In this study, this seemed to be more prevalent amongst general practitioners who were apart of this study. I believe this could be a reason due to a lack of experience and they probably don't have enough time in their career dealing with the quality of life with their patients or terminally ill patients in general. However, 88.6% of these participants had agreed that they would use morphine drip in order to be able to control the pain levels of their patients even if this could result in the case of speeding up the process of this persons death. In some cases, I would agree that this could be the morally correct thing to do and in some cases I would say this isn't the correct thing to do. The morphine drip is being using on a patient who is suffering an unbearable amount of pain and he or she has an illness in which is not going to get better in any case. The morphine drip is just reducing the pain during the moment but it actually isn't doing anything good at all for the patient, especially since the long term effects will only be death. I completely disagree with the idea of having a loved one who is is only suffering in pain due to an illness and letting them slowly die on a morphine drip, highly sedated. Its practically the same thing as supplying a patient with drugs in order for them to end their own life. Both actions are going to result in death, except one is slower than the other and the morphine drip seems to be the most "morally" correct one for Italian doctors since they somewhat see it as a way of "letting" die than just directly killing them with a lethal injection.

In another article is called *Italy debates end of life decisions* written by Fabio Turone we look into a case of a man named Piergiorgio Welby. In this article, its about a man named Piergiorgio who is terminally ill and he writes a letter to the Italian resident named Giorgio Napolitano which creates a huge debate in the country of Italy in regards about euthanasia and “living wills”. In the letter it is entitled “ Dear president, I want euthanasia.” Welby who is an Italian who is of Scottish descent had came down with advanced muscle dystrophy and confined to a bed and had to be attached to a ventilator in order be able to breathe. In his letter he writes “Until two months and half a ago my life was certainly full of difficulties, but for a couple of hours every day, with the help of a computer, I could write, read, research and meet with some friends over the internet” In his letter he states how his condition only gets worse everyday and there no hope of getting better with his condition. He also states how he needs strong medication in order to sleep and he hopes he doesn’t wake up. President Napolitano expressed “sincere understanding and solidarity”.<sup>2</sup> President Napolitano also wished Welby a “sensible and through” discussion. This correspondence brung to surface many different reactions from the public. “Denying euthanasia to someone who is lucidly asking for it is pure and simple torture,” said former health minister and well known oncologist Umberto Veronesi. I completely agree with Veronesi’s words, if someone is sick and terminally ill experiencing agony and pain at the same time in a situation that cannot get better or has no realistic hope of improving then depriving them of a choice they would like to make definitely seems like torture. During the time of this case, Italian law would have to punish any Italian doctor that practiced euthanasia with up to 15

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<sup>2</sup> Fabio Turone, *Italy debates end of life decision*, Oct. 7th, 2006.

years of imprisonment. During my research I was surprised to have learned the number of years imprisonment for a doctor who is only trying to help someone who is terminally ill.

In this chapter I'd also like to go into looking in how the views on euthanasia differs from the views in the United States. I will go into the influencing factors in which influence physicians in America that aid in making their decisions in whether or not they would participate in a procedure such as euthanasia. During my research I came across an interesting and helpful article which helped me further my understanding in regards to American attitudes towards euthanasia. In the article *Religion and Trends in Euthanasia Attitudes among U.S. Adults, 1977-2004* (Benjamin. E Moulton, Terrance D.Hill and Amy Burdette), The study trends on the topic of religion as well as the last few articles I read on the attitudes of Italian physicians on euthanasia. In this study specifically, there are three specific questions that are introduced to us. The first one is whether or not the individual positions on euthanasia are becoming more liberal or conservative as time passes. I believe that this depends from person to person and one cannot answer this question subjectively. But first I will discuss the major views of euthanasia that are association with the most common religious classifications in the United States. Some of the major religious institutions that influence the opinions of the public would be: conservative protestants, moderate protestants, liberal protestants and Catholics. For Conservative protestants in America, tend to differentiate themselves from mainstream society. In this research it has been noticed that conservative protestants believe that sin is considered to be a “ubiquitous, omnipresent element of society” (Sherkat and Ellison, 1997) . An advocate of these views would

be someone like Dr. James Dobson who suggested that legalizing “killing”, regardless of the circumstances, would eventually lead into a door of murder. Dr. Dobson that this specifically happened in Nazi Germany. They first started killing the sick, mentally ill and old population and eventually led to exterminating population that were considered to be undesirable such as Jews, Gypsies, homosexuals and others. He believes that euthanasia was just a small step in which opened the door to extermination camps. This is the general view of Conservative protestants, that allowing euthanasia will cause mayhem and a complete tragedy. This specific group of protestants will always refer to the Bible and see the Bible as the ultimate authority and passages like “Thou shall not kill” (Exodus 20:13) seem to serve as one of the main ideas of conservative protestants way of thinking. The next group that is prevalent in America would be Moderate Protestants in which their views seem to be very counterparts from the conservative side. There is mainly two reasons due this difference and the first one is that the opinions dealing with these social issues seem to be more individual especially the it comes to end-of-life decisions. And the second one of course is more obvious, due to the fact that the views that these moderate Protestants have are of course to be considered more liberal than conservative protestants. Although, what I found to be interesting when looking and examining this groups behavior, recently some of the leaders of this group, for example like United Methodists have decided to shy from subjects that have to deal with controversial topics such as what individual autonomy which I believe is an important part of understanding this concept if you want to argue for euthanasia and for people to be able to make that decision if they wanted to. There has also been some research down stating that this specific group of protestants are much more less to preach and do interpretations of the Bible. For example, they don’t have the tendency to support their

arguments with texts from the Bible in order to prove their belief or defend their stance on a certain topic such as, euthanasia. This group of protestants are a certain view that can be seen as a “hands-off” approach when it comes to talking about end-of-life making decisions. In I believe that this could be contradictory because if a group like this decides to simply avoid a specific topic such as euthanasia or abortion, it is almost as bad as bad as going against it. In other words they should be able to talk about these topics more normally, especially being a religious group, they have the power for people to follow them and listen to them and make a progressive change in the views on euthanasia in America. If we all decided to shy away from such topics, no changes would have been made and no progress with such controversial subjects that we still struggle with in America. What I do agree with in certain aspects, and more than conservative protestants is that the United Methodists tend to leave room for the individual to make their decisions. But once again, in what I find these religious institutions to keep on doing is the fact that they contradict themselves. Just recently these last couple of years, the person who was in charge or in the leadership position of the United Methodist had decided to become less supportive on issues that deal with self autonomy. However reading this research, we hope that this specific group will be more effective than the opposite group, the conservative protestants.

The next group in America in which I'll focus on next will be the Liberal Protestants. I'm definitely more supportive and understanding of this group, compared to the Conservative Liberals, are much more tolerant on wide range of issues and controversial topics which include ones such as social ones and political ones. Which this group of religious people have not yet reported their official views on euthanasia, they are very much unenthusiastic about views in which support the idea of giving the Bible and church so much power. In a debate written by

Wuthnow (1989), it is seen that the debates that go on between these religious communities when they go into subjects such as politics, it often happens that there is a process in which polarization begins and this in when two contrasting group have and create and even sharper division between the two groups. For example, the religious liberals may be more tolerant about euthanasia in part because the conservative protestants are sent be more resistant. The reason for these two group having such a sharp divid mainly depends on factors that can include political issues and backgrounds as well as social ones as well. The way the conservative group see my country is that America is a blessed nation and it was the chosen nation in order to save and evangelize the world. I see this view being extremely problematic especially because it comes from a religious group and also because such a view is only creating more inequality towards other nations in the world. The conservatives also see certain issues that happen within a society only as product of the nation being abandoned by Christ due to the fact that the society has forgotten and abandoned Christian principles, such supporting euthanasia or supporting and allowing abortion to take in place in the country. This is why the conservative position is so intolerant about euthanasia being legal in the United States. They believe their group exists in order to protect the society of American and to make sure to get rid of all the “moral decay in the country.”<sup>3</sup> On the complete contrast, and the view in which I agree with more is that the liberal protestants are not so focused as America as a nation but they tend to focus more on the “humanity” of the population in this society. This is why this specific group is less political. Some of the themes that are common when a liberal protestant is talking euthanasia is the idea on human civil rights, the concept of peace and justice are all common motifs when looking into the

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<sup>3</sup> Benjamin E. Moulton, Religion and Trends in Euthanasia Attitudes among U.S Adults. June 2006, Sociological Forum. Vol 21. pg 254.

arguments made of liberal conservatives. The views on this social group have always supported the right of the individual especially when dealing topics such as racial injustice and the gay and lesbian communities which are still struggling today in our modern times and society. So it is no surprise that this religious group is so supportive about the ideas of euthanasia. The liberal Protestants are a representation of a portion of the American public are likely to be seen as the group in which supports individual human rights and issues that deal with euthanasia.

The next religious group that is prevalent in America is a group in which has much more significance to me because I come from a family whom practices these ways of thinking and as I grew up, I was very much influenced by their way of thinking and reasoning when it came to social issues like euthanasia and/or abortion. The group in which has had a heavy influence on my way of thinking from a very young individual was the Catholic group. This one is important to this subject of euthanasia because it is also the religion that is most important in Italy and has influenced a majority part of the country and is the country's main choice of religion and a lot of the decisions made in parliament have been influenced by the religion itself. I always thought how interesting the Catholic Church and especially the Vatican, had put an emphasis on the importance of human life and how sacred it is and how much we should respect even a clump of cells in our body (the first stages of a human). One of the main ideas in the Catholic Church is that it is forbidden to terminate any life prematurely. The Catholic Church, especially in Italy, the only factor or identity in which can decide when to end a life is God. As I read in research, since these recent years the demand and popularity of euthanasia has begun to become a big problem for the Vatican. The Vatican in Italy did not hesitate to reaffirm its position according to this



controversial topic. On May 5, 1980 the Vatican decided to issue the “Vatican Declaration on Euthanasia”. I believe this is very important to understand why euthanasia is illegal in Italy and how this has affected culture and the way many people think, either today or past generations. In this declaration, the Vatican responds to what was which was “the fundamental values of human life called into question” as a consequence of modern times and the advancements of medicine. However, surprisingly there has been research done that despite the fact that the Vatican is pro-life, many Catholics have different views on than the Vatican, including myself. Two researchers named Granberg and Granberg (1980) have made a substantial amount of research in which can help prove and suggest that people who are Catholic have become more liberal between the years 1965 and 1978, especially when it comes to the topic of abortion. More recent studies have suggested that Protestants and Catholics have come slightly together on their attitudes on abortion.

I believe that there are several amount of factors in which aid in developing someone's attitude towards euthanasia and I believe that religion is not the only factor involved. In many researches done it suggests that there are also demographic characteristics in which also come into play which have been signified as being influencers towards someone's attitude towards euthanasia. Some of the influencing factors involve age, which is something that did not come to my mind when I first thought about what could be the influencing factors of your attitude and perspective when it came to euthanasia. The other factor that was suggested within this research was being female and the third one was less education. These factors have been linked to attitudes being less favorable towards euthanasia which is very surprising because I am a female who is in favor of euthanasia and I believe that the option and/or choice should be available for

human beings. The link between less education and being less favorable towards euthanasia is the one that makes the most sense to me. A lot of the time people who are not as educated tend to not have good reasoning or logic towards these attitudes and most of the time have very weak arguments only because they really don't have the tools or skills to think more elaborately or on a more open and complex level.

To conclude this chapter I'd like to talk about a research questions in regard to attitudes on euthanasia in the US that are important. The research question is whether or not individual attitudes towards euthanasia have become more liberal or conservative. I have found a chart in present the findings on opposition to euthanasia during the years 1977 all the way into 2004. In the chart below, it shows us the percentage of people who opposed to euthanasia over the time

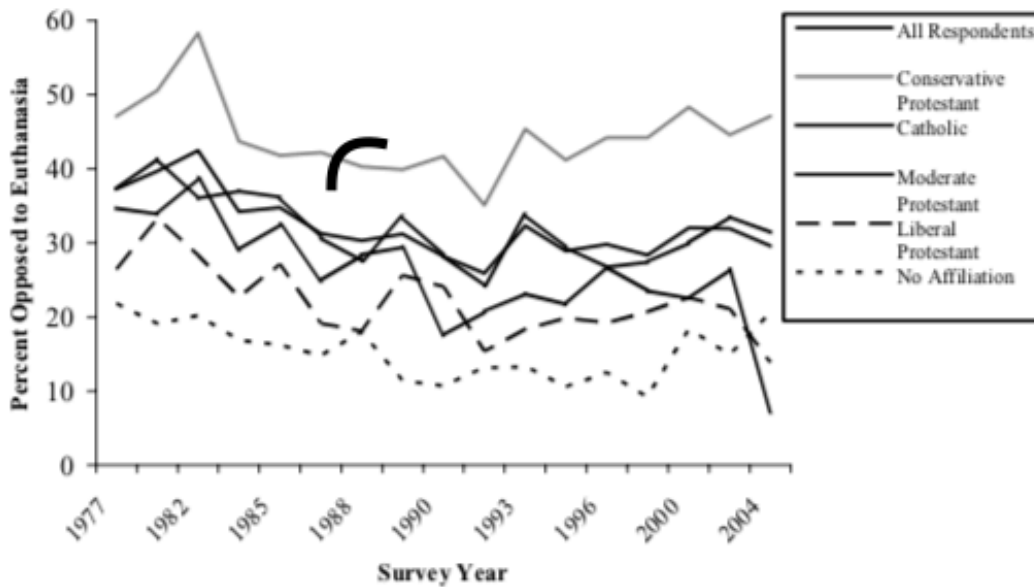


Fig. 1. Trends in euthanasia opposition for all respondents and by religious affiliation, GSS 1977–2004.

and their religious affiliation. Even though there has been a spike around the 1970s/1980, the attitude seems to stay stable since early 1970s.

In conclusion, after doing my research I believed that the US would have a more liberal standing on euthanasia, but then looking into the research and understanding that there are different religious affiliations in my country besides the catholic church has heavily influenced that attitude towards euthanasia. In regards to Italy's attitudes, I wasn't very surprised due to my background knowledge on the Vatican and understanding how powerful the church is in Italy and how that has influenced the culture through out years and decades.

### **Chapter 3**

#### *Ethical Debates on Euthanasia*

As stated in my prior chapter, because of modernity and the improvements of medicine there has been many debates in whether these advancements are ethically correct such as, euthanasia. With the growth of euthanasia this furthers our knowledge about euthanasia and we are becoming more and more aware of the process. This may also bring up several debates on whether or not it is okay to perform euthanasia on a person. Before I got into writing my thesis on euthanasia I wrote down a couple of philosophical questions that have been the bases of arguments and debates when it comes to euthanasia. But before I go further into presenting these questions

and my stance on them I think it is most important for me to define that is my liberal understanding of autonomy. I understand that Autonomy means “self-rule” and this happens to be accepted as one of the core rules when it comes to most liberal concepts. I understand that autonomy means that a person has the ability to be able to create and lead his or her own life. A human being may create his or her own life by the influxes of their own motivations, desires, preferences and reasons. Autonomy requires that a persons life is free of external factors that may derail them from making their very own choices. As Joel Feinberg once said “I am autonomous if I rule me, and no one else rules” (Feinberg 1980: 21). Autonomy is one of the characteristic most associated to Liberalism thinking and this is why I consider my self a liberalist and my approach to euthanasia will be a liberalist approach when it comes to arguments and debates on that topic. Autonomy requires two things within a person. Firstly, a person should be able to comprehend oneself: a competent individual who is able to establish and define their own beliefs, values, interests and preferences. The individual should also be able to understand and define the direction of their actions. Secondly, one should be in control of their own choices and actions according to ones self-perception. I’ve came to the conclusion that a person cannot be autonomous if they are being blocked - by other people, social and political power, religion - from being able to identify and follow their own choices. I believe that all human are autonomous and their autonomy should not be violated. For example, if an ill individual requests euthanasia from their doctor and they have all the correct reasons in doing so and they are in the right position to do, why should this person be denied euthanasia? This is a violation of someones autonomy. My views when it comes to euthanasia is a full liberalist approach, or when it comes to bioethics by approach would be called a “Bioliberal”. Bioliberals are concerned

liberty and neutrality concerning the use of the advancements in medicine and in technology as long as there isn't a third party that suffering or being harmed, people should be freely to use these technological advancements such as euthanasia, abortion and plastic surgery. Bioliberals are much more concerned with the individuals desire for the use of any technological or medicinal advancement. I believe this is very important to understand and should definitely be one of the factors looked into when a person wants euthanasia performed. I believe that they should be competent and understanding of what exactly they are doing and they should have well thought out and logical reasons as to why they want to go through euthanasia. I believe that it should be available for people but it should be available to them under the right circumstances. I believe this when it comes to abortion or any other procedure that an individual may want to go under.

Within this chapter I'll bring up some of the debates in which are the most common ones when it comes to talking about euthanasia. Most of my research on these debates come from a book named "Contemporary Debates in Bioethics" by Arthur L. Caplan and Robert Arp. The point of views and debates that has been mentioned in this book has helped me in a way rethink the way I think about euthanasia which a more philosophical point of view and more logical than when I first started doing my research on the topic. The first question in which I'll be introducing is a pretty straight forward one but it cannot be easily answered. Is Physician-Assisted Suicide ever ethical? According to Hippocratic oath (ca. Late century BCE)—an oath in which every med student around the world has to take and all doctors are supposed to say "ἐπιδηλήσει δὲ καὶ ἀδίκῃ εἶρξεν" which means "refrain from doing harm". They also have to swear to "Δεν θα δώσω καμία θανάσιμη ιατρική σε οποιαδήποτε εάν ρωτιέται, ούτε προτ ε ίνω σε

οποιαδήποτε τέτοια δ ή ποτε συμβουλή ,” which means, give no deadly medicine to any one if asked nor suggest such counsel. This tradition has stayed as apart of western civilization amongst doctors and the oath also requires doctors to “swear by the gods”. But in my research it says that the oath has been modernized through the centuries and today most medical schools still use some version or part of the oath but it is not required for students to swear by it, it is simply an option offered to them. In 2008, there was a talk at University of Florida and Dr Jack Kevorkian said the Oath “wasn't discussed in medical school, and our class (University of Michigan,1952) never took the oath. It isn't a medical oath; you pledge allegiance to all the gods and goddesses, the pagan gods and goddesses of Greeks— what sense is that today?” I think this is a very important point in which this professor brought up because he is showing how times have changed and we need to broaden our way of thinking and not just simply follow these so called traditions without questioning them or thinking about the modernity we live in today in our western society. Kevorkian and many other thinkers and doctors, had no use for the oath, in direct opposition to those who continue to believe that it is the primary reason why physicians assisted suicide is the primary reason as to why it is considered immoral. I believe this way has occurred due to the fact that due to modern times, we are forced to think outside the box and realize that some traditions should simply be slightly altered due to our needs that change with consequence of time. One thing is for certain is it is obvious that doctors are going to refrain from doing harm to a patient, in most cases that are mainly devoted to healing. But the matter of this debate is whether or not we can consider the physician assisted suicide of a terminally ill patient as “healing” or if it harms the “no harm” principle in which many of these physicians have to go under oath. I completely disagree with the fact that some physicians who swore under

this oath and only view physicians assisted suicide as killing someone and violating that principle. It has been brought up in my research that the oath is considered too outdated and completely “out of fashion” and also links to culture specifics in many aspects. I agree with the physicians that believe that the oath needs to be modified as necessarily according to an individual needs. The oath has been updated number a times, for example, the updated version now reads: “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.” (AMA,2001).

Another concept in which was brought up when I was looking into the debates and arguments when it comes to physician assisted suicide is the concept of a “double affect”. First off, before explaining what the “double affect” means I’d like to take note that it is particularly interesting that however controversial this topic may be, respecting a patients request to have a certain amount of morphine to get rid of the pain they're experiencing at that time or even allowing a patient to administrator a pain-relieving drug to herself/himself is something that is commonly practiced today all over the world. And what is even more fascinating is that a doctor knows that by being an agent to administrating these drugs, the patient will surely die. But I came to a realization in my research that by this being a common practice in the world, it also “skirts the problem of illegality and/or immorality” of directly committing suicide. Instead of being seen as directly committing suicide it is instead seen as one trying to relive or stop a pain by taking in so much of the drug with the unintended consequence which is referred to as *double effect*. This is the name given to the course of events in which a person dies. After I have discovered this term I then stumbled up one of the more interesting and strongest arguments in which goes in favor for

physicians assisted suicide. It has been argued that concerning the Hippocratic Oath, it is also physicians duty to “prevent harm” and “alleviate harm”. As a reminder, the Hippocratic oath it states all and any physicians should “refrain from doing harm.” But in relation to this rule, one should also try to prevent harmful things happening before they happen, or at least try to lessen, weaken or even relieve and remove any harmful things that are happening right now. I agree with this moral perspective because if we see someone who is experiencing harm and when we could help in a way to alleviate them from whatever harmful things are happening to them but we refrain from doing so, I would agree with this because this could be called immoral and it even goes against Hippocratic Oath. William Frankena (1973) had argued that “we ought to remove evil or harm”. Two other important thinkers such as Tom Beauchamp and James Childress, approve and give consent to this argument in their highly influential book *Principles of Biomedical Ethics* (Beauchamp & Childress, 1979/2009, pp.114-115). After having discovered these two influential thinkers who have created a framework in which is referred to when trying to answer and analyze most biomedical decisions I decided to look into their *four principles approach* to bioethics. The text employs four principles which consist of respect for autonomy, nonmaleficence; beneficence; and justice.

Respect for autonomy is one of the first principles presented in the text. Personal autonomy and their text refers to self-governance which means to be able to self-rule one self and your choices that is completely free of limitation of the interference of other that would prevent a meaningful choice to be made. The principle [of respect for autonomy] can be stated as a negative obligation and as a positive obligation. As a *negative* obligation: Autonomous actions should not be subjected to controlling constraints by others. . . . As a *positive* obligation, this



principle requires respectful treatment in disclosing information and fostering autonomous decision-making.”<sup>11(p64)</sup>

The next principle in their text is Nonmaleficence. Once again the Hippocratic oath and moral aspects are being referred to. “Bring benefit and do no harm” perfectly expresses their principle of nonmaleficence (“do no harm”) and beneficence (“bring benefit”). Nonmaleficence is the duty to refrain from causing harm and one ought not to inflict evil or harm. The next principle is *the principle of beneficence*. This principle reinforces the duties to help others to further their legitimate interests. Under this principle one ought to prevent and remove evil and/ or harm as well as promote good. After this principle, the principle of Justice then follows. This principle underlies the regards to how social benefits and burdens should be distributed. For example, would it be considered fair if two patients who happen to have the same situation be differently treated by the healthcare system only because one is affluent and the other patient is poor? This is something I have always struggled to understand is something that I would never be able to agree with. Every human being has the right to be treated if they have some kind of sickness despite their economic background. If there is such an emphasis on how valuable a human life is then each one should be treated equally, not based on your income. This is where the *principle of formal justice*.<sup>4</sup> This is the principle in which I agree with the most when it comes to discussing certain arguments and stances when it comes to biomedical ethics. To elaborate more on this principle, it requires that each person has an equal share of distributive justice, which is what I stated in my argument before. In Beauchamp’s principles there is also theories that are presented and the theory that I found that suits my point of views and stance when it comes to biomedical

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<sup>4</sup> Beauchamp, Tom L, and James F. Childress. **Principles of Biomedical Ethics**. New York: Oxford University Press, 2009.

ethics, especially for euthanasia, would be the *Libertarian Theories of Justice* that are presented by Robert Nozick. The Libertarian theory focuses and highlights the importance of “the unfettered operation of fair procedures.”<sup>5</sup> Robert Nozick presents this idea to us from his work called *Anarchy, State and Utopia*. In this work Nozick helps us understand the difference between what he calls *historical* principle of justice and *unhistorical* principles of justice (or what is the result). Nozick argues that the justice of any kind of distribution of a good amongst a group of people doesn't depend on how much of the good each person has but it depends rather on how the distribution comes about. “A distribution is just if it arises from another just distribution by legitimate means. The legitimate means of moving from one distribution to another are specified by the principle of justice in transfer. The legitimate first “moves” are specified by the principle of justice in acquisition. Whatever arises from a just situation by just steps is itself just.”<sup>6</sup> I can apply this theory to my stance on whether or not I believe euthanasia is morally correct. I strongly believe that it all comes down to the root of the action, from what basis and what principles a person is deciding to undergo a procedure like euthanasia. It would not be a just act if a person were going through some new emotional trauma and they decided that do not want to live anymore. This kind of behavior is not justifiable because the person has not thought out their decisions throughly and they are also thinking impulsive, therefore euthanasia would not be considered to be morally correct in this case. What I would believe to be justifiable according to Nozick's theory is if a patient who was terminally ill and suffered mental illness for a long time decided to use euthanasia to put their suffering to an end. This is

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<sup>5</sup> **Principles of Biomedicals**, 2009. Pg 59

<sup>6</sup> Nozick R. *Anarchy, State and Utopia*. New York: Basic Books, 1974:151

what I would consider morally correct because the basis of this decision are not impulsive by nature but have very good reasons to putting what could be prolonged suffering to end or suffering that has been experienced for a long period.

This principles can be seen as a guide to actions when it comes to deciding what is morally correct in the biomedical field. To summarize these principles which have been described by Beauchamp and Childress we can conclude that under the principle of respect of autonomy, a patient's choice is considered to be autonomous if the choice is voluntary and is patient is competent and is capable of making their own decisions. The principle of nonmaleficence referee to the responsibility of to stop doing harm to others or being the cause of harm. The principle of beneficence highlights the importance of helping others. The principle of justice requires us to treat all equals equally. I believe that this was an important aspect of biomedical ethics to look into because it shows how elaborate this process in making decisions in this field can be. There are many perspectives and arguments to take into consideration.

However, in Arthur L. Caplan's book *Contemporary debates in Bioethics*, an example that I have had personal experience with in euthanizing a loved one, would be the example of euthanizing a pet that it ill. It is clear that in this situation when someones pet has cancerous tumors all over their body, glassy eyes and not able to urinate or defecate, it is obvious that they are going through a lot of suffering. Us pet owners would not want to euthanize our pets as our first option, we would not like to impose any harm on our pets like starving them or abusing them physically. If I were to find out my pet had cancerous from the very moment it began, I would have done anything possible to remove the disease from her body. But instead of putting my dog under a harm number of medications or chemo where she would be suffering in pain, the

only solution to put her suffering to in an end was through euthanasia. Its hard to believe that someone could bare seeing a loved one struggling and suffering with an immense amount of pain and say that euthanizing someone and alleviating them from their pain is morally incorrect and unethical. In my opinion, it would be morally correct to know a loved one is suffering in pain and you decide to put them under a strong course of medications that have the potential to make them feel even worse or put them under treatments such as chemo where you watch them whiter away in pain. One quote that was presented in Authur L. Caplan's book was one that was in relation to euthanizing your out pet because I have been in that very same position which was "the one thing you are able to do got your dog is alleviate undue pain and suffering. Arguably, no other decision you make about your dog will be as difficult as the one to euthanize, but in so many cases, it is the only human option"<sup>7</sup> I believe that this way of thinking can be applied to human life as well. An author was presented in Authur Caplan's book named John Lachs, in the section that regards physicians assisted suicide. Lach says "we do not permit our animal companions to suffer: we ease them out of life with sorrow, painlessly. By contrast, we seem to take no pity on human beings, forcing them to live to the end, no matter how miserable they are. Visitors from another planet would find this baffling and indefensible cruelty." Lach makes an argument in that I strongly agree with and I could not understand how someone would go against his point of view. What Lach is trying to say is that what we consider to be a valuable human life is one where one there is "conscious and intelligent enjoyment". If element of enjoyment was no longer there, and if it was replaced with misery and suffering, he claims that physicians assisted suicide should be an option available, especially if someone is not fully capable of committing

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<sup>7</sup> Dogtime, 2012

suicide. The way of thinking in which Lach is presenting to us is a “Mil-based utilitarian calculus”.<sup>8</sup> It is a sensible way of thinking and shows how this sensible way of thinking can help you make difficult decisions. For example, if someone is suffering and is in complete misery, this affects the persons around this person negatively. It is also costing everyone money one way or another to keep this person alive in their suffering and misery. Then eventually, suicide will end the misery and will add to the “net sum of good in the world”.<sup>9</sup> This is just another perspective on why physician’s assisted suicide is morally and ethically correct from a utilitarian stand point. Two other thinkers in which had more of a utilitarian perspective on euthanasia was Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873). Both of these utilitarians argued that an action is considered to be morally correct as long as the consequences of that action will lead to the “net sum of” good or beneficence of the people who are affected by the situation. The reason why the term *utilitarian* is associated with this way of thinking because it puts an emphasis on how useful it is to generate satisfaction amongst a group of people. The main idea of utilitarian based thinking is that end result should always bring about something that is positive to people, or seen as beneficial, even if it means that bringing these consequences may violate a moral principle or create some evil or detrimental side effects that only effect a minority of people. One example that was used to explain this way of thinking is lets say when you have to tell a lie to Nazi who is on your door step. Lying is violating a moral principle and we are taught not to lie. But lets say you are hiding your non-aryan best friend and you need to tell this lie in order to protect them. This is action which violated a moral principle is morally justified

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<sup>8</sup> Contemporary Debates in Bioethics, pg 199

<sup>9</sup> Contemporary Debates in Bioethics pg 200

according to utilitarian based thinking. Lach is supportive of suicide and physician's assisted suicide but on the grounds of utilitarian based thinking. This is the idea in which the end justifies the means. After this part of my research on supportive arguments made for euthanasia, I believe that this kind of thinking appeals very much to me and makes a lot of sense when it comes to debates about physicians assisted suicide. If we sum it all up, the end result of stopping misery and sorrow and gaining relief and death as consequence is considered to be a great good when talking with a utilitarian perspectives. For example, if we could go back into the past and kill someone like Adolph Hitler to save millions of lives that would experience a life of pain in misery, the end result of Adolph Hitler's death would be a great good because it would be benefiting a group of people even if killing someone goes against a moral principle, the end result is what matters.

Another author which brought up an interesting debate concerning physicians assisted suicide in Arthur L. Caplan's book which I found very interesting was Patrick Lee. Lee brings up a debate in which opposes the utilitarian perspective and attitude that was explained before. I believe it is important to show different attitudes and approaches when it comes to doing research on a topic so controversial. In Lee's position, he says that the end result should never justify the means. I will give a deeper explain his view point. In his approach, I've understand that Lee tries to explain that there is an intrinsic value and dignity that is connected to human life. Lee considers life to be sacred and that we should go through whatever extremes or length to preserve it. Not even complete suffering and misery that may be experienced by someone, suicide will not be acceptable or cannot be justified in any case. Lee explains that there cannot be death with dignity and those that claim that there is, do not value their own human dignity. Lee

says: “to choose death to avoid indignities...is to act against what has basic, intrinsic dignity for the sake of an ulterior end. But the end does not justify the means. Moreover, the very act of killing a person with the supposed justification that the one killed has lost his dignity, or is about to lose her dignity, denies the *intrinsic personal* dignity of the one killed.”<sup>10</sup> Lee is arguing that we should care for our human lives at all costs, even if we are living a life full of pain and suffering that will not get better. I find this argument not to be convincing enough. I agree with the fact that Lee stresses his point that human life is sacred, but what kind of life are we referring to? I believe a life where you are able to make your own choices, have and achieve your inspirations, have the capability of feeling a sense of enjoyment is a life worth living. What kind of life is worth living if you are terminally ill with a disease that will only get worse and there was no hope in getting better. I’m not arguing that this person is useless and their life is meaningless, but we could only imagine what kind of emotional and physical pain one may go through if they experience these kinds of situations. Therefore, physicians assisted suicide should be an option available.

The debate between Lach and Lee that is explained in this section of Arthur L. Caplan’s book is whether or not it is possible to say that we should value and place a lot of weight on what we can consider is the pros and cons that are related to the *present state* of “goods/pleasures” and “evils/pains”<sup>11</sup> that deal with specific events that surround us but also the future and the hurtful consequences that are intertwined with those events. This debate also brought up the question of how can we really measure the pain and suffering that someone is feeling? Keeping

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<sup>10</sup> Contemporary debates in Bioethics, pg 200, Patrick Lee

<sup>11</sup> Contemporary Debates in Bioethics, pg 200

in mind the presence of good/evils that is associated with someone committing suicide, Lee still holds his views in which there is not a universal standard in which we can determine or measure what is goodness and what is painful. On the contrary Lach is saying that we can indeed measure such things in our life, especially if we approach every case in a cautious manner, with complex thinking and concern. Lach's approach is very open and comfortable with good of relieving pain with suicide. However, in Lee's approach, he believes that this is a very dramatic and offensive solution that offends the dignity of life.

Although I have found both Lee and Lach's very interesting at the same time I have to say that I agree more with Lach's point of view. Lach's debate and argument seems to be more lenient than Lee's. Lee doesn't give any kind of understanding to a human being who may be suffering a great deal of stress or pain in their life where physician's assisted suicide may be a something that they have been considering. One point that Lee brought up that I cannot seem to agree with is when he says that any individual that decides to take their own life do not have any human dignity. But what kind of life would someone be living that needed a respirator machine to breathe for them? They are fully incompetent and cannot live their life like a normal, functioning human being. Someone should not be forced to go through this kind of pain, suffering and misery if they do not wish to. I still hold my stance on physician assisted suicide being an option for people who are fully competent and understand what kind of decision they are making. I still believe that it should be something that should be controlled and supervised but not something that is not accessible. Lach's point of view presented some very interesting perspectives to euthanasia in which never crossed my mind. Before my research on Lach, I held a libertarian point of view of euthanasia, which I still do, but I would say the utilitarian point of



view has also influenced my thinking and views on the topic. Lach presents more logical or grounded reasons that could make sense to a lot of people, especially if they are not acquainted with both of these writers. Lach focuses more on the end result and what goods can come out of the end result rather than the action. This point of view could also support arguments that are pro abortion. Of course this really depends on someone's point of view of when life starts, but lets create a scenario where life starts at conception. If a young girl had gotten raped on her way back home from school and they got raped which ended up in pregnancy, there should be no reason why she should be forced to have this child. If she decided to abort the pregnancy does this mean she has no human dignity? Would she put at fault for this? Would the patient with a cancer that has no cure or hopes of getting better be out at fault for becoming ill? I believe these are situations where someone should have the option to find a solution for them selves. If abortion wasn't an option for this young girl, what kind of future could she offer another child? This is why I decided to focus on the debates and arguments made in bioethics because I think its very important for our future and the generations to come. A lot of this authors have the power to shape peoples way of thinking and could influence the decisions made in bioethics and this is why its very important to inform ourselves in these debates.

## *Conclusion*

After having read a handful of articles, books and an extensive amount of research on euthanasia, my knowledge has expanded on the topic and after reading all the different points of view and stances my thinking regarding euthanasia has become more complex and my point of view now is more informed than before. I still am very supportive for making euthanasia legal, especially in a country like Italy where the culture has heavily influenced its current decision now on regarding on the legal status of euthanasia which is now practiced in Italy because the Vatican has a very strong influence on whether now it should be legal or not. I believe the changes are possible in Italy in regard to euthanasia but very slowly. I believe that the research I have provided in this thesis has supported my stance on being pro euthanasia and I have found the research that I have found that the research I have found enforced my stance on physicians assisted suicide and has further increased my knowledge on the topic which happens to be so controversial. The part of my research in which really stimulated me mentally was reading the debates on euthanasia from Lee and Lach. I believe it was important to present these two point of views from these authors in order to give my reader an insight on other perspectives on euthanasia that challenged mine. The most shocking part of my research would have to be reading the stance on euthanasia in Italy. For example the case that I was very taken by was Piergiorgio Welby's case. This is someone who suffering and even the president during the time wouldn't accept the his request for going under euthanasia. After this research I can conclude that in a country like Italy, the culture heavily influences the decisions made regarding biomedical topics such as euthanasia and I have found this to be upsetting to see that the country cannot advance in bioethics because of an institution such as the Vatican is so heavily tied in with

the decision making in parliament in order to make big changes and offer the people of the country options to make their own choices. I also hold the stance that I believe euthanasia should be an option available to human beings but there should be certain circumstances in which it should be available. For example after doing my research with Lach's Utilitarian point of view on euthanasia. I really support Lachs point of view and argument I hope to see countries who don't support euthanasia to implement this way of thinking or at least be more open to the idea that euthanasia should not be seen as a savage way of ending someones life but it should be seen as alleviating someone from misery and suffering which no human being should be forced to experience or be neglected the option to. If countries like Italy were more open to understanding different points of views and arguments like Lachs I believe that this would have a very positive impact on the field of bioethics and along with euthanasia many other controversial topics such as abortion could also become an option for the public and the country would be able to progress rather than stay in the past with an old fashioned way of thinking or progressing in very slow fashion. Approving euthanasia could show my generation and generations to come in Italy that changes made in their society is very much possible and there is hope for progress in their country as a whole. I also hope the same for my country in (US) that euthanasia could be a practice that should be seen as morally correct under certain circumstances and should not be seen as a taboo practice for physicians. If we can break free from the religious attitudes and inform ourselves on more complex arguments about the morality of euthanasia I believe that we can solve many problems in our society that have to do with bioethics. If we don't try to further our knowledge in bioethics, how could we offer our generation the best quality of life? To ignore

such controversial topics and not be willing to expand our knowledges about such subjects and be open to different point of views, we would be hurting ourselves.

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