

Euthanasia and assisted suicide

La eutanasia y el suicidio asistido

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The book consists of nine chapters that make an approach to euthanasia and assisted suicide. The authors oppose it for various reasons. The reasons can be summarized to questions of an ontological nature, such as the perfective finality of human nature and freedom as a choice of means leading to entitative perfection, arguments of a practical nature, for example, the implementation of means, such as palliative care, as an option to euthanasia.

The first chapter, “Introduction: The freedom to live” by Ismael Correa (pp.13-27) starts from the classical conception, understood as Aristotelian-Thomistic, of freedom and the degrees of perfection of the living, to insist that freedom is not mere autonomy, but a choice between means towards a perfective end that man does not choose.

What perfects a being is that which finishes or ends him with respect to his own nature, therefore, although a person can choose multiple ends,

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only the choice of those that correspond to his nature will constitute a constructive or perfective end (p.20).

An assumption, not proven by the author, is the existence of a human nature and a teleology of nature.

The second chapter, “Two myths about euthanasia and assisted suicide” (pp.29-47) by Alejandro Miranda seeks to refute the idea that opposition to euthanasia and assisted suicide is for religious reasons. The other myth he seeks to dispel is that those who oppose euthanasia promote the generation of therapeutic incarceration. The chapter has the great value of summarizing the arguments in simple categorical syllogisms that allow the analysis premise by premise (in fact, four syllogisms are presented). Thus, for example, the first is:

Premise 1: The person is endowed with intrinsic value.

Premise 2: There is no real distinction between a person's life and the person himself.

Conclusion: A person's life is endowed with intrinsic value (p.31).

The author proves the first premise by appealing to the fact that the concept of dignity, on the one hand, is recognized by various philosophical currents, which are even disparate among themselves, such as Thomism and Kantism. Moreover, man's own rational nature allows him to be self-determining. The second premise is demonstrated, according to the author, in that the notion of life and being cannot be separated; the distinction between person and life gives rise to a dualism that is indefensible. The chapter also argues that therapeutic incarceration is not inferred from opposition to euthanasia. In this case, the author presents the following syllogism:

Premise 1: The duty to preserve life is a positive value.

Premise 2: A positive duty cannot be absolute.

Conclusion: The duty to preserve life cannot be absolute (p.39).

In a similar way to the first example cited, the truth of the premises is analyzed to obtain the conclusion.

The third chapter, “Euthanasia: lives unworthy of being lived?” (pp.49-93) by Gonzalo García and Rodrigo Guerra studies in detail the theoretical assumptions and difficulties in the field of law, particularly in Chile, to decriminalize euthanasia and assisted suicide. The authors point out how the vision of autonomy as a criterion for allowing euthanasia and assisted suicide leads to paradoxes from the point of view of legal justification. The doctrine of double effect is also discussed in relation to this issue.

In the fourth chapter, “Assisted suicide, self-determination and social influence: an empirical approach from Mental Health and the Social Sciences” (pp.95-116) Cristian G. Rodriguez and Aaron D. Kheraty seek to: “...examine the empirical foundations of two assumptions present in autonomy-based argumentation” (p.96). In this chapter, the authors are cautious in their conclusions, for example, not confusing statistical correlation with cause-effect. Nevertheless, they provide high probability arguments that suicide is not entirely rational, as a defense of assisted suicide would assume, and that the suicidal action does have third-party effects. Assisted suicide, rather than broadening the suffering person’s perspective, narrows the options in the face of pain and suffering to the limit of unbearable.

Empirical evidence suggests that assisted suicide generates an imitation and “contagion” effect. The authors cite multiple studies that show that there is an increase in suicides when cases of suicide, for example, of a public celebrity, are disseminated. There is also the opposite or protective effect to suicide. The authors present media cases that show both the negative influence of encouraging suicide and positive examples of people who have overcome the idea of suicide and this causes other people to desist from committing suicide.

In the chapter “Death with dignity, stigma and assisted suicide” (pp.117-136), Matías Petersen and Pablo Valderrama try to demonstrate that:

.... understanding euthanasia as synonymous with compassion is mistaken. Specifically, we will argue that with respect to the terminal patient

or the one who suffers intolerable pain, euthanasia is not an expression of society's compassion towards him, but rather a discriminatory act that the social group carries out against the person (p.118).

This is achieved by using two categories: Erving Goffman's "social stigma" and Émile Durkheim's "selfish suicide".

With the first category, the authors try to demonstrate that the self-perception of the terminal patient not only depends on him or herself, but also is at least partially conditioned by the categorizations of the social group to which he or she belongs. Social groups classify their members and the subject's own identity is realized in a given social environment, which means that personal perception is not very autonomous. People in our Western world have been promoted a vision of development for success. The terminally ill patient does not meet these expectations, is stigmatized and consequently discriminated against:

... the terminally ill patient, or one who suffers from overwhelming pain resulting from an untreatable disease, lacks the means to completely repair his or her stigma.... It is an irreversible stigma that calls into question his own human condition, as he is completely prevented from satisfying the social expectation that weighs on him (p.124).

As for the category of "selfish suicide", it can be summarized in that the patient has lost his place in some socially relevant category, which means that his request for suicide is not for the social good, but because of his exclusion from society. Another problem pointed out by the authors is why limit euthanasia to terminal cases if the decision criterion is autonomy? The authors propose that the best way to avoid euthanasia is to recognize that we are mutually dependent at different moments of our lives and also to recognize that sometimes there are states of destitution in human life in which nothing can be given in exchange for the care received. This leads us not to exclude people in a social category that leads them to seek death as a way out of their situation.

In the sixth chapter, “Euthanasia: a medical perspective” (pp.137-159) by Matías Ubilla Silva, the central thesis is that euthanasia cannot be a medical act. In other words, euthanasia cannot be one of the purposes of medicine:

Euthanasia, by ending the life of the sick person, deprives him/her of a basic and fundamental human good, and therefore constitutes a violation of the principle of non-maleficence, one of the pillars of medical practice (pp.143-144).

Another problem with medicine is that the doctor-patient relationship is affected by this practice. Patients, especially those in a state of vulnerability, may distrust physicians, thinking that they would consider euthanasia as the best option for them, without having exhausted all possibilities of support and assistance.

The author points out that there should be no therapeutic incarceration and that this is achieved by making a cost-benefit proportionality judgment in the treatment of patients. Determining when a treatment is disproportionate or not should be a prudential judgment applied to each case. The author reviews the cases of hydration and nutrition as part of the care of a terminally ill person. The author points out that this is basic care that cannot be withheld in most cases.

Palliative care is presented as an option to euthanasia, insofar as it eliminates the symptoms that cause suffering to the patient. Palliative care includes analgesia and palliative sedation. The latter, although they can hasten death, do not directly seek it, but meet the criteria of the indirect volunteer and are therefore lawful actions.

The case of the approval of euthanasia in Holland is then discussed. The author points out that a “slippery slope” was generated since the application of euthanasia was initiated for patients with intolerable suffering and no prospect of improvement, and later extended to other cases, such as the patient who fears a future evil, such as dementia, or to non-terminal cases such as mental disorders. Two other criticisms of the Dutch case are: 1) failure to verify the

mental state of patients requesting euthanasia, since a psychiatrist is consulted in only 3% of cases. In addition, 2), the monitoring of the procedures is done by a system of self-reporting by the physician, which does not guarantee the elimination of malpractice.

The seventh chapter “Palliative care, a response to the challenge of euthanasia” (pp.161-185) by Ximena Farfán, studies palliative care (PC) as an alternative to euthanasia. The origin of this practice, both in the world and in Chile is briefly reviewed. Candidates for PC are patients who cannot be offered curative therapeutic options and who require specialized multidisciplinary care for life. This applies especially to chronic degenerative diseases. The author cites six principles that should guide the practice of PC: inviolability of human life, truthfulness, therapeutic proportionality, double effect, prevention and, finally, the principle of non-abandonment. The author also emphasizes the need for spiritual accompaniment of patients.

PC's are essentially opposed to euthanasia. The author points out:

In the anthropological and ethical foundation of PC lies a declared option for life, and an understanding of the process of dying as an integral part of the vital itinerary... neither the intentional acceleration of death, nor its postponement by means of artificial and disproportionate resources have any place in a well understood palliative medicine. Seen in this light, euthanasia and therapeutic overkill are essentially alien to PC (p.173).

Farfán points out that appropriate PC, with good symptom control and avoidance of psychological, spiritual and physical suffering are essential to reduce or eliminate requests for euthanasia.

It is also pointed out that therapeutic incarceration should be avoided. It is suggested that the use of palliative sedation is morally lawful. The family should have an active participation in PC requiring care. Some counterproductive family dynamics have been detected, such as: the conspiracy of silence as a “tacit agreement on the part of the family, friends and/or professionals to alter information about the diagnosis, prognosis and/or severity of the patient's

situation” (p.178). This can lead to distress and confusion. Another familiar situation is primary caregiver burnout, which can lead to the family’s inability to attend to the patients’ needs. Finally, the abandonment of patients in hospitals or nursing homes. Society as a whole must also cooperate in the care of patients. PC’s, the author points out at the end of the chapter, should be “a universal benefit for all patients who require them” (p.181).

In chapter eight, “Family: place of life care” (pp.187-207) by Jimena Valenzuela discusses the role of patient care by the family. The family is the nucleus that allows the formation of the human being: “The family is the natural environment for this vital experience to take place, from which it can be projected to other dimensions and aspects of the social fabric and the political community” (pp.190-191). Love in the family is crucial in human development. Care is given in love and mainly in the family. Care is endangered when society is individualistic and utilitarian and the “life horizon becomes narrow, especially when we are confronted with suffering, pain and disability” (p.196). One of the current problems is that many people, especially older adults, live in loneliness. This has contributed to the pressure to legalize euthanasia. Caring is difficult because it implies being integral and requires delicacy and consideration. The art of caring is not only in the body, but also in respecting the freedom of the sick person, understanding their emotions and having an empathetic accompaniment.

Likewise, one must be truthful with the ill person and at the same time prudent in informing him or her of his or her condition. Also in caregiving, the care of the caregiver must be considered due to the enormous wear and tear that comes with caring for another person who is disabled or terminally ill. In her conclusions, the author notes:

Common sense tells us that all people have a dignity by they are people.... This principle must take root in our society to understand the irreducible value of every human being. Above all, it must be deeply rooted in the family, the primary place of formation. It is there that each person must feel valuable and irreplaceable (p.204).

In the last chapter, “Euthanasia: between fear of death and mercy” (pp.209-227) by Antonio Amado, it is pointed out that: “The moral problem of euthanasia can be considered in the light of the nexus between death and sin in the light of the Christian faith” (p.209). The author reflects from, among other sources, Scripture and the Catechism of the Catholic Church. The author points out: “Sin introduces ‘division’ in man’s very being and in his natural faculties, splits communion with others, and destroys man’s relationship with created nature and leads to forgetfulness of God” (p. 213). Christ with his victory over death changes man’s perspective on death: “By Christ’s victory over sin from the very heart of death, death now becomes the place for an encounter with God” (p.222). The Church continues the mission of Christ and must thus “...see to it that every man may ‘die in Christ’ and thus willingly accept death itself” (p.223). There is a central importance in the exercise of mercy, especially for people who seem to be of lesser value. Appealing to mercy makes it possible to recognize the dignity of the person worthy of love.

The book demonstrates well that the subject of euthanasia is not a simple one. The text is abundant in references and proves to be a magnificent update on the subject, especially for opponents of euthanasia. The book covers the theoretical and practical side of the arguments well, making it a useful source for learning about or expanding on the subject.

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