

Cancer Patients Who Elect Euthanasia as an Option: An Argumentative Essay

Mahmoud Khaled Al Hamarsheh[♦], Majd Mrayyan^{**}

[♦]Oncology Nursing Master's Student, Faculty of Nursing, the Hashemite University, Zarqa, Jordan

^{**}Faculty of Nursing, Hashemite University, Zarqa, Jordan

Abstract

Euthanasia has initiated a debate in many countries on whether ending a patient's life intentionally who suffers from a terminal stage cancer should be lawful or not. This topic has recently gained much attention. This controversial issue was raised because of the few existing countries that have passed legislation. This argumentative essay defends the author's position regarding euthanasia in oncology patients and reviews both opponents and proponents point of views, taking into consideration the legal and ethical perspectives regarding euthanasia. The current authors are against all types of euthanasia, and do not support the legislation of euthanasia in Jordan. The authors, in their defence against legalizing euthanasia, provide four main arguments (religion, slippery slope, reliance, and palliative care) as an opposition stand to persuade readers with their position. A suggestion has been made throughout several recommendations in an effort to resolve the furthestmost important ethical and legal debates around euthanasia. The authors conclude that there is no agreement on whether euthanasia should be legislated or not. The opposing side has reasoned that it was contrary to religious jurisprudence and against established basic public taboo. Alternatively, the proponent side reasoned that the patients' autonomy for decision-making had to be respected, which would allow euthanasia to give the patients a means to end suffering and pain.

Keywords: Assisted dying, Cancer, Ethics, Euthanasia, Law

Introduction

The debate over whether the deliberate ending of a patient's life who suffers from terminal stage cancer should be lawful has gained much attention in the last few years.¹ The interest in euthanasia has been stimulated by stories of suffering and provoked research on euthanasia.² According to Haigh³ "The literal

translation of euthanasia from Greek is good death (eu = well or good and thanatos = death)", but this definition is often inaccurately taken to suggest that the consent of the individual may be absent. A rather accurate definition for euthanasia means ending a patient's life according to certain principles and under certain circumstances, where medicine

♦Corresponding Author:

Mahmoud Khaled Al Hamarsheh,
MSc Student
Oncology Nursing Master's
Student, Faculty of Nursing,
The Hashemite University, P.O.
Box 150459, Zarqa 13115,
Jordan
Tel: +962795672923
Email:
mahmoud.alhamarsheh@gmail.com

cannot cure or provide a life of acceptable quality.⁴ An argumentative essay is a scholarly paper in which the researcher takes a position on a debatable or controversial issue, and attempts to present certain viewpoints along with evidence in favor of his/her position through efforts to establish beliefs by a path of reasoning.⁵

There have been studies of physicians in Australia, Canada, Netherlands, the UK, and other countries.⁶ For over 40 years, public opinion about euthanasia has been tested by means of surveys in several countries.⁷

The purpose of this argumentative essay is to defend the authors' position regarding euthanasia in oncology patients by reviewing opponent and proponent points of views, and taking into consideration the legal and ethical perspectives that pertain to euthanasia. The current author does not accept authorization of any type of euthanasia, especially for oncology patients as an option to end their lives.

Background

The primary goal for medicine has been to benefit people's health since Hippocratic times. In "The Peaceful Pill Handbook", Nitschke and Stewart⁸ wrote: "Seriously ill people need end-of-life options. It is a basic human right to live and die with one's dignity intact" (p. 14). Suffering is a patient's defined concept which includes both the physical and psychological pain experienced by terminally ill cancer patients. As a result of suffering, many people would choose to die by their choice, rather than going through an undignified illness and prolonged treatments.⁹

All acts of euthanasia are a controversial subject for health care professions worldwide; this controversy has arisen because of a few countries that have passed legislation for euthanasia. Eventually, this will encourage other countries to follow suit in the near future.¹⁰

We intend to discuss both legal and ethical issues in this paper by taking into consideration the authors' standpoint for both issues, and to provide a clearer understanding of euthanasia. The purpose of this literature review is to provide an overview

for the ethical and legal views that pertain to euthanasia, and verify both opponent and proponent points of view regarding euthanasia.

Legal arguments

Opponent views

Opponents of euthanasia have clear concerns that legalizing euthanasia could encourage the early death of vulnerable persons through discrimination or intimidation. Some fear that the use of euthanasia decreases the use of palliative care services as services that could improve a patient's quality of life, and reduce the need for euthanasia.¹¹ On the other hand, studies in Oregon have shown that palliative care services and patient satisfaction have risen since 1997, at the time euthanasia became legal.¹²

Leaf¹³ said: "Opponents of voluntary euthanasia often muddy the waters with words and concepts that evoke really bad connotations. They are willful misrepresentations of the facts". According to Robinson and Scott,¹⁴ euthanasia in the UK is illegal. Because of the need to protect vulnerable people and the potential to abuse euthanasia, all patients are potentially vulnerable. There are no perfect standards to assess the patient's mental capacity, therefore, protecting a patient's life will not be adequate and there are no entirely safe laws.

We need to keep in mind that both family and culture will not easily tolerate this law and many concerns can emerge regarding vulnerable patients (low educational level, low income, and patients with disabilities). In addition, health care providers hesitate when participating in euthanasia due to their own spiritual or religious beliefs.¹⁵

Proponent views

Euthanasia has been allowed and legislated in some European countries such as Belgium, the Netherlands, and Switzerland, as well as recently by Luxemburg and Albania.¹⁶ In the Netherlands, euthanasia is regulated by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002. Switzerland has a legal infrastructure to support euthanasia and Swiss

citizens have been able to seek merciful dying in which medication is supplied by healthcare professionals or others.³

However, increased support for euthanasia is growing, especially as Western countries have become increasingly secular, more supportive, and open to the concept of citizen's autonomy, which is the capability of citizens to challenge the dictates of government.¹⁷ Outside of Europe, the United States is the only other country in which assisted dying is legal, but this is the case in only two of the 50 states. Assisted dying has been legal in the state of Oregon for more than 11 years and in Washington since 2009.³

Ethical arguments

Opponent views

From an ethical point of view, euthanasia seems to have strong oppositional opinions due to cultural, religious, and spiritual aspects of peoples' countries and their lives. Studies have reflected some of the strongest critics to the legislation of euthanasia as members of various national bodies with many physicians, nurses, and various religious organizations as members, and who are largely against euthanasia.^{18,19} However, both professional bodies and religious organizations opposed to euthanasia seem to remain impartially established within their various viewpoints, irrespective of the dominant opinion.

In similar views, it is most likely that the sociocultural and legal norms of certain societies would be contrary to euthanasia becoming an act. For example, in Muslim countries, such an act would usually be regarded as contrary to Islamic jurisprudence.²⁰ Islamic values may affect opinions about euthanasia. Islam greatly appreciates human life, as do other religions. Allah says in the Quran²¹: "O ye who believe! Neither kill (nor destroy) yourselves: for verily Allah hath been to you Most Merciful!" (4:29). Similar problems are expected to exist in countries where there is a long established basic social taboo, religious, or historically based precursor to legalizing euthanasia. Such countries may include Japan, Poland, Italy and quite likely, Germany.¹⁶

Germany is generally opposed to euthanasia because of its history of Nazi mass murders, and strongly religious countries such as those in Eastern Europe are frequently opposed due to religious beliefs that relate to the sanctity of life.³

Proponent views

The majority of studies which have approved legislation of euthanasia considered these reasons as arguments for their point of view: the financial burden of palliative care, autonomy for decision-making, and end to both suffering and pain.

Both oncology patients and oncologist attitudes toward euthanasia have been assessed in the United States. The results indicated that approximately two-thirds of oncology patients and the public found euthanasia acceptable for those with unrelenting pain.²² A similar study assessed nursing student's attitudes toward euthanasia. Ozcelik et al.⁴ detected that "14.3% of the students in the study agreed that if their relatives had an irreversible, lethal condition, passive euthanasia could be performed. In addition, 24.8% of the students agreed that if they themselves had same conditions, euthanasia could be performed. Less than half (42.5%) of the students thought that discussions about euthanasia could be useful".

Legal and ethical arguments in Jordan

As in many countries, Jordanian law is established on the principle of the sanctity and respect for life. Euthanasia is legally forbidden in Jordan, and regarded as homicide. According to The Medical Jordanian Constitution²³ "You may not end the lives of patients with incurable disease is whatever accompanied by pain, whether its direct or indirect intervention except for brain death which shall be approved by the union in accordance to scientific terms".

Likewise, the criminal laws in Jordan and according to article 339 of the Jordanian law punish those who "helped people commit suicide by giving syrup or pill or injection or other temporary detention, the resulting harm is punishable actor imprisonment of six months to

two years, and that resulted in permanent disability, shall be punished by imprisonment 3 years' minimum".²⁴

In Jordan, euthanasia is illegal even if informed consent is taken from the patient or his family, thus it is considered a crime against human life and the one who commits euthanasia whether actively or passively will be punished by the law as being an intentional act.²⁵ Giving that Jordan is an Islamic country, the Jordanian people's habits, norms, and perceptions about euthanasia comes from the texts of Sunnah and The Quran, in which Allah says "If a man kills a believer intentionally, his recompense is Hell, to abide therein (forever): And the wrath and the curse of Allah are upon him, and a dreadful penalty is prepared for him" (4:93).²¹

In summary, this literature review has provided an overview for the ethical and legal views regarding euthanasia, and verified both opponents and proponent's positions by taking into account legal and ethical positions.

Argumentative statement

The legal and ethical aspects regarding euthanasia are still widely debated in many countries, and there are various controversial legal and ethical questions raised in regards to this issue. The current author is against all types of euthanasia as stated earlier, and does not support the legislation of euthanasia in Jordan. Ending a person's life prematurely, or helping a patient with terminal cancer to end his or her life is illegal in Jordan even if the patient or his family requests this on their own choice.

As nurses, our attitudes toward euthanasia differ from one to another according to legal regulations, the professional code of ethics, personal value systems, professional experience, religion, and age.²⁶ According to Havill and Nichols:⁹ "Nurses are the people who spend many hours with dying patients and their relatives. They carry an emotional burden as they care for their patients". From the author's point of view and on his defence against legalizing euthanasia, four main arguments provided an opposition stand to persuade readers

to accept his position.

Religion

Ending a person's life is against our religion, as said in the Holy Quran "Believers, do not consume your wealth among yourselves in falsehood, except there be trading by your mutual agreement. And do not kill yourselves. Allah is the Most Merciful to you" (4: 28-29).²¹

Slippery slope

The legislation of euthanasia in Jordan will make us fall down a slippery slope where there is a risk that vulnerable groups become encouraged or forced to take this course of action. "This is the beginning of a slippery slope, i.e. there will be lots of vulnerable people medically assisted to die against their will" (p.1).⁹

Reliance

The trust relationship between patients and healthcare professionals will be compromised. Health care providers may have concerns in participating in euthanasia believing that they will abandon their patients at the most vulnerable time.²⁷

Palliative care

Assisting patients to die will divert patient's need to seek palliative care services available in both palliative and hospice centers, eventually leading to the transfer of funds from these centers for euthanasia, and lead to decreased quality of these services. A study which has assessed the effect of euthanasia on palliative care conducted by Tilden et al.²⁸ stated: "Another concern is that the legalization of euthanasia will discourage the use of palliative care or hospice services".

Recommendations

The current author suggests the following recommendations in an attempt to resolve the most important ethical and legal debates that surround euthanasia to protect the patient's right to live and maintain a high quality of life for terminally ill cancer patients. The current author refuses all

types of euthanasia to be authorized, especially for oncology patients as an option for ending their lives.

1) Reinforce religious faith and beliefs by bracing the relationship between the patient and God in order to respect the sanctity of his own life and soul.

2) Provide high quality palliative services that will enhance the patient's psychological and physiological pain and distress, which he will encounter while suffering with cancer.

3) Set up counseling services in which a social or spiritual counselor is available at every health care institute to provide supportive measures for patients with cancer.

4) Offer advocacy for patients, knowing that they are in a state of vulnerability and helplessness, where nurses advocate for the legal and ethical rights of the patient. This is also seen as an autonomy model, when nurses assist patients in asserting their autonomous rights.

5) Engage nurses in policy making development and become a part of the decision-making process which is taken by the stakeholders in Jordan, because nurses do play a role in assisting patients in decision making as they are closer to the patient's side than any health care professional.

Conclusion

This paper provided a defense for the author's position regarding euthanasia for oncology patients in Jordan and worldwide. We have reviewed opponents and proponents points of view and taken into consideration the legal and ethical perspectives regarding euthanasia. It could be concluded that there is no agreement on whether euthanasia should be legislated or not.

The opponents argued that it was contrary to religious jurisprudence, and against established basic social taboo or historically based precursors. On the other hand, the proponent's side argued that they respected the patient's autonomy for decision-making, and by allowing euthanasia this would enable the patient to end both suffering and pain. In Jordan, euthanasia is still legally and ethically unaccepted due to the prohibition of the law and

the Jordanian Medical Constitution, as well as the incongruity with the Islamic faith and religious beliefs.

Acknowledgment

The current author would like to express his sincere gratitude to his advisor, Professor Majd Mrayyan, for the continuous support of his Master's study and related research, in addition to her patience, motivation, and immense knowledge.

Conflict of Interest

No conflict of interest is declared.

References

1. Griffith R. Should assisted dying be lawful? *Br J Community Nurs.* 2014;19(2):94-8.
2. Cheong JA, Heilman KM, Doty L. A conversation with my mother. *JAMA.* 1995;273(2):113-4.
3. Haigh C. Exploring the case for assisted dying in the UK. *Nurs Stand.* 2012;26(18):33-9.
4. Ozcelik H, Tekir O, Samancioglu S, Fadiloglu C, Ozkara E. Nursing students' approaches toward euthanasia. *Omega (Westport).* 2014;69(1):93-103.
5. Black's Law Dictionary [Internet]. Wikipedia. Wikimedia Foundation; 1999. [cited 2017 September 11] Available from: https://en.wikipedia.org/wiki/Black%27s_Law_Dictionary.
6. Ward BJ, Tate PA. Attitudes among NHS doctors to requests for euthanasia. *BMJ.* 1994;308(6940):1332-4.
7. Blendon RJ, Szalay US, Knox RA. Should physicians aid their patients in dying? The public perspective. *JAMA.* 1992;267(19):2658-62.
8. Nitschke, P; Stewart, F. The peaceful pill handbook. United States: Bellingham, WA: exit international; 2007.
9. Havill G, Nichols J. No conflict between nursing ethics and helping a patient die with dignity. *Nurs N Z.* 2012;18(11):26-7.
10. Woods M, Bickley Asher J. Nurses and the euthanasia debate: reflections from New Zealand. *Int Nurs Rev.* 2015;62(1):13-20.
11. Cain CL. Implementing aid in dying in California: Experiences from other states indicates the need for strong implementation guidance. *Policy Brief UCLA Cent Health Policy Res.* 2016;(PB2016-4):1-8.
12. Lindsay RA. Oregon's experience: evaluating the record. *Am J Bioeth.* 2009;9(3):19-27.
13. Leaf D. Safe laws on assisted dying are working worldwide. *BMJ.* 2012;345:e4524.
14. Robinson V, Scott H. Why assisted suicide must remain illegal in the UK. *Nurs Stand.* 2012;26(18):40-8.
15. Hamarsheh MKA, Mrayyan MT. Euthanasia for end

- stage cancer patients: A right to die? A policy brief. *IOSR-JNHS*. 2017;6(1):17-20.
16. Euthanasia Progress In The 20th and 21st Century [Internet]. World Laws on Assisted Suicide – ERGO; 2010. [Cited at: October 24, 2017]. Available from: http://finalexit.org/assisted_suicide_world_laws_page2.html.
17. Cohen J, Marcoux I, Bilsen J, Deboosere P, van der Wal G, Deliëns L. European public acceptance of euthanasia: socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries. *Soc Sci Med*. 2006;63(3):743-56.
18. A voice for vulnerable New Zealanders [Internet]. Care Alliance trust; 2012. [Cited at: April 2017]. Available from: <http://www.carealliance.org.nz/>.
19. Dying well? [Internet]. InterChurch Bioethics Council. 2012 [Cited at: April 2017]. Available from: <http://www.interchurchbioethics.org.nz/wp-content/uploads/2017/04/ICBCpressReleaseEuthMarch12final.pdf>.
20. Aramesh K, Shadi H. Euthanasia: an Islamic ethical perspective. *Iran J Allergy Asthma Immunol*. 2007;6(Suppl. 5):35-8.
21. Shakir, MH. The holy Quran: Arabic text and English translation. Tehran: World Organization for Islamic Services; 1983.
22. Emanuel EJ, Fairclough DL, Daniels ER, Clarridge BR. Euthanasia and physician-assisted suicide: attitudes and experiences of oncology patients, oncologists, and the public. *Lancet*. 1996;347(9018):1805-10.
23. The Medical Jordanian Constitution. Article Three. Amman; 1989. Available from: http://www.mowa.pna.ps/Local_laws/LL11.pdf.
24. Jordanian Criminal Law [Internet]. 1960 [Cited at: April 2017]. Available from: http://www.mowa.pna.ps/Local_laws/LL11.pdf.
25. Naga BSHB, Maryyan MT. Legal and ethical issues of euthanasia: Argumentative essay. *Middle East J Nurs*. 2013;7(5):31-9.
26. Verpoort C, Gastmans C, De Bal N, Dierckx de Casterlé B. Nurses' attitudes to euthanasia: a review of the literature. *Nurs Ethics*. 2004;11(4):349-65.
27. Dobscha SK, Heintz RT, Press N, Ganzini L. Oregon physicians' responses to requests for assisted suicide: a qualitative study. *J Palliat Med*. 2004;7(3):451-61.
28. Tilden VP, Tolle SW, Lee MA, Nelson CA. Oregon's physician-assisted suicide vote: its effect on palliative care. *Nurs Outlook*. 1996;44(2):80-3.