

THE RIGHT TO “GOOD DEATH” – A NEW RIGHT ALONGSIDE THE RIGHT TO LIFE?

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Abstract

“Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.” – The Hippocratic Oath

We are far from the moment when our country recognizes a right to death as the Netherlands, Belgium, Luxembourg, the USA (Oregon State), Canada, Finland, Argentina or Australia did, either in the form of active euthanasia or passive euthanasia.¹ However, medically assisted euthanasia and suicide are subjects as sensitive as real and generating many pro and con debates, involving areas such as law, religion, medicine or bioethics. Given that Europe has abolished the death penalty, as many European documents recognize the right of every person to life, there is a growing debate about the recognition of the right to die with dignity.

There are many questions to ask: Should the freedom of each person to decide for himself be considered in this context? Are we playing with fate?

As long as there are incurable diseases, diseases that take man's dignity, diseases that cause unbearable pain, euthanasia will remain a topical subject.

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¹ Euthanasia is considered active when committing acts of causing death (lethal injection, intravenous injection of air, inhalation of carbon monoxide). This is the most controversial and is accepted in very few states. Passive euthanasia consists in discontinuing or not granting treatment to cause the person to die (or stop feeding). The concept of passive euthanasia was abandoned in the modern age. Voluntary euthanasia (called the Dutch euthanasia model) is made at the patient's request. Euthanasia is not voluntary in the case of a patient with terminal illness or with unbearable pain that is unable, not capable to express their will. Involuntary euthanasia occurs without consulting the patient, although he or she has the capacity to make an informed decision. There is another form of ending a patient's life with the help of a non-physician, such as a relative. Several types of euthanasia are distinguished in medical literature: crypto-thanasia, medicathanasia, dystanasia, cryo-tanasia, economic euthanasia, eugenic euthanasia.

1. Liberation or murder?

Euthanasia can be defined as the process by which human life is stopped by some means due to the agonizing effects of a disease (generally no distinction is made between euthanasia and assisted suicide, the latter being considered passive voluntary euthanasia).

It conveys the idea of a noble and tranquil end (to the Romans *felicivelhonestamortemori*). The purpose of euthanasia is not to speed up death but to shorten the prolongation of the suffering of a sick person.

The intellectual debate concerning euthanasia, in terms of legal or medical ethics, or religion will probably last a long time.

We cannot determine for sure what would be the ultimate argument for accepting such a solution, but those who support it show that euthanasia, also from an economic and social point of view (social Darwinism), is a beneficial practice: the high cost of caring for such patients, the fact that society must eliminate those who can no longer contribute to its development from physical or mental causes, the compassion that we must have towards those who suffer from incurable diseases that cause them unbearable pain. How can we make the moral distinction between killing a person and letting them die?

The right to life is a fundamental right of man, protected by internal rules such as the Constitution or the Civil Code and the Criminal Code, but also by the Universal Declaration of Human Rights, the European Convention on Human Rights, the International Covenant on Civil and Political Rights, WMA Declaration of Tokyo, the Right to Life is inviolable.

In 2012, the Parliamentary Assembly of the Council of Europe approved Resolution 1859/2012 against Euthanasia (Protecting human rights and dignity by taking into account previously expressed wishes of patient), which states that regardless of whether it is accomplished through action or omission, euthanasia must be prohibited.²

But why would not there be a right to death? What are the boundaries of human suffering from which this process might interfere? Should every person's right to self-determination be as important as the right to life? Should each of us have a dignified death?

Everyone has the right to personal decisions, the right to act according to those decisions.

Imago dei, the association with human dignity, the right to dignity, regulated by the Romanian legislation in Art. 72 of the Civil Code must be seen in correlation with the fundamental right to life.

² <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=18064&lang=en>.

The right to death can be considered a natural right of any person. Euthanasia can thus be considered an achievement of the right to life.

“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” (Article 4, European Charter of Fundamental Rights, 2000)

2. History

Euthanasia is a concept that has quite different connotations depending on the historical period analyzed.

In mythology, euthanasia, the gentle, quick and painless death was seen as the most beautiful gift people could receive from the gods.

In order not to live a life full of senility, weakness and disease, the Greek elders used to drink a liquor called hemlock at a final festivity (Mystakidou et al., 2005).

The Greek poet Cratinus (5th century BC) uses the term in the sense of *dying a good death*. Other Greek comedy authors (Menander) use it to talk about a greedy man who enjoys so much life that he wants to die on the spot.

In antiquity, the Hippocratic tradition forbade the killing of a human being, including suicide aid, on the other hand, the current imposed by Plato or Aristotle imposed the idea of killing people who consume community resources in vain (the same fate should be for children with disabilities or seriously ill).

The Christians were advised to die in a noble manner (euthanatizein), as Eleazar (Old Testament priest). (Van Hooff, 2004)

In the Law of the Twelve Tables, it was stipulated to kill children who were born with malformations.

In Sparta disabled children were left to die (Plato and Aristotle justified these practices for reasons of public utility). În Sparta copiii cu handicap erau lăsați să moară (Platon și Aristotel justificau aceste practici prin motive de utilitate publică). Also, in India, the incurable patients were choked with mud by the family and then thrown into the Ganges (Trifet al., 2002). In Hungary, in a village, the elders voluntarily retreated to a cave to commit suicide, so that the rest of the family survived the hunger.

The Christian Church represented by Thomas Aquinas and other authors of the Middle Ages considered suicide one of the most serious sins (he affirmed that *life is the property of God*).

Thomas More, in *Utopia*, considers the killing of the sick as *an act of wisdom, religious and holy*, a last option for the patients without hope of healing. He said that no one can be euthanized against their will and that euthanasia will be used only in medical desperate situations (Kuře, 2011).

The term *euthanasia*, translated by the phrase *good death*, is believed to belong to the English Renaissance philosopher, Francis Bacon, who in his

book *Novum Organum* (*Novum Organum Scientiarum*) treated the philosophical aspects of death (he supported the help given to the dying to have an easy death, and considered that medicine should contain information that should help people die easily and as naturally as possible).

In the philosophers' view, the term rather meant a painless or happy ending than the end of a sickness-stricken life.

David Hume, in his work *Of Suicide* (1783), criticizes the false religion that urges man to prolong a miserable existence in order not to offend God (Hume, 2011). In the same meaning, Friedrich Nietzsche introduces the idea of *dying at the right time*. His concepts have clearly influenced how euthanasia is seen today. Kant, on the other hand, claimed that suicide could not become a recognized element of universal law because it was against natural law.

Hippocrates, Cicero, or St. Augustine are the ones who have supported the importance of life and vehemently fought the idea of suicide and euthanasia.

In the Middle Ages even though life was considered sacred, euthanasia was nevertheless practiced in the case of tuberculosis or rabies patients (Trifet al., 2002).

In the 18th century euthanasia was seen as a sufferance suppressive science that helped the patient to die easily (the palliative care of today).

In the 19th century, professor Samuel Williams brought again the issue of euthanasia into discussion, suggesting the use of chloroform as a solution to shorten the lives of patients with terminal illnesses. The essay he wrote (*Euthanasia*, 1872) in this sense influenced those times. Euthanasia became a subject of controversy, as it is today only at the end of the 19th century. In the 20th century eugenics has become an instrument through which the *pure race* could be achieved (starting with the killing of people with disabilities).

During the Second World War, Hitler imposed a program to eliminate *life unworthy of life* (*Lebensunwertes Lebens*). The eugenic concept was masked under the name of euthanasia (more than 100,000 of people with mental illnesses were thus killed) followed by the Aktion T4 program in which euthanasia was used not only in newborns with medical problems but also in chronic, incurable, homosexual patients, Gypsies, or Jews³. Hitler saw euthanasia as a release by death. Probably the term extermination is more correct for these practices than euthanasia.

Professors Karl Binding and Alfred Hoche published the work *Die Freigabe der Vernichtunglebensunwerten Lebens* (*Allowing the Destruction of Life Unworthy of Life*) which laid the foundations for the pro-euthanasia movement in Germany.

³ In 1945, it was estimated that the number of those killed reached 200,000.

In 1980, Pope John Paul II issued the “Declaration on Euthanasia”, stating his opposition to euthanasia.

Jacques Monod, Linus Pauling, George Thomson, Nobel Prize winners have become supporters of the phenomenon, showing that the dignity of man is important, that no ethics can stop the individual from ending his life if the disease cannot be cured by therapeutic methods known.

The advances in medicine (antibiotics, palliative care, transplantation, cardiac resuscitation, life-support machines) have made euthanasia no longer seen as before, but the quality of life of the suffering person has been raised.

3. The reality of today

Euthanasia is legal in the Netherlands, Belgium, Canada, Luxembourg, and assisted suicide in the Netherlands, Canada, Switzerland, Luxembourg and some US states. In *Islam*, euthanasia is considered a crime. Similar in *Italy, Romania, Serbia, Ireland* or *Poland*.

The first legislative regulation dates back to 1906, Ohio. The legislative proposal, *An Act Concerning the Administration of Drugs to Mortally Injured and Diseased Persons*, was initially rejected by the state legislature.

In 1935, *The Voluntary Euthanasia Legalization Society*, now called *Dignity in Dying*, was established in the UK; it fought for the legalization of euthanasia in this country. Ever since past times we were talking about euthanasia. Lord Dawson of Penn, the doctor of King George V used to administer the king a substance (cocaine and morphine) to get rid of the pain caused by the incurable disease he suffered⁴. In 1961, the *Suicide Act*⁵ emerges whereby any act which encourages or assists the suicide or attempted suicide of another person is considered an offense.

In 1980, the first suicide guide in the world, *How to Die with Dignity*, is published here. Today, in practice, there are few cases of criminal prosecution. Most of the British who resort to euthanasia or assisted suicide are traveling to Switzerland⁶ for this. In 2013, the *Commission on Assisted Dying* published a document to legalize assisted suicide in England and Wales.

Pro-euthanasia societies: Dignity in Dying, My Death My Decision-MDMD, in Scotland, Voluntary Euthanasia Society of Scotland -VESS.

In *Belgium*, euthanasia has been legalized since 2002⁷. The provisions of the law were extended in 2013 to the case of sick children. In 2013, there were 1807 cases. In 2014, age requirements for euthanasia were abolished.

⁴ https://en.wikipedia.org/wiki/Bertrand_Dawson,_1st_Viscount_Dawson_of_Penn.

⁵ <http://www.legislation.gov.uk/ukpga/Eliz2/9-10/60>.

⁶ <http://www.drze.de/in-focus/euthanasia/legal-regulations>.

⁷ <http://www.ejustice.just.fgov.be/eli/wet/2002/05/28/2002009590/staatsblad>.

In *the Netherlands*, in 1969, the article of physician Van den Berg, *Medischemacht en medischeethiek* (Medical Power and Medical Ethics) advocated voluntary and involuntary euthanasia for elderly or those suffering from dementia.

There is a high standard of health in this country, therefore euthanasia cannot be seen as a choice to avoid the patient being a burden to the family or the state, and no source of income for doctors (Peter & Şamotă, 2008). Although law banned euthanasia in 2001, the Dutch courts of justice have accepted these practices in many cases. It has been shown in the courts' reasoning that the solution was inevitable due to the agony of the patients who were dying. As in other countries where euthanasia is allowed, some conditions are required to resort to this solution: the patient is terminally ill, has no chance of healing, has terrible pains that cannot be alleviated, the aim is suppressing the patient's pain, be done by a physician only, and be done through an ethically accepted method.

In 1990 a commission was set up in the Netherlands to investigate cases of euthanasia. Thus, the Rummelink Report (after the name of the General Prosecutor Jan Rummelink) was drawn up revealing that there were 2300 cases of euthanasia. However, the same committee found from interviews with doctors that there were 20,000 cases where euthanasia occurred without the patient's express consent⁸.

In 1995, the Dutch Justice Ministry showed that 0.7% of the cases of euthanasia and assisted suicide were without the patient's request.

Research has shown that the number of euthanasia cases has not increased since it was legalized in 2002. The percentage of people who died through active euthanasia is 6.9% - 475 out of 6861 in 2010, comparable to 1995 or 2001.

Children aged 12-16 can request euthanasia, but only with the consent of their parents⁹.

It is not mandatory for the patient to be in the terminal state. The case of euthanasia is notified to the public prosecutor.

Pro-euthanasia societies: The Dutch Federation for Voluntary Euthanasia.

In the *USA* it is illegal in most states. There are no uniform regulations on euthanasia.

In 1997 *California Natural Death Act* was adopted in California, by which the patient was able to write a document called *living will* authorizing

⁸ ERLC (The Ethics&Religious Liberty Commission), *How the "right to die" came to Europe (Part I)*, 4th Sept. 2014 on

<https://erlc.com/resource-library/articles/how-the-right-to-die-came-to-europe-part-i>.

⁹ In 2004, the Academic Hospital in Groningen proposed a Protocol that allows doctors to legally euthanize children under the age of 12 if there was no hope of healing for them.

the refusal to receive treatment for prolonging life when the end was near. Under these circumstances, the doctors who participated in such practices were not punished.

In 1997, Oregon became the first state to legalize euthanasia for patients with poor prognosis in the short term. Washington, 10 years later, in 2008, adopts a law on dying with dignity. People with a life expectancy of less than 6 months may require and may administer their lethal medications prescribed by the physician. The *living will (a document for the recognition and legalization of euthanasia)* is accepted in most states. Medically assisted suicide is also allowed in Columbia. Starting with 2019, assisted suicide will be allowed in Hawaii under comparable conditions to Oregon. In Montana, assisted suicide is not a right recognized by the Constitution, but a Supreme Court ruling states that a patient with a terminal illness can be helped in committing suicide, that is he may require and receive lethal medications from his/her physician. In Vermont, physician-assisted suicide has been allowed since 2013.

Pro-euthanasia societies: Compassion in Dying.

In *Canada*, voluntary euthanasia became legal in 2016 with the adoption of the Bill C-14¹⁰ (not legal in the case of minors or mentally ill people). The regulation was based on a decision by the Supreme Court of Canada in 2015, *Carter v Canada*, which decided that mentally capable adults and suffering from an incurable disease can receive help in death. In legal regulation, the term euthanasia is not used, but the term medical aid in dying.

In *Luxembourg* euthanasia has been legalized since 2009¹¹. In this country too certain conditions are imposed for the act of euthanasia: the patient must be elderly and have a disease without hope of healing, have physical or mental pain that cannot be kept under control. There must be the express, written request of the patient. Children between 16 and 18 years of age cannot be subject to the procedure unless their parents have given their consent. The cases should be reported to a review board that reviews the compliance with the legal requirements.

In *France*, in 2005, a law¹² was adopted on the rights of the sick and the end of life, allowing any adult person to make decisions about their end beforehand if they cannot express their will (this agreement must be done with at least 3 years before becoming incapacitated). These decisions are revocable.

¹⁰ <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>.

¹¹ Loi du 16 mars 2009 sur l'euthanasie et l'assistance au suicide <http://legilux.public.lu/eli/etat/leg/loi/2009/03/16/n2/jo>.

¹² LOI n° 2005-370 du 22 avril 2005 relative aux droits des malades et à la fin de vie on <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000446240&categorieLien=id>.

Thus, discontinuation of treatment at the patient's request in the case of incurable disease is no longer punishable by law. Active euthanasia is prohibited by law. In 2016, another law allows continuous and profound sedation of people suffering from a disease that would certainly cause their death¹³.

In Switzerland the ban on euthanasia is not explicitly regulated. However, active euthanasia is considered a crime. Passive euthanasia, also the assisted suicide by patients who administer lethal drugs to themselves (the person must suffer from a lethal illness, be over 18 years of age and in sound mind) are allowed.

The National Advisory Committee on Biomedical Ethics (NEC) has delivered an opinion on assisted suicide, establishing in 2006 the conditions to be met by these demands (severe suffering caused by a serious illness, the decision should not be impulsive, there should be no external pressure). Society for euthanasia: EXIT (Self-determined living and dying), Dignitas (To live with dignity).

Pro-euthanasia society: EXIT (Self-determined living and dying), Dignitas (To live with dignity - to die with dignity).

In Germany, the term euthanasia is used to designate Nazi horrors, while the term *sterbehilfe* is the right one for the commonly used meaning. Although suicide is not punishable by law, the physician-assisted or physician-induced euthanasia is not allowed. In 2004 the German Medical Association adopted several principles that were revised in 2011 on assisting suicide of terminally ill patients (these are actually measures aimed at accelerating the death process, not killing a person). In 2009, the Law on Previous Decisions was adopted (Wiesinget al., 2010). The *living will*, known from the American doctrine, designates a document by which the adult people decide on their end. Previous decisions on medical treatment should be complied with regardless of the stage of the disease. According to the German Civil Code, these decisions must be made in written form. The doctor is the one able to determine if the patient's decision can be applied in the particular situation in which they are. However, no medical procedure can be done against the patient's wishes. However, it cannot be equated with assisted suicide.

Pro-euthanasia society: The German Society for Dying with Dignity (Die deutsche Gesellschaft für den menschlichen Tod).

In Israel, passive euthanasia was declared legal by the Supreme Court and the active one illegal.

In Australia, euthanasia is illegal. However, assisted suicide is practiced. The Rights of the Terminally Ill Act is a law that has recently legalized

¹³ LOI n° 2016-87 du 2 février 2016 créant de nouveaux droits en faveur des malades et des personnes en fin de vie, JORF n°0028 du 3 février 2016 on <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000031970253&categorieLien=id>.

euthanasia in the Northern Territories of Australia. In 2019 in Victoria the Voluntary Assisted Dying Bill 2017¹⁴ will come into force.

Pro-euthanasia society: SAVES (South Australia Voluntary Euthanasia Society).

In Denmark only passive euthanasia is accepted to patients in vegetative state or coma.

In Japan, although it is illegal, the court has established the conditions under which mercy killing is possible.

In Argentina, passive euthanasia is legal. Same in India.

In Sweden, the assisted suicide is legal, not euthanasia.

In Romania, the Criminal Code of 1936 provided in Art. 468 that “he who kills a man, following his earnest and repeated supplication, commits the crime of murder upon request and is punished with a heavy prison from 3 to 8 years. The same punishment applies to the one, who determines another to commit suicide, or strengthens his decision to commit suicide, or facilitates, in any way, the execution if the suicide has taken place. The penalty is the correctional prison from one to five years, when the act was done under the conditions of the preceding paragraphs, under the impulse of a feeling of mercy in order to end the physical torment of a person suffering from an incurable disease and whose death was inevitable from that cause.”

Article 190 of the New Criminal Code states that “the murder committed at the explicit, serious, conscious and repeated request of the victim suffering from an incurable disease or from a serious disability medically confirmed, causing permanent and difficult suffering is punishable by imprisonment from one to five years. “ Thus, euthanasia is incriminated as a separate deed and not as a qualified murder. Also, “the act of determining or facilitating the suicide of a person, if the suicide occurred, shall be punished by imprisonment from 3 to 7 years.”

The code of medical deontology of the College of Physicians in Romania¹⁵ prohibits in Art. 22 the practice of euthanasia. However, a relatively recent study shows that a fairly high proportion of physicians (35%) believe that euthanasia should be legalized in Romania as well (Deaconescu, 2005).

A study (Moroşanuet al., 2008) carried out at the Faculty of Medicine of Braşov showed that the number of people who disagree with euthanasia is higher than that in favour, but that it is acceptable only if the patient requests it (over 1/3 of the respondents). The biggest obstacle to accepting euthanasia is ethical, following the legal one.

¹⁴ [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/B320E209775D253CCA2581ED00114C60/\\$FILE/17-061aa%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/B320E209775D253CCA2581ED00114C60/$FILE/17-061aa%20authorised.pdf).

¹⁵ The Official Gazette, Part I no. 981 of 07.12.2016.

4. Euthanasia cases

In 1976, the Supreme Court of the State of New Jersey allowed the parents of a girl, Karen Ann Quinlan, to disconnect her from the life support device which was keeping her alive, claiming that she would have wanted it (a decision recognizing the right to die yet not establishing a national orientation in this respect, but leaves it to States to determine their own conditions)¹⁶. The Quinlan case is a prototype of a medical and juridical battle that lasted for eight years. The girl died in 1988.

Another case of the right to die is Cruzan (by her parents and co-guardians) v. Director, Missouri Department of Health of 1990. In the case, the court states that the right to death is not governed by the Constitution. The Court asserts the patient's right to refuse or discontinue the medical treatment that keeps him/her alive. Only one month after the decision of the Supreme Court of Cruzan, the Society for the Right to Die received about 300 000 requests in advance (Lewin, 1990).

In the case of *Pretty v. The United Kingdom*¹⁷, on the one hand, asserted that the right to die is a corollary of the right to life. The claimant was paralyzed and suffered from a degenerative disease of the nervous system. Her life expectancy was very low. She has asked the Court not to prosecute her husband, who will help her commit suicide, relying her request on the European Convention on Human Rights, in particular the right to self-regulation provided by Art. 2. In conclusion, the Court decides that the provisions of the Convention have not been violated. It has also been argued in the present case that, in this case, the Court is not prepared to exclude the premise that it constitutes an interference with the person's right to respect for private life.

In 1993 the Bland Case took place. The House of Lords considered that the prolongation of life by artificial feeding was not beneficial to Tony Bland who was in a persistent vegetative state. The removal of the artificial feeding tube was considered to be just an omission - for the patient's best interest.

In 1997, in Scotland, Paul Brady helped his brother to commit suicide and admits the deed of murder. The Scottish Council admonished him but let him go.

In *Haas v. Switzerland*¹⁸, the court rejected the request of a person suffering from bipolar disorder affirming that the right to one's own death could not be inferred from the provisions of the European Convention on Human Rights (Art. 8).

¹⁶ [https://www.uta.edu/philosophy/faculty/burgess-jackson/In%20re%20Quinlan,%2070%20N.J.%202010,%20355%20A.2d%20647%20\(1976\).pdf](https://www.uta.edu/philosophy/faculty/burgess-jackson/In%20re%20Quinlan,%2070%20N.J.%202010,%20355%20A.2d%20647%20(1976).pdf)

¹⁷ *Case Pretty v. UK*, European Court of Human Rights, 2346/02 of 29 April 2002. <https://hudoc.echr.coe.int/eng#%7B%22itemid%22%3A%5B%5C%22001-60448%22%5D%7D>

¹⁸ *Case Hass v. Switzerland*, European Court of Human Rights, 31322/07, 20 January 2011, <https://hudoc.echr.coe.int/eng#%7B%22itemid%22%3A%5B%5C%22001-102940%22%5D%7D>

In the case *Gross v. Switzerland*¹⁹, Mrs. Gross requested the Administrative Court of the Canton of Zurich to declare that her rights under the Convention were violated in relation to the decision to die. The Federal Supreme Court rejected the applicant's claims, showing that she did not meet the conditions set out in the guidelines on medical ethics of patient care at the end of life adopted by the Swiss Academy of Medical Sciences, because she was not suffering from a terminal illness, but expressed her desire to die because of her advanced age and increased fragility. Thus, the Court ruled that the assisted suicide of the claimant is not medically justifiable, even though she considers that the concept of private life within the meaning of Art. 8 of the Convention also includes the right to self-determination.

In most cases, the ECHR ruled that there cannot be any discussion on the right to die.

Conclusions

It can be said that both camps are fighting for dignity, humanity.

Against:

It is a violation of the right to life.

If euthanasia is legalized, we cannot help wondering if it were possible to kill some sick people who did not want to die. Elders, people with disabilities, infirm children could be the subject of a death deliberately accelerated (Van der Maas et al., 1996)²⁰. This phenomenon could get out of control.

Is compassion for the sufferers a reason that would make us accept this practice more easily? If it is illegal and immoral, what is the place of compassion in this ensemble?

From an economic and social point of view, the slaughter of a person in society, that is, of a part of the whole, cannot have a real justification.

Physicians who should put this solution into practice are primarily aimed at helping the patient, prolonging his life and not shortening it.

Furthermore, it is considered that the patient's decision cannot be a conscious decision because of the strong medications he/she takes for the pain. Most patients in the terminal phase suffer from depression that clearly influences their decision.

There are proposals in the sense of accepting euthanasia in the case of people simply *tired of life*, not necessarily ill in the terminal phase. It is stated that usually the desire to resort to euthanasia comes from people suffering

¹⁹ Case *Gross v. Switzerland*, European Court of Human Rights, 67810/10, 14 May 2013, [https://hudoc.echr.coe.int/eng#{%22itemid%22:\[%22001-119703%22}](https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-119703%22}).

²⁰ It was revealed in a report published in the Netherlands that about 0.7, 0.8% of euthanized people did not give their approval to this procedure.

from depression. Moreover, they could use euthanasia precisely to avoid the degrading process of aging (Noje, 2018)²¹.

If a criterion were the incurable disease, then any incurable disease allows euthanasia? Then diabetes which is the most well-known would be among these diseases.

If the will of the person were a criterion, then any act of suicide would be considered euthanasia.

The family may commit abuses in this regard either for financial reasons or because they are no longer mentally or physically capable of caring for the patient.

Corruption in the health system can lead to other abuses.

Some patients took enough time to die, even a few days, as death is said to be quick and easy. There have been more problems in the case of doctor-assisted suicide than in euthanasia (the impossibility of inducing a rapid coma, the awakening of the patient) (Groenewoud et al., 2000).

The emergence of palliative medicine makes euthanasia lose its followers.

Once the idea of euthanasia is accepted, there is no way to return.

In favour

The right to dignity, free will must be respected. The finality of an incurable patient is predictable, either over a month or four. Many patients want to make this decision while they are still rational. Life deserves to be lived only as long as you can enjoy it, until the man becomes a burden for others.

The compassion for the patient who suffers and who knows he/she does not have much to live wants to avoid the torment until the end.

The quality of life is very important from the point of view of the teleological approach.

Drugs that make unbearable pain pass, aggressive and invasive treatments often cause other conditions, have many side effects, states of delusions, hallucinations that are as awful as pains.

Even if it is totally forbidden in Romania, some people who have material resources can resort to this procedure in another state, which can give rise to *suicidal tourism*.²² That is why, within a legal framework, these situations could be more easily controlled.

The specialists have lately used the term “*therapeutic stinginess or stubbornness*” (Stănilă, 2014) that would mean keeping a patient who has no chance of healing artificially alive.

²¹ Hedonistic culture, the idolatry of bodily beauty, make people unwilling to take on the burden of suffering, by accepting death more easily through euthanasia.

²² ARDOR (Asociația română de dezbateri, oratorie și retorică – Romanian Association of Debate, Oratory and Rhetoric N.T.), *Motivation: Legalization of euthanasia in terminally ill patients is justified*. http://www.academiadedezbateri.ro/uploads/dezbatere_demonstrativa.pdf

Once legalized, doctors would no longer be guilty or their alleged offenses incriminated. Moreover, the request would only come from the patient. By administering lethal drugs, it is considered that the physician only acts to the benefit of the patient.

The suicide is not legally incriminated.

Abuses will be easier to control if there were a legal framework.

Innovative treatments that may appear will certainly not be given to those patients who have six months to live.

It is argued that the request not to resuscitate cardio-pulmonary or not to accept dialysis in case of renal insufficiency in terminal stage cannot equate the meaning of euthanasia. It is also considered that in the context of palliative care (stopping treatment, almost permanent sedation), it is no longer possible to talk about passive euthanasia (Materstvedt, 2003)²³.

The system of values different from individual to individual and morality will still make euthanasia a social, political and legislative challenge.

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