

Bioethical reflections on euthanasia: analysis of a paradigmatic case

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Abstract

Recently, a fact that occurred in the city of Curitiba/PR caused a huge national impact and raised questions about euthanasia, a controversial topic that is rarely discussed by the population, what led the realization of this article. The objective of this work is to analyze bioethical aspects involved in death process: euthanasia, orthotanasia and the principle of autonomy. This is a reflective literature review based on an article published in the media that shows the point of view of medical students on this topic. The euthanasia is considered an illegal practice according to national legislation and goes against the medicine principles, since the professionals in this field are trained to work for the maintenance of life. Orthotanasia should not be confused with that practice, and it seems to be the best way to be adopted by patients with terminal diseases and intense mental and physical pain.

Key words: Euthanasia. Orthothanasia. Dysthanasia. Bioethics. Professional autonomy. Personal autonomy.

Resumo

Reflexões bioéticas sobre a eutanásia a partir de caso paradigmático

Recentemente, na cidade de Curitiba/PR, ocorreu um fato que gerou grande repercussão nacional e suscitou questões acerca da “eutanásia”, tema controverso e pouco debatido na população em geral, o que motivou a realização deste artigo. O objetivo do trabalho consiste em analisar aspectos envolvidos no processo de morrer: eutanásia e ortotanasia e sua relação com o princípio bioético da autonomia. Trata-se de revisão reflexiva de literatura tendo como base matéria publicada na imprensa, abordando a visão de um grupo de acadêmicos de medicina a respeito do tema. A eutanásia é considerada uma prática ilegal segundo o Código Penal brasileiro e vai de encontro aos princípios éticos da medicina. A ortotanasia não deve se confundir com aquela prática, encaixando-se como opção legítima a ser adotada por pacientes com doença terminal em intenso sofrimento físico e psíquico.

Palavras-chave: Eutanásia. Ortotanasia. Distanásia. Bioética. Autonomia profissional. Autonomia pessoal.

Resumen

Reflexiones bioéticas acerca de la eutanásia a partir de un caso paradigmático

Recientemente, en la ciudad de Curitiba/PR, se produjo un evento que generó gran impacto nacional y planteó dudas sobre la “eutanasia”, un tema controvertido y rara vez discutido en la población general, lo que ha llevado a la realización de este trabajo. El objetivo de este trabajo consiste en analizar los aspectos bioéticos implicados en el proceso de la muerte: eutanasia, ortotanasia y el principio de la autonomía. Se trata de una revisión reflexiva de la literatura basada en un artículo publicado en la prensa, abordando la visión de un grupo de estudiantes de medicina acerca del tema. Se considera la eutanasia una práctica ilegal según lo que se prevé en la legislación brasileña y está en contra los principios éticos de la medicina. La ortotanasia no debe ser confundida con aquella práctica, adecuándose como una opción legítima a ser adoptada por los pacientes con una enfermedad terminal en intenso sufrimiento físico y psíquico.

Palabras-clave: Eutanasia. Ortotanasia. Futilidad. Bioética. Autonomía profesional. Autonomía personal.

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*“Who does not know what life is,
how can you know what is death?”*
Confucius¹

Man lives in an unchanging cycle of death. However, discussing it is something developers and avoided controversy. It is undeniable that the significance of the concept of death is influenced religious, philosophical and cultural concepts, which generates thus multifaceted visions and therefore conflicting^{2,3}. Notably, the lay population, in general, have difficulties in discerning the meaning of brain death and disease in a patient with terminal state. According to the literature, such a situation extrapolates to the medical specialist, for which there is still lack of knowledge regarding the recommended criteria for defining brain death⁴, established by the scientific community as an irreversible loss of function of the brain and brainstem⁵.

According Robatto⁶, it can be considered as a terminal illness when, in its evolution, despite all the medical resources available, the patient is not able to prolong survival, and therefore not in a process of inevitable death. Euthanasia is one of the most sensitive issues of contemporary medical ethics⁷. The term, designed in 1623 by the philosopher Francis Bacon, means, as its etymology, “good death”⁸, and is characterized by shortening of life for the patient’s request⁹.

Euthanasia is really a “good death”?

The fact is that in Brazil, in accordance with Article 121 of the Penal Code, euthanasia is considered murder, a concept that applies in several other countries¹⁰. Recently, in Curitiba, a fact that generated considerable national impact occurred: the case of a medical intensivist accused of turning off appliances terminally ill patients in the ICU where he worked. This event raised questions about the “euthanasia”, which motivated this literature review, as this is controversial and rarely discussed in the general population.

The objective of this work is to conduct an analysis of bioethical issues involved in the dying process, specifically euthanasia, orthothanasia and the principle of autonomy, with the backdrop of a critical reflection on what happened in 2013 with the medical Paraná.

Method

This is reflective research literature review, with the pillar developers study the practice of Paraná doctor who won the Brazilian media on March 11, 2013 with an article titled: “Medical devices disconnecting accused of terminally ill patients first grants interview”¹¹.

As source books, magazines and papers that fulfilled the following criteria were used: addressed the issue of euthanasia and bioethical issues involved, had the narrative as methodology and literature review were written in Portuguese (Brazil). As sources of searching, virtual databases SciELO and Lilacs. The following words were addressed as descriptors: euthanasia, orthothanasia dysthanasia principles of bioethics and autonomy. SciELO seven articles were found when using the descriptors euthanasia AND AND orthothanasia futility. Other nine articles to be used as descriptors the terms euthanasia bioethics AND autonomy. The same procedure was done in the Lilacs, lying 10 articles with the first group of descriptors and 20 with the second. Thus, 46 articles were initially selected. We excluded studies in other languages and those who, despite having the descriptors, did not address the proposed theme. At the end of the search 14 articles were selected. This literature review enabled the theoretical background on the subject, allowing foster the development of the work.

It is relevant to note that this study was based content and publicized by the media, since there was no access to ethical and legal proceedings that deal with the case, given that the process runs in judicial secrecy and no further information about the investigation was provided. As a result, it is about the study of secondary source, which pervades the interpretation of the media, which, to some extent, reflects the stereotypes that shape common sense about the theme.

Discussion

Death is a final and inevitable event of any living being. It is a process routinely caught by people dealing with life, especially health professionals, trained and “prepared” to avoid it at all costs. Despite his education advocate the development of skills to enable the student to deal with the pain and

death as a craft, certainly are notorious difficulties in this context¹². This is largely as a result of social interdict in relation to death, increasingly denied in its essence, as a science consolidate his power in the imagination. Science, in turn, plays a paradox: even in the face of constant evolution, yet can not provide enough answers about the facts surrounding the death. As a result, the topic remains surrounded by warm and controversial discussions in the various branches of society such as religion, bioethics, policy and science itself.

Bioethics is a field that focuses interdisciplinar the issues of human life, defining principles for the sake of life and health. One of them refers to the *principle of autonomy*, whose assumptions provide a person the freedom to decide on what is considered good or not for you^{13,14}. Individual choices of the patient should therefore be treated with respect for their ability to forward the decision to doctors, diagnostic or therapeutic actions, which must be authorized by the same¹⁵.

The modern bioethical debate about euthanasia rests largely in polarization between the principles of respect for individual autonomy and the sacredness of life. The right to die would be based on the principle of autonomy^{13,16}: *Oh sweetness of life - dying all the time under the penalty of death instead of dying from a stroke*¹⁷.

Is there a right to die?

In Brazil, euthanasia is illegal practice, as planned by national law, in art. 121 § 1 of the Criminal Code¹⁰. In countries like the Netherlands and Belgium, its realization is permitted^{18,19} and in these contexts, the characterization of the act, according Goldim²⁰, can be divided into active and passive (or indirect). Active euthanasia occurs when the doctor directly produces the death of the patient with end-stage disease, while the liability occurs by omission, ie, the lack of action the doctor^{6,20}.

Regarding consent, Morais⁹ classifies as voluntary euthanasia, non-voluntary and involuntary. Voluntary occurs when the patient expressed his desire to die while not voluntary refers to situations in which one does not know the patient's opinion. Involuntary, in turn, happens against their will, associating more closely with voluntary manslaughter^{9,20}. It is of paramount importance to emphasize, however, that in the literature there are several classifications of euthanasia, there is considerable divergence²⁰.

In the medical environment, the most appropriate approach for terminal patients is orthothana-

sia. This practice accepts the natural course of death through the adoption of palliative care, avoiding unnecessary procedures that would only prolong the suffering of the patient, and is the limit of therapeutic effort²¹.

Euthanasia as a solution to "liberate" beds in the public health system?

Regarding the practice of euthanasia, in February 2013, one medical Paraná was charged with murder for off appliances that maintained life of patients in the intensive care unit (ICU) of the Evangelical Hospital in Curitiba¹¹. This case has brought to light ancient discussion guided bioethical principles related to the autonomy of the physician and patient with regard to the decision to die right now. According to the police investigation, which is based on complaints from former employees and wiretapping, the doctor said, among other things, that he wanted "liberate" ICU and said "turning off" patients¹¹.

Brazil, configuring itself as a developing country and whose health system operates, most often in precarious conditions, faces serious problem of lack of beds in large public hospitals, due to both the lack of human resources and the financial support³. In this adverse context, the legalization of euthanasia could be pleaded as a way to increase the availability of vacancies in the ICU, previously occupied by terminal patients and interfere with organ donation policy, contributing to the expansion of this field²².

The precarious situation of our public health, translated by lack of resources / beds, should not serve as justification for the adoption of criminal practices, such as the shortening of life of a human being in a fragile situation, an attitude that completely mischaracterizes medical practice, establishing, including the total disbelief in medicine.

If such a proposal might be considered unorthodox is nonetheless troubling, especially in a society where ethics is increasingly taking on the character; where the line that divides the medical principle of beneficence and the trivialization of death is tenuous. Thus, one might question the seriousness of the policy that would govern such actions, which require strict control. Above all, the idea is inconceivable to despise lives as mere commercial objects.

The bioethical principle of autonomy guarantees the right to self-determination and the manageability of any person^{13,14,16}. However, the extent to which the patient with terminal illness, entered the world of incurable disease²³, has mental integrity to discern their own existence? Thus, euthanasia

goes against the basic principle governing the practice of medicine - the Hippocratic Oath ²⁴: I will apply schemes for the benefit of the sick according to my ability and understanding, never to harm or hurt anyone. No one will give a delight, neither mortal nor remedy advice that induces loss ²⁵.

At the other extreme, considering life in its sacredness, we try to keep it at any cost exhaustive and ineffective procedures. Before the irreversibility of the patient's condition, then, is practiced dysthanasia ²⁶.

The prolongation of life can 'harm' to the patient?

In 2012, the Federal Medicine Council approved Resolution 1995 CFM ²⁷, which provides for the advance directives of patients will, making it clear that the patient has autonomy, with your doctor, to decide not to perform unnecessary procedures being a terminal life. The resolution ensures the patient the right not to prolong their suffering. This prerogative supports the idea that futility is unacceptable and cruel, and the astounding finding that medical practice is common among ICU therapy ²⁸.

The principle of beneficence guides the essence of medical procedures, to ensure the patient's health and your well-being ¹³ Dysthanasia the act proposes to extend the life of the sick considered incurable, situated in a context only too suffering, both physical and emotional and psychic. Prolong the life of a patient in this condition certainly does not mean promoting beneficence. Rather, you can be overly expand its moments of pain and discomfort that goes against that objective in medical practice, ie to ensure the welfare of the patient ²⁹.

It is in this context that one thinks of as the middle orthothanasia and most appropriate route for the care of patients with terminal illness. The orthothanasia is accepted as the lawful conduct of medical legal point of view, since it does not mean reducing the natural life of the patient or features abandonment unable ²².

Thus, it is essential to note that the action of the medical Paraná reflects the lack of ethical principles rooted in human society. Worth considering the terminal illness as the most degrading state of the human essence, so that each patient should be treated in a unique way, according to their physical, psychological and spiritual needs. Allow actions as practiced by that medical is the same as undermining the moral values and principles that keep Brazilian society, opening space for other similar or greater impact on the life moral distortions.

Being a doctor: pain and death as profession

Literature presents comprehensive content on terminally ill patients. However, little is about the dynamics involving the management of the same ³⁰. Until what point the will of the patient, family and physician, and pluralities within their religious, cultural, socioeconomic and bioethical interests, may interfere with the therapeutic approach? From this standpoint, it is possible that euthanasia, in medicine, is much more common practice than presumed, albeit illegal. This argument, by itself, enables the extension and deepening of the discussion topic in the medical and academic means.

The process of death brings conflict and human suffering with which the student-health professional will inevitably deal throughout his career. Should therefore be adequately prepared to meet their own fragility in order to establish a humane, safe, honest and cautious interpersonal relationship, thereby giving comfort to patients and their families facing this difficult situation.

Death is the indelible sure of, though often repressed human condition, constituting intrinsic peculiarity of Homo sapiens sapiens, the only living creature that is conscious of its own finitude ³¹.

Final Considerations

Faced with the complexity of the topic, it does not exhaust the discussion. In contrast, aims to encourage the deepening of the theme, considering its social importance. If you confirm the press reports, a relevant aspect refers to the breach of the Code of Medical Ethics (CEM) by a professional, since Article 41 prohibits the doctor shorten the patient's life, even if your application or your legal representative. The item XXII, the same document, have also been violated, since it emphasizes the professional duty to provide patients all appropriate palliative care in the presence of irreversible clinical situations and terminals ³². The situation analyzed would prove unacceptable considering, strictly compliance with the ethical standards of the profession.

Euthanasia, and illegal in Brazil, denies two ethical principles of paramount importance for medicine - beneficence and non-maleficence - since the professionals in this area, in general, are trained to work for the well-being and the maintenance of life of patients. And it is in the name of maintaining the life they often go beyond their duties, disproportionately using gimmicks to sustain life: therapeutic obstinacy. However, studies have shown that proper training, dedicated to

the welfare of the patient, promotes better results, giving a more harmonious process of death. The orthothanasia fit into this line of practice as the best choice for patients with terminal diseases in the state, with intense physical and mental suffering.

Regarding the case analyzed in this article, it is important to inform the professional who starred in both these events is responding to a lawsuit as the ethical and professional process at the Regional Medical Council of the State of Paraná. In the view of the prosecution, the professional who was imprisoned for a month, should be held again to ensure public order and the convenience of issuing 33 In March 2014, however, the first Chamber of the Court of Paraná (TJ-PR) denied the appeal on trial prosecutors and the request for return to prison.

Finally, it is important to note that medical practice should be supported in the Hippocratic leg-

acy that teaches heal when possible, relieve when needed, to comfort always³⁴. So shall from health professionals - and extend to society as a whole - understanding that death is intrinsic to the nature of living beings condition, to which all are bound. Its inevitability implies considering that the phenomenon permeates and transcends cultural traits, ethical principles and scientific assumptions related to contexts and defined historical periods. At present, sets up contentious issue in view of the fact that the companies flatly deny the phenomenon, which is reflected in the formation of the academic areas of health practice and the services that deal directly with it. Thus, it is urgent to reflect on this theme to transform the perception and practices concerning death and dying³⁵ without confuse legitimate processes, such as orthothanasia and illegitimate, such as euthanasia, as was intended in this discussion.

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