

### **Against: The Legalization of Euthanasia**

The legalization of euthanasia, a painless killing method through lethal injection, has been a controversial issue. In 1984, the Netherlands was the first country to legalize euthanasia ("Netherlands, first country to legalize euthanasia", 2001). It implemented the Euthanasia Laws Act, whereby practices are legal if there exist: a voluntary request, unbearable suffering, unavailability of alternatives, confirmation from at least two physicians, and due medical care (Rietjens, van der Maas, Onwuteaka-Philipsen, van Delden & van der Heide, 2009). Dierickx, Deliens, Cohen & Chambaere (2016) found that, "The number of reported euthanasia cases in the Netherlands increased every year, from 0.2% of all deaths in 2003 to 1.7% in 2013." However, this increasing number of legal practices rarely follows the guidelines provided by the Euthanasia Laws Act. Thus, euthanasia has been causing harms for many people. Governments should not legalize euthanasia, because of the questionable voluntariness, unconsented killings, a vague standard of "unbearable suffering", declining treatment qualities, the slippery slope effect, fallible and irreversible consequences, and the availability of alternatives.

Voluntariness for euthanasia is often questionable. Most terminally ill patients are not in an appropriate mental state to objectively assess a death-or-life decision. Because of their severe conditions, some tend to lose hope. They are vulnerable, fearful, and anxious. Some others see themselves merely as emotional burdens for their grieving families. Michael Clark (1998) found that, "Patients will opt for assisted suicide because of pressure from relatives, motivated by a desire to save money; or requests will be prompted by feelings that they lack

worth, or manifest a protest.” These show some patients’ incapability of forming objective decisions.

Some physicians euthanize their patients without a prior consent. Since 1990, more than half of the euthanasia practices in the Netherlands are non-voluntary (Sulmasy, Travaline, Mitchell & Ely, 2016). 17% of the physicians self assumed that euthanasia for terminally ill patient was “clearly in the patients’ best interest” (Pereira, 2011). In fact, numerous cases proved this assumption to be wrong. For example, a woman with terminal stage of cancer, Kate Granger (2012) said, “My husband Chris and I have crammed more activities into the last few months than we have managed in the 10 years of our relationship, and we will continue to live our lives on fast-forward.” These clearly show how some patients have a different interest from the physicians’ assumptions. Thus, euthanizing patients without their consent is unjustifiable.

Another limitation of euthanasia legalization is the vague standard of “unbearable suffering”. The Euthanasia Laws Act allows lethal injections for patients with unbearable sufferings. However, there is no specific instrument to objectively determine the degree of bearableness. Physicians have varying judgments on the limit of suffering. As Rietjens, van der Maas, Onwuteaka-Philipsen, van Delden & van der Heide (2009) said, “What is still bearable for one person may be unbearable for another.” Thus, the problem of “where do the exact boundaries of suffering lie?” remains unresolved.

The legalization of euthanasia also leads to declining treatment qualities. In the past, euthanasia was a last resort for severely ill patients. Physicians placed great efforts to find a cure for patients. These days, physicians frequently consider euthanasia in case of

incremental pain and symptoms alleviation (Rietjens, van der Maas, Onwuteaka-Philipsen, van Delden & van der Heide 2009). For example, in two years, the Belgian medical system has administered lethal injections for 20.8 percent of non-terminal patients (Lane, 2016). These show how legalization leads to dependency and reduced effort for inspecting curing prospects.

Legalizing euthanasia also results in extending euthanasia practices, or known as the slippery slope effect. In the past, there were two prerequisites for lethal injections: diagnosed with a terminal disease and exceeded an age limit. However, law amendments have eliminated these requirements. Nowadays, euthanasia is common among people without terminal diseases and children. For example, in the Netherlands, euthanasia for deaf people is now legal. Anyone aged 70 and above can also legally request for painless lethal ("Euthanasia and assisted suicide laws around the world", 2014). According to Pereira (2011), "Some jurisdictions now extend the practice to newborns, children, and people with dementia." These evidences show the undeniable and evident slippery slope effects of legalizing euthanasia .

By supporting the legalization of euthanasia, one accepts its fallible and irreversible consequences. Diagnosing a person's death is not, and will never be an absolute science. Oftentimes, doctors fallibly diagnose patients with terminal illness, and administer irreversible lethal injections. Killing patients based on a possibly incorrect diagnosis is mindless (Fenigsen, 1989). According to the U.S. Department of Veterans Affairs (2014), 12 millions of U.S. patients experience misdiagnosis every year. By legalizing euthanasia, governments accept the consequence of erroneous diagnoses, which is the unalterable death.

Euthanasia should not be legal when there exist other alternatives. People with terminal illness opt for lethal injections to end their pain. In fact, they are unaware that palliative care can control the painful symptoms of their diseases. According to Silva & Nunes (2015), "After controlling the symptoms, patients occasionally live longer than expected". Besides, people with mental depression also opt for death due to hopelessness in life. They deny the fact that death is not always the only solution. Many people with severe depression approached the right psychologist or religious leader, and recovered. Thus, euthanasia should not be legal if alternatives, like palliative and psychological or spiritual care, are still available.

Some people argue that humans have both the right to live and the right to die (Math and Chaturvedi, 2012). It is on one's right to choose on behalf of one's life. Therefore, authorities should respect people's personal autonomy, and legalize euthanasia. This argument rejects the fact that personal autonomy is not absolute. Minocha, Mishra & Minocha (2019) said, "It is important to understand that rights of persons do not exist in a vacuum, but are exercised within the context of social roles - one's own and those of others, which dovetail into each other." Nobody makes decision in a vacuum. A man's decision will affect his friends, family, staffs, and others. In a society, one's freedom of actions should not violate others' freedom. For example, having the right to adequate food does not justify the action of stealing other people's food. Likewise, having the right to die does not justify committing suicide. There must be a balance between rights, responsibilities and restrictions (Caldwell, 2010). This shows how a personal autonomy has limits once someone became a part of the society.

Many of the legal euthanasia practices still do not comply with the Euthanasia Law Act. This results in potential harms for both terminal and non-terminal patients. Therefore, governments should not legalize euthanasia due to the questionable voluntariness of the practice, unconsented killings, vague boundaries of “unbearable suffering”, declining treatment qualities, the slippery slope effect, fallible and irreversible consequences of euthanasia, and the availability of alternatives. Humans are social beings with rights, but also limited personal autonomy. The effects of one’s decision for euthanasia will affect his/her entire circle of people.

People have been taking stands on the whole dilemma circling around the legalization of euthanasia, before grasping a complete understanding of its effects. Different organizations have offered numerous reasons to support the legalization of euthanasia. Knowing those reasons alone is insufficient. We should also be aware of the consequences that will arise from legalizing euthanasia. By then, we are qualified to take stands regarding this controversial issue.

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