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Euthanasia and assisted suicide

Introduction

Arguments for and against euthanasia

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Below are some of the main arguments used by both supporters and opponents of euthanasia and assisted suicide.

None of these arguments necessarily represent the opinions or policies of the HSE or the Department of Health.

Arguments for euthanasia and assisted suicide

There are several main types of argument used to support the practices of euthanasia and assisted suicide:

- › an ethical argument: according to the widely accepted ethical principle of respect for autonomy (freedom of choice), people should have the right to control their own body and life (as long as they do not abuse any other person's rights), and the state should not create laws that prevent citizens being able to choose when and how they die
- › a pragmatic argument: euthanasia, especially passive euthanasia, is already a widespread practice (allegedly), just not one that people are willing to confess to, so surely it is better to properly regulate euthanasia

The pragmatic argument is discussed in more depth below.

Pragmatic argument

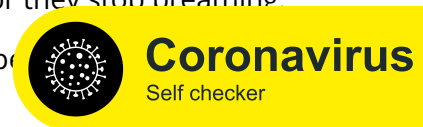
The pragmatic argument states that many of the practices used in end-of-life care are essentially a type of euthanasia in all but name.

For example, there is the practice of making a 'Do Not Attempt Resuscitation' (DNAR) order, where a person has requested that they do not receive treatment if their heart stops beating or they stop breathing.

Critics have argued that DNAR is essentially a type of passive euthanasia as a person is not receiving treatment that could potentially save their life.

Another controversial practice is known as palliative sedation. This is when a person experiencing extreme suffering, for which there is no effective treatment, is put to sleep using sedative medication. For example, palliative sedation is often used to treat burns victims who are expected to die.

While palliative sedation is not directly carried out for the purpose of ending lives, many of the sedatives used carry a risk of shortening a person's lifespan. So it could be argued that palliative sedation is a type of active euthanasia.



So the pragmatic argument is that if euthanasia is essentially being performed anyway, society might as well properly legalise and regulate euthanasia.

It should be stressed that the interpretations of DNAR and palliative sedation presented above are extremely controversial and certainly not accepted by most doctors, nurses and palliative care specialists. See [Euthanasia - alternatives \(/eng/health/az/e/euthanasia-and-assisted-suicide/alternatives-to-euthanasia-and-assisted-suicide.html\)](https://www.hse.ie/eng/health/az/e/euthanasia-and-assisted-suicide/alternatives-to-euthanasia-and-assisted-suicide.html) for responses to these interpretations.

Arguments against euthanasia and assisted suicide

There are four main types of argument used by people who are opposed to euthanasia and assisted suicide:

- › the religious argument: these practices can never be justified for religious reasons, for example many people believe that only God has the right to end a human life
- › the 'slippery slope' argument: this is based on the concern that legalising euthanasia could lead to significant unintended changes in our healthcare system and society at large that we would later come to regret
- › the medical ethics argument: asking doctors, nurses or any other health professional to carry out acts of euthanasia or assist in a suicide would be a violation of fundamental medical ethics
- › the alternative argument: there is no reason a person should suffer either mentally or physically as there are effective end-of-life treatments available, so euthanasia is not a valid treatment option but instead represents a failure on the part of the doctor involved in a person's care

Religious argument

The most common religious argument is that human beings are the sacred creation of God, so human life is by extension sacred. This means there are limits to what humans can do with their life, such as ending it.

Only God should choose when a human life ends, so committing an act of euthanasia or assisting in suicide is acting against the will of God and is sinful.

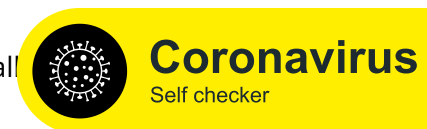
This argument, or variations on it, is shared by the Christian, Jewish and Islamic faiths.

The issue is more complex in Hinduism and Buddhism. A number of scholars from both faiths have argued that euthanasia and assisted suicides are ethically acceptable acts in some circumstances, but these views do not have universal support among Hindus and Buddhists.

'Slippery slope' argument

The slippery slope argument is based on the idea that once a healthcare service, and by extension the government, starts killing its own citizens, a line is crossed that should have never been crossed and a dangerous precedent has been set.

The concern is that a society that allows voluntary euthanasia will then gradually include non-voluntary and then involuntary euthanasia.



Also, legalised voluntary euthanasia could eventually lead to a wide range of unforeseen consequences, such as the following:

- › Very ill people who need constant care or people with severe disabilities may feel pressured to request euthanasia so they are not a burden to their family.



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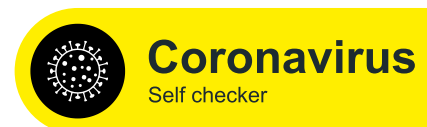
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