

# A Produção do Conhecimento nas Ciências Sociais Aplicadas 5



Willian Douglas Guilherme  
(Organizador)

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(Organizador)

# A Produção do Conhecimento nas Ciências Sociais Aplicadas 5

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## APRESENTAÇÃO

Os textos são um convite a leitura e reúnem autores das mais diversas instituições de ensino superior do Brasil, particulares e públicas, federais e estaduais, distribuídas entre vários estados, socializando o acesso a estes importantes resultados de pesquisas.

Os artigos foram organizados e distribuídos nos 5 volumes que compõe esta coleção, que tem por objetivo, apresentar resultados de pesquisas que envolvam a investigação científica na área das Ciências Sociais Aplicadas, sobretudo, que envolvam particularmente pesquisas em Administração e Urbanismo, Ciências Contábeis, Ciência da Informação, Direito, Planejamento Rural e Urbano e Serviço Social.

Neste 5º volume, reuni o total de 30 artigos que dialogam com o leitor sobre os mais diversos temas que envolvem as Ciências Sociais Aplicadas. Dentre estes temas, podemos destacar arquitetura, produção rural, contabilidade ambiental, design, economia solidária, bibliométrica e cadeia, políticas públicas, ocupação do solo, trabalhador, gestão de pequenas empresas, gestão de pessoas, auditoria governamental e desenvolvimento industrial.

Assim fechamos este 5º volume do livro “A produção do Conhecimento nas Ciências Sociais Aplicadas” e esperamos poder contribuir com o campo acadêmico e científico, trabalhando sempre para a disseminação do conhecimento científico.

Boa leitura!

Prof. Dr. Willian Douglas Guilherme

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## EUTHANASIA AS PATIENT'S RIGHT

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euthanasia as an individual Right in exceptional situations. The approach justify itself by the importance of its theme, as it is provocative and generates intensive discussions all around the world and, equally, contributes to the ideal of creating a sensitive and complex discussion upon the sphere of Rights. The objective is to clarify the fundamental questions that surround the team, as much as canalize a proper debate between those that are willing for so to happen; for understanding the nucleus of the question that entails the use of euthanasia and what it does mean. The principal questions that portrait the practice could take legal, moral, religious, political and social aspects, all of which shall be investigated here on. The methodology used in this research follows a method hypothetic-deductive and consists mainly of bibliographical analysis in the form of books, dictionaries, journals, articles, official statistics, national laws and international, as much as the use of all kinds of materials and instruments available in the internet. The analysis brings fundamental concepts and the historic evolution of euthanasia, positive and negative points, religious reviews and an organicist approach on individual choices.

**KEYWORDS:** Bioethics. Death. Health.

**ABSTRACT:** This work entails a way to deliberately abbreviate existence, that is,

**RESUMO:** Este trabalho aborda uma das formas de abreviação deliberada da existência,

ou seja, a Eutanásia, como um Direito do indivíduo em situações excepcionais. A abordagem se justifica pois é um tema que tem provocado discussões fervorosas no mundo todo e, igualmente, contribui no sentido de abrir margem para uma discussão sensível e complexa no âmbito do Direito. O objetivo é esclarecer as questões fundamentais que circundam a temática, assim como veicular um meio propício ao debate entre os interessados em compreender o cerne da questão que envolve o uso de Eutanásia e o que isso representa. As principais questões que envolvem a prática podem tomar aspectos legais, morais, religiosos, políticos e sociais, os quais serão investigados no decorrer do escrito, e seus pormenores esmiuçados. A metodologia utilizada nesta pesquisa segue o método hipotético-dedutivo e consiste principalmente na análise bibliográfica através de livros, dicionários, jornais, artigos, estatísticas oficiais, leis nacionais e internacionais, bem como o uso de todos os tipos de materiais e instrumentos disponíveis na Internet. A análise trouxe conceitos fundamentais e evolução histórica da Eutanásia, os principais argumentos favoráveis e contrários, das hipóteses religiosa e organicista bem como a respeito das escolhas individuais. Conclui-se que, a liberdade de expressão é valiosa, mas a tirania da submissão compulsória é um mal a ser combatido.

**PALAVRAS-CHAVES:** Bioética. Morte. Saúde.

## 1 | INTRODUCTION

The subject of this research has to do with one of the ways for the abbreviation of existence, that is, Euthanasia. The approach justify itself by the importance of its theme, as it is provocative and generates intensive discussions all around the world and, equally, contributes to the idea of creating a sensitive and complex discussion upon the legal perspective.

The goal is to clarify the fundamental questions that surround the team, as much as canalize a proper debate between those that are willing for so to happen; for understanding the nucleus of the question that entails the use of euthanasia and what it does mean. The main questions that portrait the practice could take legal, moral, religious, political and social aspects, all of which will be investigated here on.

The methodology used in this research follows a method hypothetic-deductive and consists mainly of bibliographical analysis in the form of books, dictionaries, journals, articles, official statistics, national laws and international, as much as the use of all kinds of materials and instruments available in the internet.

The analysis brings fundamental concepts and the historic evolution of euthanasia, positive and negative points, religious reviews and an organicist approach on the individual choices.

## 2 | THE 'GOOD DEATH'

Death is inevitable thing, every one of us one day will be dead, there is no doubt about it, there is no way out, nobody can escape. It doesn't just happen to human beings, it happens with animals, plants, it happens to every living being, it's the cycle of life to be born, to grow, to get older and finally die. So, what's so wrong about euthanasia? Or what's so right about euthanasia? We may not have the best answer for them, but we may have an idea about this phenomenon.

First of all, it is important to make a distinction of terms euthanasia, dysthanasia, orthotanasia, assisted suicide, social euthanasia. According to the Australian Human Rights Commission (2016, p. 3, Author's Griffin),

The word 'euthanasia' is derived from the Greek word *euthanatos* meaning 'easy death'. Generally it is used to describe the process of intentionally terminating a person's life to reduce their pain and suffering. Euthanasia is sought not only by those suffering excruciating pain, but for other reasons such as changes in quality of life resulting from catastrophic physical injury and psychological factors associated with incurable diseases.

According to Sloan (2014, p. 5), "[...] euthanasia is the act of deliberately ending the life of another person by non-violent means [...]." Nevertheless, nowadays, it's an medical procedure that aims to abbreviate the life of the patient who is in severe suffering and has no prospect of healing (DE SÁ; NAVES, 2018).

Generally, the patient gives his consent to a physician who then is responsible to do a determined sort of procedure that will end the life of the patient, this is most known as voluntary euthanasia. However, at the other hand, we might have a different situation where, if for instance, the patient unconscious or unable to communicate and therefore he can't express his desires. In this case, a family member or somebody else who may be involved with the patient or when authorized by the law for taking the patient's decisions would be able to come over and take the decision of letting the procedure be done for the individual to die. The final decision can also be based on the previously expressed decision of the patient stated in an advanced healthcare directive. This second case is called non-voluntary euthanasia.

Now, it is interesting to note that there are strong similarities between assisted suicide and euthanasia, however, they are not equivalent figures. Thus,

On euthanasia, the physician acts or omits. From this action or omission comes up, directly, death. On assisted suicide, death doesn't depend directly from the action of a third part. It is a consequence of an action from the patient himself, which might be guided, assisted or just observed by this third part. (RIBEIRO, 1999, p. 18, our translation).

In the same context, there are the social euthanasia. Martin (1998, p. 172, our translation) explains that,

[...] the situation called social euthanasia has nothing of good, soft or painless. [...] first, the great majority of sick and disabled who, by political, social and economic motives don't get to be patients, because they don't effectively join the medical

care system; second, the sick individuals who can become patients to then become victims of medical error and, third, patients who end up being victims of malpractice for economic, scientific or sociopolitical reasons.

There is also the orthothanasia, which literally means *right death*, in other words, it expresses the end of life in a natural way, without subjecting the patient who is in irreversible clinical state to useless therapeutic treatments (GOUVÊA; DEVAL, 2018).

Finally, the dysthanasia which basically means the distancing of death. It refers to the exaggerated prolongation of death through extraordinary treatments aimed to simply maintain the patient's biological life (GOUVÊA; DEVAL, 2018).

Now, let's pass to the next topic where we'll be addressing the historical aspects related to Euthanasia.

## 2.1 Historical aspects of Euthanasia

In April 2002, the Netherlands became the first country to legalize euthanasia and assisted suicide, but imposing a series of conditions on the patient, as he must be suffering from extreme pain and an incurable disease, his request must be conscious. On the other hand, any practice of euthanasia that does not fit the rigid requirements is treated as murder (GUARDIAN STAFF, 2014).

In Belgium - the second country in the world to decriminalize euthanasia, right after the Netherlands - euthanasia is a symbol of enlightenment and progress, a sign that the nation has transcended the incongruities imposed by Catholicism. Luxembourg in 2009 followed suit, while in 2015 Canada and Colombia. Switzerland has allowed assisted suicide since 1942, while the Supreme Court of the United States of America has acknowledged that its citizens have problems in the area of prolonged pain and how the doctor should deal with it, but in 1997 it has positioned itself towards that death is not a constitutionally protected right, leaving each State to deal with issues involving assisted suicide (AVIV, 2015).

Once again, in February 2016, Belgium became the first country in the world to legalize Euthanasia in children, having no age limit thereafter, but they should be aware of their decision, terminally ill, close to death, suffering unbearable pain, in addition to any effective treatment and receive parental consent. In other words, it is an extremely regulated practice that is only granted to those people who really need it and will only get it as long as it meets an endless series of requirements (GUARDIAN STAFF, 2014).

In 2016, the practice of Euthanasia in people with mental illness, cognitive disorders and dementia was commonly occurring in Belgium and the Netherlands. Belgium has legalized the use of euthanasia for patients suffering from non-treatable diseases, in 2002, including psychological illnesses. Individual autonomy is listed as sovereign, and therefore when one chooses to die, there is a great possibility of getting assistance for so much, which Charles Lane (2016) considers a global moral crisis, because people with autism, schizophrenia, dementia and depression should not simply give up living in the face of the circumstances that hinder their existence.

By 2014, US physicians could prescribe lethal doses of drugs to terminally ill patients in five US States, Oregon being the first, having a law that had its effects expressed in 1997, which allowed terminally ill patients but mentally capable of discernment, with less than six months could apply for aid to die. More than a decade later - 2008 - it was Washington's turn to model itself from Oregon's legal premises. By 2013, legislation in Vermont, Montana, and New Mexico also adhered to euthanasia practices (GUARDIAN STAFF, 2014).

In July 2017, the legal measure that allows physicians and pharmacists to provide terminally ill patients with drugs conducive to termination of their lives is in place. The citizens of Washington D.C. were then able to obtain medicines to end their lives, since they observed strict regulations (DESANCTIS, 2017).

After these brief historical happenings, let's discuss the next topic about the arguments in favour of euthanasia as well as the arguments against euthanasia.

## 2.2 Arguments against and in favour of Euthanasia

When it comes to the subject of ending life by a way of choice, in other words, the right to die, the debate grows proportionally. From the perspective of autonomy, it's somehow acceptable that the individual has the right to make independent choices such as ending his own life if, for example, an adult with a clear mind and without any mental disorder decides to refuse medical treatment even when the foreseen result could be death.

The supporters of euthanasia declare that "[...] the state does not own the responsibility of promoting, protecting and fulfilling the socio-economic rights such as right to food, right to water, right to education and right to health care, which are basic essential ingredients of right to life." (MATH; CHATURVEDI, 2012, n.p.).

By this context, Christiaan Barnard quoted by Stone (1999, p. 76) says that: "I believe often that death is good medical treatment because it can achieve what all the medical advances and technology cannot achieve today, and that is stop the suffering of the patient."

Another argument frequently used by the authors who support the euthanasia is over the fact that is widespread recognized around the world the right to refuse medical treatment that sustains or prolong life. Thus, "[...] For example, a patient suffering from blood cancer can refuse treatment or deny feeds through nasogastric tube. Recognition of right to refuse treatment gives a way for passive euthanasia [...]" (MATH; CHATURVEDI, 2012, n.p.).

According to Shala and Gusha (2016, p. 79),

A strong argument in support of euthanasia is that a decision to end life is fundamental to human dignity, personal autonomy and safety, concepts that are protected by various international instruments of human rights. Although the right to liberty and security of person is given a limited interpretation and has so far been limited to freedom from arbitrary detention, the notions of personal autonomy may affect the future development of human jurisprudence around.

Meanwhile, at the other hand, there are contrary arguments against euthanasia and they have different interpretations about the issue. Let's see one by one all the main arguments against euthanasia.

By the religious understanding, nobody has the right to die because life in itself is considered to be something sacred/holy, in other words, it's a gift from God and so it has to be preserved as much as possible and just God has the power and authority to take the people's lives. Other groups often state that "[...] individuals don't get to decide when and how they are born, therefore, they should not be allowed to decide how and when they die [...]" (IRISH COUNCIL FOR BIOETHICS, 2017, n.p.).

Many of the opposers frequently argue that in order to have a right to die we first have to consider the right to life. So, the State has to focus primarily its efforts to protect life as well as providing care to the patients. Therefore, by this understanding, "[...] If euthanasia is legalized, then there is a grave apprehension that the State may refuse to invest in health (working towards Right to life) [...]" (MATH; CHATURVEDI, 2012, n.p.). A classical example of it would be the palliative care for those patients who are struggle with cancer, in this aspect if euthanasia would be legalized then those people couldn't have access to a really good treatment because the investments would be bigger when compared with euthanasia. So the State wouldn't spend too much money on the treatment assuming that euthanasia is much cheaper than that.

Besides, research has revealed that "the desire for death in terminally ill patients is closely associated with clinical depression--a potentially treatable condition--and can also decrease over time [...]" (HM et al., 1995, n.p.). This is one of the points that explains why euthanasia has to be legalized in order to difficult the access for depressed or suicidal individuals ending their lives through euthanasia.

## 2.3 Hospice philosophy

To whom does the right to decide for the continuation or interruption of life belong? To the State or to the citizen? Notably, the questioning rises warm discussions, especially when the arguments are based on religious perspectives, given the antagonism between science and religion. However, by illuminating the clash over life with the light emanating from Human Rights some nuances become more evident and, consequently, tends to delineate a satisfactory answer to the provocative question initially made.

When we look at the legal systems of many countries worldwide, at least in those with a solid democratic basis, we can see that in all of them human life appears as the most important among all the other things. So much is that around it, there is protection emanated from constitutional principles, based on the constitution itself and disseminated in other laws.

However, no other meaning can be attributed to the expression *protection of human life*, which is not supported by the possibility of a dignified existence. And it is from the principle of the dignity of the human person that one intends to construct a

reflection that allows, if not in all, at least in part, the relativization of the protection of life, precisely to understand the compatibilization of these two institutes.

Now, let's consider the cases of patients suffering from highly debilitating chronic diseases, for which medicine can do nothing in favor of healing, how can one find a theoretical basis (or practical reason) to prolong the existence of these individuals? In many of these cases, the only thing to do is allow the patient to choose to receive the last dose of existential dignity, which is the relief for his suffering.

In this sense, a large contingent of legal operators work to construct the foundation of what is called *hospice philosophy*, that is, to theoretically support the individual's potentialities of choice in cases where technology has no healing power over the disease (DINIZ, 2010). In these situations, it is the duty of medical professionals to contribute to alleviate the physical and psychological suffering of the patients. The core of action of this philosophical conception is to take care, since healing remains outside the current medico-technological scope. Thus, "[...] this care provides the patient and his family members with a more humanized process on the way to death, without invasive and aggressive treatments, which makes the patient's path even more painful physically and psychologically." (GOUVÊA; DEVAL, 2018, p. 58, our translation).

According to Maria Helena Diniz (2010), on hospice philosophy, it is necessary to recognize that death is a natural episode of the life cycle, in other words, it's an undeniable fact that all of us one day will be dead, therefore, we shouldn't prolong or anticipate death, but instead we have to find relief during the process of dying.

At the same way, the patient has the right to be united to his relatives and loved ones. There should be a should the interdisciplinary team that can take care of the psychological, spiritual and physical pain, because the whole idea is to diminish the pain that makes the patient to suffer, giving comfort to the symptoms of the disease.

## FINAL CONSIDERATIONS

The conceptions that deprive the individual of the sovereignty and freedom over his own body can take different forms, both religious and political. Who owns the man? This is a question that must be posed as a fundamental premise in the debate on the use of euthanasia.

As we've observed in this study, the term euthanasia came from the Greek language which literally means good death. Therefore, it refers to the idea of a death without pain or suffering. Thus, the suffering of an individual who is in a situation of pain is reduced considerable. Besides, we could also realize that this question involves moral and ethical principles. It might be understood that euthanasia is closely linked to the field of bioethics and law.

On the other hand, there are those people who want to free themselves from their suffering and they are in favor of euthanasia. At the other hand, those people who are



against euthanasia at any hypotheses. Thus, the center of the discussion is always human existence. In any case, this whole debate is intrinsically linked to the issue of human dignity. Therefore, the State as well as the law must balance each specific case according to its necessities.

The hospice philosophy comes as an alternative to the anticipation of death or prolongation of life. The main idea is to give comfort and to take care of the patient until his last seconds alive.

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