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Can Euthanasia be Proven to be Beneficial?

 Euthanasia, as it pertains to this paper, is defined as a means to end long-term, intolerable suffering from an irreversible medical condition. An article by Nathan Gamble argues and illustrates how euthanasia cannot be classified as medically beneficial to patients. In the article, and for the purpose of this paper, the definitions and medical standards and/or laws are based off of Canada including the definition of euthanasia given above. This article does not simply argue whether or not euthanasia is morally right or wrong. It focuses on whether or not it can be considered medically beneficial to use in practice and that is why this article particularly intrigued me. Even though I still believe that euthanasia should be used in the medical field, I agree with his argument and the reasons he presents to back up his conclusion.

 The main argument I have extracted and will focus on can be classified as a type of multiple modus pones.

Premise 1: One cannot know what occurs after death

Premise 2: One cannot know what occurs after death, one cannot prove that it is more beneficial than being alive.

Premise 3: If one cannot prove death is more beneficial than being alive, then euthanasia cannot be classified as a medically beneficial treatment.

Conclusion: Therefore, euthanasia cannot be classified as a medically beneficial treatment.

There are many different beliefs and ideas about where one goes, or what happens after they die. Different religions have different ideas such as hell, heaven, oblivion, purgatory, and limbo. All of these ideas of the afterlife are different and cannot be proven to exist or know what happens to a person once they are there (Gamble 107). With that being said, Gamble’s argument may seem to be from a religious look on life and how mainly only religious people would believe that there is some sort of afterlife. This may be true and if so, this argument could be unimportant to nonreligious people and/or those who do not believe in the afterlife. However, for the sake of the argument, we cannot prove that something happens after death and we cannot prove for sure that nothing happens which is Gamble’s overall point. Since we are not aware of what truly happens after death, we do not know if it is better or worse than being alive. Even if a patient has intolerable suffering and an irreversible medical condition, we still technically cannot prove that being dead is the better alternative even though it may sound like nothing could be worse than their current state. “Medical research is bound to the material world; it cannot reach beyond the grave (Gamble 107).” This means that medical professionals cannot monitor a person after they die excluding research to be done on the physical body itself. The life of the person cannot be assessed any longer. This is an important piece because if medical professionals cannot monitor the effects of euthanasia and/or the medicine used, then we will never know the true outcomes of euthanasia once death takes place. Since we don’t know the effects of euthanasia how can one say that it is beneficial? One must be able to assess the patient to be sure that their pain and suffering is alleviated or completely gone. The whole purpose of euthanasia is to reduce or cease the pain and suffering of a patient and since we cannot prove this occurs then we will never truly know whether or not the purpose was achieved.

An objection to this argument could refer to the patient autonomy. One can argue that a patient’s autonomy is greater that not knowing what actually occurs to them after death. This means that if a patient decides to go about euthanasia and they are competent and believe that it is better than their current condition then that is their own choice. The physician should respect their decision and do as the patient wishes.

 A rejoinder to this comes from the laws in Canada relating to a patient’s autonomy. In Canada, “patient autonomy is allowed in medicine when a procedure is legal and there are several options with at least some benefit or reduction of harm that is demonstrated in the medical literature (Gamble 107).” An example of when autonomy is used given in the article is how brain surgery is very traumatic, but it can relieve seizures in a patient, so the patient decides whether or not to endure the surgery for the evidence based beneficial effects (Gamble 108). Euthanasia does not have this sort of attraction. No one knows what will happen to them besides that they will be dead. There is no X will occur, but Y and/or Z will occur because of it so the benefits outweigh X. With euthanasia we only know X which is death. We do not know what Y or Z could be even though we hope they include the end or alleviation of pain and suffering. Since euthanasia cannot be shown to be beneficial or reduce harm after death autonomy does not apply here. There is no medical literature proven that euthanasia has beneficial effects on the patient. The objection that the physician should respect the patient’s autonomy is nulled because this case does not allow for a patient’s personal choice to be considered.

 Overall, I agree with the argument concluding that euthanasia cannot be classified as medically beneficial. Nathan Gamble presents his argument clearly and well-rounded based off of Canada’s medical standards that leads him to this conclusion. Death can be medically determined, but what happens after death cannot. Because of this, Euthanasia benefits cannot be measured, so it cannot be stated to be beneficial to the patient or better than being alive no matter what condition they may presently be in.

Bibliography

Gamble, Nathan. “Can Euthanasia Be Classified as a Medically Beneficial Treatment?” *Ethics and Medicine: An International Journal of Bioethics*, vol. 34, no. 2, June 2018, pp. 103–111. *EBSCOhost*, login.proxy.longwood.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true &db=phl&AN=PHL2372653&site=ehost-live&scope=site.