EthxWeb Search Results

Search Detail:
Result=(((EUTHANASIA.TI.) AND ("20.5.1".PC.)) AND (@YD >= "20000000")) NOT (EDITORIAL OR LETTER)
2=1 : 
Documents: 1 - 325 of 728

* Book Document 1
Jackson, Emily and Keown, John
DEBATING EUTHANASIA
Call number: K3611 .E95 J33 2012

Article Document 2
Jones, David Albert
"Is there a logical slippery slope from voluntary to non-voluntary euthanasia?"
Kennedy Institute of Ethics Journal 2011 December; 21(4): 379-404
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 3
Donaldson, Kenneth W
Euthanasia.
Journal of the New Jersey Dental Association 2011 Winter; 82(1): 8
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 4
Mishra, Prasanna K
Euthanasia: ethical risks.
Georgetown users check Georgetown Journal Finder for access to full text

Article Document 5
Sheldon, Tony
Dutch doctors complain about long wait for judgments in cases of euthanasia.
BMJ (Clinical research ed.) 2011 September 12; 343: d5768
Georgetown users check Georgetown Journal Finder for access to full text
Document 6
Ruijs, Cees D M; Kerkhof, A J F M; van der Wal, G; Onwuteaka-Philipsen, B D
Depression and explicit requests for euthanasia in end-of-life cancer patients in primary care in the Netherlands: a longitudinal, prospective study.
Family practice 2011 Aug; 28(4): 393-9
Abstract: In the Netherlands, many (45%) cancer patients die at home, in the care of GPs. About 1 out of 10 end-of-life cancer deaths is hastened by GPs through euthanasia or physician-assisted suicide. However, the relationship between depression and requests for euthanasia has never been prospectively studied directly in primary care.
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Document 7
Buiting, Hilde M; Willems, Dick L; Pasman, H Roeline W; Rurup, Mette L; Onwuteaka-Philipsen, Bregje D
Palliative treatment alternatives and euthanasia consultations: a qualitative interview study.
Abstract: There is much debate about euthanasia within the context of palliative care. The six criteria of careful practice for lawful euthanasia in The Netherlands aim to safeguard the euthanasia practice against abuse and a disregard of palliative treatment alternatives. Those criteria need to be evaluated by the treating physician as well as an independent euthanasia consultant.
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Document 8
Meeussen, Koen; Van den Block, Lieve; Bossuyt, Nathalie; Echteld, Michael; Bilsen, Johan; Deliens, Luc
Dealing with requests for euthanasia: interview study among general practitioners in Belgium.
Abstract: In many countries, physicians are confronted with requests for euthanasia. Notwithstanding that euthanasia is legally permitted in Belgium, it remains the subject of intense debate.
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Document 9
Seay, Gary
Euthanasia and common sense: a reply to Garcia.
Abstract: J. L. A. Garcia holds that my defense of voluntary euthanasia in an earlier paper amounts to an "assault on traditional common sense" about what medical ethics permits physicians to do, particularly insofar as I hold that a physician's duty to abstain from intentionally killing is only a defeasible duty, not an unconditional one. But I argue here that it is Garcia's views that are more at odds with common sense, and that voluntary euthanasia is in fact a humane alternative that respects patient autonomy and is consistent with the most fundamental moral duties of physicians. Among these is a duty to relieve suffering, which can sometimes outweigh the fundamental duty to conserve life.
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Document 10
Tack, Sylvie
Can hospitals prohibit euthanasia? An analysis from a European human rights perspective.
Abstract: At present, in four European countries euthanasia and/or physician assisted suicide (PAS) are tolerated under strict legal conditions. However, in practice these patient groups are often deprived of the possibility to undergo such decisions. Particularly Catholic health care institutions have developed policies which restrict the internal application of the law. Yet, the legitimacy of such policies is questionable. From a European human rights perspective it can be defended that the freedom of association allows hospitals to develop policies elaborating their ethical stances on euthanasia and PAS. However, to respect the patient's right to self-determination the concerned hospitals should at least inform current and future patients about the restrictive policy and deal carefully with euthanasia and PAS requests. If a patient's wish remains seriously incompatible with the ethical stances of the hospital, at least reasonable and attainable alternatives (such as a referral to a tolerant regional hospital) should be offered.

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Document 16
Touyz, L Z G; Touyz, S J J
An appraisal of life's terminal phases and euthanasia and the right to die.
Current oncology (Toronto, Ont.) 2011 Apr; 18(2): 65-6

Document 17
Larsen, J V
Active euthanasia—potential abuse in South Africa.
South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde 2011 Apr; 101(4): 214

Document 18
Stronegger, Willibald J; Schmölzer, Christin; Rásky, Eva; Freidl, Wolfgang
Changing attitudes towards euthanasia among medical students in Austria.
Abstract: In most European countries the attitudes regarding the acceptability of active euthanasia have clearly changed in the population since World War II. Therefore, it is interesting to know which trends in attitudes prevail among the physicians of the future.

Document 19
Neuhaus, Susan J
Battlefield euthanasia - courageous compassion or war crime?
Abstract: Issues relating to voluntary euthanasia that are currently being debated by Australian society are distinctly different from those encountered by battlefield doctors. Doctors in war undertake to treat those affected by conflict; their participation in euthanasia challenges the profession's definition of "duty of care". Euthanasia must be distinguished from "triage" and medical withdrawal of care (which are decided within a medical facility where, although resources may be limited, comfort care can be provided in the face of treatment futility). Battlefield euthanasia is a decision made, often immediately after hostile action, in the face of apparently overwhelming injuries; there is often limited availability of pain relief, support systems or palliation that would be available in a civilian environment. The battlefield situation is further complicated by issues of personal danger, the immediacy of decision making and difficulties with distinguishing civilians from combatants. Regardless of the circumstances on a battlefield, doctors, whether they are civilians or members of a defence force, are subject to the laws of armed conflict, the special provisions of the Geneva Conventions and the ethical codes of the medical profession.

Document 20
Mudur, Ganapati
Indian court says it may sanction euthanasia in the future.
BMJ (Clinical research ed.) 2011 March 11; 342: d1628
Georgetown users check Georgetown Journal Finder for access to full text

Document 21
Smets, Tinne; Cohen, Joachim; Bilsen, Johan; Van Wesemael, Yanna; Rurup, Mette L; Deliens, Luc
Attitudes and experiences of Belgian physicians regarding euthanasia practice and the euthanasia law.
Journal of pain and symptom management 2011 Mar; 41(3): 580-93
Abstract: Since the legalization of euthanasia, physicians in Belgium may, under certain conditions, administer life-ending drugs at the explicit request of a patient.
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Document 22
Ferrand, Edouard; Rondeau, Eric; Lemaire, François; Fischler, Marc
Requests for euthanasia and palliative care in France.
Lancet 2011 Feb 5; 377(9764): 467-8
Georgetown users check Georgetown Journal Finder for access to full text

Document 23
Busch, Jacob; Rodogno, Raffaele
Life support and euthanasia, a perspective on Shaw's new perspective.
Journal of medical ethics 2011 Feb; 37(2): 81-3; discussion 123-5
Abstract: It has recently been suggested by Shaw (2007) that the distinction between voluntary active euthanasia, such as giving a patient a lethal overdose with the intention of ending that patient's life, and voluntary passive euthanasia, such as removing a patient from a ventilator, is much less obvious than is commonly acknowledged in the literature. This is argued by suggesting a new perspective that more accurately reflects the moral features of end-of-life situations. The argument is simply that if we consider the body of a mentally competent patient who wants to die, a kind of 'unwarranted' life support, then the distinction collapses. We argue that all Shaw has provided is a perspective that makes the conclusion that there is little distinction between voluntary active euthanasia and voluntary passive euthanasia only seemingly more palatable. In doing so he has yet to convince us that this perspective is superior to other perspectives and thus more accurately reflects the moral features of the situations pertaining to this issue.
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Document 24
Van den Branden, Stef; Broeckaert, Bert
Living in the hands of God. English Sunni e-fatwas on (non-) voluntary euthanasia and assisted suicide
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Document 25
[History of the euthanasia concept]. = Begriffsgeschichte der Sterbehilfe.
Document 26

[Differentiating the concepts of active, passive and indirect euthanasia, palliative and terminal sedation]. = Binnendifferenzierung der Begriffe aktive, passive und indirekte Sterbehilfe, palliative und terminale Sedierung.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 21-31

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Document 27

[Indirect euthanasia from the medical viewpoint]. = Die indirekte Sterbehilfe aus medizinischer Sicht.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 32-72

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Document 28

[Indirect euthanasia from the jurisprudence viewpoint]. = Die indirekte Sterbehilfe aus rechtswissenschaftlicher Sicht.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 73-116

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Document 29

[Indirect euthanasia from the ethical viewpoint]. = Die indirekte Sterbehilfe aus ethischer Sicht.

Neuere Medizin- und Wissenschaftsgeschichte 2011; 27: 117-68

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Document 30

Hänninen, Juha

[Euthanasia]. = Eutanasia.

Duodecim; lääketieteellinen aikakauskirja 2011; 127(8): 793-9

Abstract: Clinical practice may pose an ethical dilemma: is it better to actively kill a patient or let her/him die naturally and more slowly? The former may be considered to involve less suffering than a slow death possibly full of suffering. The central problem in respect of euthanasia is how to define, which level of suffering is intolerable. In practice, persons suffering particularly from degenerative and chronic neurological diseases experience helplessness and powerlessness as a burden. The scope of suffering is changing over time, whereby the establishment of permanent guidelines for euthanasia is difficult.

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Document 31

Kai, Katsunori
Euthanasia and death with dignity in Japanese law.
Journal international de bioéthique = International journal of bioethics 2010 Dec; 21(4): 135-47, 166
Abstract: In Japan, there are no acts and, specific provisions or official guidelines on euthanasia, but recently, as I will mention below, an official guideline on "death with dignity" has been made. Nevertheless in fact, this guideline provides only a few rules of process on terminal care. Therefore the problems of euthanasia and "death with dignity" are mainly left to the legal interpretation by literatures and judicial precedents of homicide (Article 199 of the Criminal Code; where there is no distinction between murder and manslaughter) and of homicide with consent (Article 202 of the Criminal Code). Furthermore, there are several cases on euthanasia or "death with dignity" as well as borderline cases in Japan. In this paper I will present the situation of the latest discussions on euthanasia and "death with dignity" in Japan from the viewpoint of medical law. Especially, "death with dignity" is seriously discussed in Japan, therefore I focus on it.

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Document 32
de Boer, Marike E; Dröes, Rose-Marie; Jonker, Cees; Eefsting, Jan A; Hertogh, Cees M P M
Advance directives for euthanasia in dementia: do law-based opportunities lead to more euthanasia?
Health policy (Amsterdam, Netherlands) 2010 Dec; 98(2-3): 256-62
Abstract: To obtain insight into current practices regarding compliance with advance directives for euthanasia (ADEs) in cases of incompetent patients with dementia in Dutch nursing homes, in light of the legal possibility offered by the new euthanasia law to perform euthanasia in these cases.

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Document 33
Van Wesemael, Yanna; Cohen, Joachim; Bilsen, Johan; Onwuteaka-Philipsen, Bregje D; Distelmans, Wim; Deliens, Luc
Consulting a trained physician when considering a request for euthanasia: an evaluation of the process in Flanders and the Netherlands.
Evaluation & the health professions 2010 Dec; 33(4): 497-513
Abstract: In Belgium and the Netherlands, consultation of a second independent physician by the attending physician is mandatory in euthanasia cases. In both countries, specialized consultation services have been established to provide physicians trained for that purpose. This retrospective study describes and compares the quality of consultation of both services based on surveys of attending physicians and those providing the consultation (consultants). While Dutch consultants discussed certain subjects, for example, alternative curative or palliative treatment more often with the attending physician than Belgian consultants, both usually discussed those subjects considered necessary for a quality consultation and were independent from patient and attending physician. Over 90% of attending physicians in both countries evaluated the consultant's knowledge of palliative care, patient's disease, and judicial procedure, and their communication skills, as sufficient. Consultation with specialized consultation services seems to promote quality of euthanasia consultations.

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Document 34
Denier, Yvonne; Gastmans, Chris; De Bal, Nele; Dierckx de Casterlé, Bernadette
Communication in nursing care for patients requesting euthanasia: a qualitative study.
Abstract: To describe the communication during the euthanasia care process for mentally competent, terminally ill patients in general hospitals in Flanders, as seen from the perspective of the nurse.

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Boçari, Gëzim; Shaqiri, Elmaz; Vyshka, Gentian

The actuality and the historical background of covert Euthanasia in Albania.
Journal of medical ethics 2010 Dec; 36(12): 842-4

Abstract: Euthanasia is not legal in Albania, yet there is strong evidence that euthanising a terminally ill patient is not an unknown concept for the Albanians. The first mentioned case of euthanasia is found in 7(th) century AD mythology and during the communist regime (1944-1989), allegations of euthanising political prisoners and possible rivals in the struggle for power have widely been formulated. There is a trend among relatives and laymen taking care of terminally ill patients to apply tranquilisers in an abusive dosage, or even against medical advice, aiming at sedating the ailing patient. These actions, the refusal to keep on consistently applying life prolonging treatment, and other data, suggest that covert euthanasia is a practice and legal interventions are needed towards formalising it. This might well improve end-of-life care standards, since the inadequacy of structures, such as hospices and residential asylums, is becoming a major drawback in the struggle for dignity and accessible socio-medical help for third age persons and terminal patients.

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Karlsson, Marit; Strang, Peter

[Is there an ethical difference between euthanasia and sedation therapy?] = Finns det en etisk skillnad mellan dödshjälp och sederingsterapi?
Läkarlidingen 2010 Dec 15-21; 107(50): 3221-2; discussion 3222-3

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Johnstone, Megan-Jane

Position statements on euthanasia.

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Sarkar, Baisali

Euthanasia.

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Banerjee, Shyamal Chandra

Euthanasia.

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**Document 40**

Rotzoll, M; Fuchs, P; Richter, P; Hohendorf, G

[Nazi action T4 euthanasia programme: historical research, individual life stories and the culture of remembrance]. = Die nationalsozialistische "Euthanasieaktion T4": Historische Forschung, individuelle Lebensgeschichten und Erinnerungskultur.

Der Nervenarzt 2010 Nov; 81(11): 1326-32

**Abstract:** The psychiatric patients killed under the disguise of euthanasia during World War II belong to the group of victims which are often forgotten in public remembrance. For German and Austrian psychiatry it is important to include them into the memory of the discipline as well as into European remembrance of the victims of Nazi annihilation policy. The patient files of the victims enable us to reconstruct the criterion of economic usefulness for deciding about life or death. But above all the files are the basis on which the suffering and the life histories of the patients can be told.

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**Document 41**

Dierckx de Casterlé, Bernadette; Denier, Yvonne; De Bal, Nele; Gastmans, Chris

Nursing care for patients requesting euthanasia in general hospitals in Flanders, Belgium.


**Abstract:** This paper is a report of a study exploring nurses' involvement in the care process for mentally competent, terminally ill patients requesting euthanasia in general hospitals in Flanders, Belgium.

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**Document 42**

Holm, Søren

Euthanasia: agreeing to disagree?

Medicine, health care, and philosophy 2010 Nov; 13(4): 399-402

**Abstract:** In discussions about the legalisation of active, voluntary euthanasia it is sometimes claimed that what should happen in a liberal society is that the two sides in the debate "agree to disagree". This paper explores what is entailed by agreeing to disagree and shows that this is considerably more complicated than what is usually believed to be the case. Agreeing to disagree is philosophically problematic and will often lead to an unstable compromise.

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**Document 43**

Schicktanz, Silke; Raz, Aviad; Shalev, Camiel

The cultural context of patient's autonomy and doctor's duty: passive euthanasia and advance directives in Germany and Israel.

Medicine, health care, and philosophy 2010 Nov; 13(4): 363-9

**Abstract:** The moral discourse surrounding end-of-life (EoL) decisions is highly complex, and a comparison of Germany and Israel can highlight the impact of cultural factors. The comparison shows interesting differences in how patient's autonomy and doctor's duties are morally and legally related to each other with respect to the withholding and withdrawing of medical treatment in EoL situations. Taking the statements of two national expert ethics committees on EoL in Israel and Germany (and their legal outcome) as an example of this discourse, we describe the similarity of their recommendations and then focus on the differences, including the balancing of ethical principles, what is identified as a problem, what social role professionals play, and the influence of history and religion. The comparison seems to show that Israel is more restrictive in relation to Germany, in contrast with previous bioethical studies in the context of the moral and legal discourse regarding the beginning of life, in which Germany was characterized as far more restrictive. We reflect on the ambivalence of the cultural reasons for this difference and its expression in various dissenting views on passive euthanasia and advance directives, and
conclude with a comment on the difficulty in classifying either stance as more or less restrictive.

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Document 44
Lindblad, Anna; Juth, Niklas; Fürst, Carl Johan; Lynöe, Niels
Continuous deep sedation, physician-assisted suicide, and euthanasia in Huntington's disorder.
International journal of palliative nursing 2010 Nov; 16(11): 527-33
Abstract: To investigate the attitudes among Swedish physicians and the general public towards continuous deep sedation (CDS) as an alternative treatment for a competent, not imminently dying patient with Huntington's disorder requesting physician-assisted suicide (PAS) and euthanasia.

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Document 45
Smets, Tinne; Bilsen, Johan; Cohen, Joachim; Rurup, Mette L; Mortier, Freddy; Deliens, Luc
Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases.
BMJ (Clinical research ed.) 2010 October 5; 341: c5174
Abstract: To estimate the rate of reporting of euthanasia cases to the Federal Control and Evaluation Committee and to compare the characteristics of reported and unreported cases of euthanasia. Design Cross sectional analysis. Setting Flanders, Belgium.

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Document 46
Clin, Bénédicte; Ophélie, Ferrant
Law of 22 April 2005 on patients' rights and the end of life in France: setting the boundaries of euthanasia, with regard to current legislation in other European countries.
Medicine, science, and the law 2010 Oct; 50(4): 183-8
Abstract: The term 'euthanasia' is not clearly defined. Euthanasia is evoked in many aspects of terminal care: interruption of curative treatment at the end of life, palliative care or the act of deliberately provoking death through compassion. A law on 'patients' rights and the end of life', promulgated in France on 22 April 2005, led to changes in the French Code of Public Health. In this work, we have first outlined the key provisions of this law and the changes it has brought, then we have compared current legislation on the subject throughout Europe, where a rapid overview of current practice in terminal patient care revealed four different types of legislation: the first authorizes euthanasia (in the sense of provoking death, if this choice is medically justified), the second legalizes 'assisted suicide', the third, which is sometimes referred to as 'passive euthanasia', consists of the non-administration of life-sustaining treatment and, finally, the fourth prohibits euthanasia in any form whatsoever. In the last section, we have attempted to clarify the as yet indistinct notion of 'euthanasia' in order to determine whether the conception of terminal care in the Law of 22 April 2005 was consistent with that put forward by the philosopher Francis Bacon, who claimed that, 'The physician's role is to relieve pain, not only when such relief can lead to healing, but also when it can proffer a calm and trouble-free death, thus putting an end to the suffering and the agony of death' (modern adaptation of the original quote).

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Document 47
Haldar, Swaraj
Euthanasia.
Document 48
Silvoniemi, M; Vasankari, T; Vahlberg, T; Clemens, Ke; Salminen, E

**Physicians’ attitudes towards euthanasia in Finland: would training in palliative care make a difference?**
Palliative medicine 2010 Oct; 24(7): 744-6

Abstract: Physicians' attitudes towards euthanasia in Finland were studied to determine whether training in palliative care would make a difference.

Document 49
Tang, Wai-Kiu; Mak, Kwok-Kei; Kam, Philip Ming-Ho; Ho, Joanna Wing-Kiu; Chan, Denise Che-Ying; Suen, To-Lam; Lau, Michael Chak-Kwan; Cheng, Adrian Ka-Chun; Wan, Yuen-Ting; Wan, Ho-Yan; Hussain, Assad

**Reliability and validity of the Euthanasia Attitude Scale (EAS) for Hong Kong medical doctors.**
The American journal of hospice & palliative care 2010 Aug; 27(5): 320-4

Abstract: This study aimed to examine the reliability and validity of the Euthanasia Attitude Scale (EAS) in Hong Kong medical doctors. A total of 107 medical doctors (61.7% men) participated in a survey at clinical settings in 2008. The 21-item EAS was used to assess their attitudes toward euthanasia. The mean (standard deviation) and median of the EAS were 63.60 (60.31) and 63.00. Total EAS scores correlated well with "Ethical Considerations," "Practical Considerations," and "Treasuring Life" (Spearman rho = .37-.96, P < .001) but not "Naturalistic Beliefs." The construct validity of the 3-factor model was appropriate (Kaiser-Meyer-Olkin [KMO] value = 0.90) and showed high internal consistency (Cronbach alpha = .79-.92). Euthanasia Attitude Scale may be a reliable and valid measure for assessing the attitudes toward euthanasia in medical professionals.

Document 50
Maessen, Maud; Veldink, Jan H; van den Berg, Leonard H; Schouten, Henrike J; van der Wal, Gerrit; Onwuteaka-Philipsen, Bregje D

**Requests for euthanasia: origin of suffering in ALS, heart failure, and cancer patients.**
Journal of neurology 2010 Jul; 257(7): 1192-8

Abstract: In The Netherlands, relatively more patients (20%) with amyotrophic lateral sclerosis (ALS) die due to euthanasia or physician-assisted suicide (EAS) compared with patients with cancer (5%) or heart failure (0.5%). We wanted to gain insight into the reasons for ALS patients requesting EAS and compare these with the reasons of cancer and heart failure patients. Knowing disease-specific reasons for requesting EAS may improve palliative care in these vulnerable patients. The data used in the present study were derived from the Support and Consultation in Euthanasia in The Netherlands (SCEN) evaluation study. This study provided consultation reports and questionnaires filled out by the attending physicians from 3,337 consultations conducted by SCEN physicians in situations where a patient requested EAS. For this study we selected data on all ALS patients (n = 51), all heart failure patients (n = 61), and a random sample of 73 cancer patients. The most frequently reported reasons for unbearable suffering were: fear of suffocation (45%) and dependency (29%) in ALS patients, pain (46%) and fatigue (28%) in cancer patients, and dyspnea (52%) and dependency (37%) in heart failure patients. Somatic complaints were reported more frequently as a reason for EAS by cancer patients [odds ratio (OR) 0.20, 95% confidence interval (CI) 0.09-0.46] and heart failure patients [OR 0.16, 95% CI 0.05-0.46] than by ALS patients. ALS patients should be helped in a timely fashion to cope with psychosocial symptoms, e.g., by informing them about the low risk of suffocation in the terminal phase and the possible means of preventing this.

Document 51
Bernheim, Jan L; Mullie, Arsène
Euthanasia and palliative care in Belgium: legitimate concerns and unsubstantiated grievances.
Journal of palliative medicine 2010 Jul; 13(7): 798-9

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De Lepeleire, J; Beyen, A; Burin, M; Fabri, R; Ghijsebrechts, G; Lisaerde, J; Temmerman, B; Van den Eynden, B; Van den Noortgate, N
[Critical reflections concerning euthanasia for persons with dementia]. = Réflexions critiques à propos de l'euthanasie de personnes atteintes de démence.
Revue médicale de Liège 2010 Jul-Aug; 65(7-8): 453-8

Abstract: In the public debate on the extension of euthanasia for people with dementia, in addition to ethical considerations and arguments, other issues have to be kept in mind. The diagnosis of dementia is difficult and the clinical picture is very fluctuating. The assessment and especially the operationalization of legal capacity and the use of advance directives are complex problems. The discussion should be conducted against the backdrop of a cultural framework in which the interpretation and development of palliative care is crucial. The development of a framework like advance care planning creates opportunities. The question remains whether the legal issues can be clarified and whether a legal approach generates solutions for the problems described.

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Onwuteaka-Philipsen, Bregje D; Rurup, Mette L; Pasman, H Roeline W; van der Heide, Agnes
The last phase of life: who requests and who receives euthanasia or physician-assisted suicide?
Medical care 2010 Jul; 48(7): 596-603

Abstract: BACKGROUND: When suffering becomes unbearable for patients they might request for euthanasia. OBJECTIVE: To study which patients request for euthanasia and which requests actually resulted in euthanasia in relation with diagnosis, care setting at the end of life, and patient demographics. DESIGN: A cross-sectional study covering all Dutch health care settings. PARTICIPANTS: In 2005, of death certificates of deceased persons, a stratified sample was derived from the Netherlands central death registry. The attending physician received a written questionnaire (n = 6860; response 78%). MEASUREMENTS: If deaths were reported to have been nonsudden, the attending physician filled in a 4-page questionnaire on end-of-life decision-making. Data regarding the deceased person's age, sex, marital status, and cause of death were derived from the death certificate. RESULTS: Of patients whose death was nonsudden, 7% explicitly requested for euthanasia. In about two thirds, the request did not lead to euthanasia or physician-assisted suicide being performed, in 39% because the patient died before the request could be granted and in 38% because the physician thought the criteria for due care were not met. Factors positively associated with a patient requesting for euthanasia are (young) age, diagnosis (cancer, nervous system), place of death (home), and involvement of palliative teams and psychiatrist in care. Diagnosis and place of death are also associated with requests resulting in euthanasia. CONCLUSIONS: Only a minority of patients request euthanasia at the end of life and of these requests a majority is not granted. Careful decision-making is necessary in all requests for euthanasia.

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Flegel, Ken; Hébert, Paul C
Time to move on from the euthanasia debate.
CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Jun 15; 182(9): 877

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**Document 55**

Fenigsen, Richard

*Other people's lives: reflections on medicine, ethics, and euthanasia.*

Issues in law & medicine 2010 Summer; 26(1): 33-76

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**Document 56**

Hirsch, Godefroy; Hérisson, Brigitte; Lacour, Frédérique

*[Reflections on the legalization of euthanasia] = Réflexions sur la légalisation de l'euthanasie.*

Revue de l'infirmière 2010 Apr ; (159): 32-4

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**Document 57**

Sjöberg, Rickard L.

*["The tilting plane" and the consequences of introducing euthanasia] = "Sluttande planet" och konsekvenserna av införande av dödshjälp.*

Läkartidningen 2010 March 31-April 13; 107(13-14): 924

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**Document 58**

Scottish Council on Human Bioethics [SCHB]

Euthanasia: position statement


**Document 59**

Denier, Yvonne; Dierckx de Casterlé, Bernadette; De Bal, Nele; Gastmans, Chris

*"It's intense, you know." Nurses' experiences in caring for patients requesting euthanasia.*

Medicine, Health Care, and Philosophy 2010 February; 13(1): 41-48

**Abstract:** The Belgian Act on Euthanasia came into force on 23 September 2002, making Belgium the second country—after the Netherlands—to decriminalize euthanasia under certain due-care conditions. Since then, Belgian nurses have been increasingly involved in euthanasia care. In this paper, we report a qualitative study based on in-depth interviews with 18 nurses from Flanders (the Dutch-speaking part of Belgium) who have had experience in caring for patients requesting euthanasia since May 2002 (the approval of the Act). We found that the care process for patients requesting euthanasia is a complex and dynamic process, consisting of several stages, starting from the period preceding the euthanasia request and ending with the aftercare stage. When asked after the way in which they experience their involvement in the euthanasia care process, all nurses described it as a grave and difficult process, not only on an organizational and practical level, but also on an emotional level. "Intense" is the dominant feeling experienced by nurses. This is compounded by the presence of other feelings such as great concern and responsibility on the one hand, being content in truly helping the patient to die serenely, and doing everything in one's power to contribute to this; but also feeling unreal and ambivalent on the other hand, because death is arranged. Nurses feel a discrepancy, because although it is a nice death, which happens in dignity and with respect, it is also an unnatural death. The clinical ethical implications of these findings are discussed.
* Book Document 60

Benzenhöfer, Udo

EUTHANASIA IN GERMANY BEFORE AND DURING THE THIRD REICH
Call number: R726 .B39713 2010

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Article Document 61

Shea, Fredericka K

Hurricane Katrina and the legal and bioethical implications of involuntary euthanasia as a component of disaster management in extreme emergency situations.
Annals of health law / Loyola University Chicago, School of Law, Institute for Health Law 2010; 19(1 Spec No): 133-9

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Article Document 62

von Engelhardt, Dietrich

[Euthanasia in history and the present - in the spectrum between euthanasia and terminal care]. = Euthanasie in Geschichte und Gegenwart-- im Spektrum zwischen Lebensbeendigung und Sterbebeistand.
Acta historica Leopoldina 2010(55): 187-212

Abstract: Euthanasia signifies in antiquity an easy and happy death and not at all an active termination of life, which was forbidden in the Hippocratic oath, but justified by philosophers. In the Christian middle ages active euthanasia and abortion are explicitly refused. At the beginnings of modern times MORE (1516) and BACON (1623) plead for euthanasia and differentiate for the first time between "euthanasia interior" as a mental preparation and "euthanasia exterior" as a physical and direct termination of life. Around 1900 a change takes place—in medicine as well as in the humanities and arts. The lawyer Karl BINDING and the psychiatrist Alfred HOCH (1920) support active euthanasia in the case of mental deficiency; similar views are taken by the population. Under the "Third Reich" euthanasia unlawfully is carried out as termination of life without or even against consent. Today oaths, declarations and laws are intended to prevent such a "medicine without humanity" (MITSCHERLICH and MIELKE 1947). Active voluntary euthanasia is under certain conditions allowed by the legislation in some countries (Netherlands, Belgium, Luxembourg). Essential seem the consideration of different types of euthanasia and above all a psychical-mental assistance in the process of dying. The height of culture is measured by dealing with death and dying.

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Article Document 63

Nisselson, Harvey S

Euthanasia.
Journal of the New Jersey Dental Association 2010; 81(3): 4

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Article Document 64

Smith, Beverly

Cradled between heaven and earth. A reply to my patient's family: why I couldn't offer active euthanasia when you asked for it
Document 65
Schotsmans, Paul; Gastmans, Chris
How to deal with euthanasia requests: a palliative filter procedure.

Document 66
Shaw, David M.
Euthanasia and eudaimonia.
Journal of Medical Ethics 2009 September; 35(9): 530-533
Abstract: This paper re-evaluates euthanasia and assisted suicide from the perspective of eudaimonia, the ancient Greek conception of happiness across one's whole life. It is argued that one cannot be said to have fully flourished or had a truly happy life if one's death is preceded by a period of unbearable pain or suffering that one cannot avoid without assistance in ending one's life. While death is to be accepted as part of life, it should not be left to nature to dictate the way we die, and it is fundamentally unjust to grant people liberal latitude in how they live their lives while granting them little control over the conclusion of their life narratives. Three objections to this position are considered and rejected; the paper also offers an explanation of why we think killing can be a benefit. Ultimately, euthanasia may be necessary in some cases in order to achieve eudaimonia.

Document 67
Rietjens, J.A.C.; van Tol, D.G.; Schermer, M.; van der Heide, A.
Judgement of suffering in the case of a euthanasia request in The Netherlands.
Journal of Medical Ethics 2009 August; 35(8): 502-507
Abstract: INTRODUCTION: In The Netherlands, physicians have to be convinced that the patient suffers unbearably and hopelessly before granting a request for euthanasia. The extent to which general practitioners (GPs), consulted physicians and members of the euthanasia review committees judge this criterion similarly was evaluated. METHODS: 300 GPs, 150 consultants and 27 members of review committees were sent a questionnaire with patient descriptions. Besides a "standard case" of a patient with physical suffering and limited life expectancy, the descriptions included cases in which the request was mainly rooted in psychosocial or existential suffering, such as fear of future suffering or dependency. For each case, respondents were asked whether they recognised the case from their own practice and whether they considered the suffering to be unbearable. RESULTS: The cases were recognisable for almost all respondents. For the "standard case" nearly all respondents were convinced that the patient suffered unbearably. For the other cases, GPs thought the suffering was unbearable less often (2-49%) than consultants (25-79%) and members of the euthanasia review committees (24-88%). In each group, the suffering of patients with early dementia and patients who were "tired of living" was least often considered to be unbearable. CONCLUSIONS: When non-physical aspects of suffering are central in a euthanasia request, there is variance between and within GPs, consultants and members of the euthanasia committees in their judgement of the patient's suffering. Possible explanations could be differences in their roles in the decision-making process, differences in experience with evaluating a euthanasia request, or differences in views regarding the permissibility of euthanasia.
Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Denier, Yvonne; Schotsmans, Paul; Gastmans, Chris

**Content analysis of euthanasia policies of nursing homes in Flanders (Belgium).**

Medicine, Health Care, and Philosophy 2009 August; 12(3): 313-322

**Abstract:** OBJECTIVES: To describe the form and content of ethics policies on euthanasia in Flemish nursing homes and to determine the possible influence of religious affiliation on policy content. METHODS: Content analysis of euthanasia policy documents. RESULTS: Of the 737 nursing homes we contacted, 612 (83%) completed and returned the questionnaire. Of 92 (15%) nursing homes that reported to have a euthanasia policy, 85 (92%) provided a copy of their policy. Nursing homes applied the euthanasia law with additional palliative procedures and interdisciplinary deliberations. More Catholic nursing homes compared to non-Catholic nursing homes did not permit euthanasia. Policies described several phases of the euthanasia care process as well as involvement of caregivers, patients, and relatives; ethical issues; support for caregivers; reporting; and procedures for handling advance directives. CONCLUSION: Our study revealed that euthanasia requests from patients are seriously considered in euthanasia policies of nursing homes, with great attention for palliative care and interdisciplinary cooperation.

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http://www.springerlink.com/content/102960/ (link may be outdated)

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Ansuátegui Roig, Francisco Javier

**Euthanasia, philosophy, and the law: a jurist's view from Madrid.**


Georgetown users check [Georgetown Journal Finder](https://journals.cambridge.org/action/displayJournal?jid=CQH) for access to full text

http://journals.cambridge.org/action/displayJournal?jid=CQH (link may be outdated)

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Quaghebeur, Toon; Dierckx de Casterlé, Bernadette; Gastmans, Chris

**Nursing and euthanasia: a review of argument-based ethics literature**

Nursing Ethics 2009 July; 16(4): 466-486

**Abstract:** This article gives an overview of the nursing ethics arguments on euthanasia in general, and on nurses' involvement in euthanasia in particular, through an argument-based literature review. An in-depth study of these arguments in this literature will enable nurses to engage in the euthanasia debate. We critically appraised 41 publications published between January 1987 and June 2007. Nursing ethics arguments on (nurses' involvement in) euthanasia are guided primarily by the principles of respect for autonomy, nonmaleficence, beneficence and justice. Ethical arguments related to the nursing profession are described. From a care perspective, we discuss arguments that evaluate to what degree euthanasia can be considered positively or negatively as a form of good nursing care. Most arguments in the principle-, profession- and care-orientated approaches to nursing ethics are used both pro and contra euthanasia in general, and nurses' involvement in euthanasia in particular.

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Cohen-Almagor, Raphael

**Belgian euthanasia law: a critical analysis**

Journal of Medical Ethics 2009 July; 35(7): 436-439

**Abstract:** Some background information about the context of euthanasia in Belgium is presented, and Belgian law on euthanasia and concerns about the law are discussed. Suggestions as to how to improve the Belgian law and practice of euthanasia are made, and Belgian legislators and medical establishment are urged to reflect and ponder
so as to prevent potential abuse.

http://jme.bmj.com (link may be outdated)

Document 72

La eutanasia es síntoma de la cultura de la muerte [Euthanasia is a symptom of the culture of death: after the death of the young Italian woman, Eluana Englaro]
Vida y Etica 2009 June; 10(1): 187-188

Georgetown users check Georgetown Journal Finder for access to full text

Document 73

Laabs, Carolyn A.
What does justice say about euthanasia? A nursing perspective
National Catholic Bioethics Quarterly 2009 Summer; 9(2): 279-292

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Document 74

Doyal, Len
Euthanasia and free speech in Ireland
BMJ:British Medical Journal 2009 May 30; 338(7706): 1334

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http://www.bmj.com (link may be outdated)

Document 75

Vilela, Luciana Pricoli; Caramelli, Paulo
Knowledge of the definition of euthanasia: study with doctors and caregivers of Alzheimer's disease patients.

Abstract: BACKGROUND: Euthanasia is an increasingly debated subject among specialized professionals and also among lay people, even in countries such as Brazil where it is not authorized. It is questionable, however, if the concept of euthanasia is well known by these persons. OBJECTIVE: The goal of this study was to investigate knowledge about the definition of euthanasia by family caregivers of patients with dementia and by specialized physicians and also to investigate their personal opinion on this topic. METHODS: We prospectively interviewed 30 physicians from three different medical specialties and 40 family caregivers of patients with Alzheimer's disease using a structured questionnaire. Two clinical vignettes were also presented to the physicians in order to ascertain their personal opinion about euthanasia. RESULTS: Among the caregivers, 10 (25.0%) knew the correct definition of euthanasia. Regarding their personal view, nine (22.5%) were in favor, while 20 (50.0%) were against. The remaining 11 (27.5%) caregivers were unable to define their position. Among the physicians, 19 (63.3%) gave a coherent answer regarding the definition of euthanasia. When they were presented with the clinical vignettes, less than 50% of them were in favor of euthanasia. CONCLUSION: The definition of euthanasia was unknown by most of the lay individuals and also by one third of the physicians. Although it is not officially approved in Brazil, a small proportion of family caregivers and also of specialized physicians would be in favor of the practice of euthanasia.
**Document 76**

Gielen, Joris; van den Branden, Stef; Broeckaert, Bert

Religion and nurses' attitudes to euthanasia and physician assisted suicide.

Nursing Ethics 2009 May; 16(3): 303-318

Abstract: In this review of empirical studies we aimed to assess the influence of religion and world view on nurses' attitudes towards euthanasia and physician assisted suicide. We searched PubMed for articles published before August 2008 using combinations of search terms. Most identified studies showed a clear relationship between religion or world view and nurses' attitudes towards euthanasia or physician assisted suicide. Differences in attitude were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrines, and personal importance attributed to religion or world view. Nevertheless, a coherent comparative interpretation of the results of the identified studies was difficult. We concluded that no study has so far exhaustively investigated the relationship between religion or world view and nurses' attitudes towards euthanasia or physician assisted suicide and that further research is required.

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**Document 77**

Tepehan, Selma; Özkar, Erdem; Yavuz, M. Fatih

Attitudes to euthanasia in ICUs and other hospital departments

Nursing Ethics 2009 May; 16(3): 319-327

Abstract: The aim of this study was to reveal doctors' and nurses' attitudes to euthanasia in intensive care units and surgical, internal medicine and paediatric units in Turkey. A total of 205 doctors and 206 nurses working in several hospitals in Istanbul participated. Data were collected by questionnaire and analysed using SPSS v. 12.0. Significantly higher percentages of doctors (35.3%) and nurses (26.6%) working in intensive care units encountered euthanasia requests than those working in other units. Doctors and nurses caring for terminally ill patients in intensive care units differed considerably in their attitudes to euthanasia and patient rights from other health care staff. Euthanasia should be investigated and put on the agenda for discussion in Turkey.

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**Document 78**

Okishiro, Nao; Miyashita, Mitsunori; Tsuneto, Satoru; Sato, Kazuki; Shima, Yasuo

The Japan Hospice and palliative care evaluation Study (J-HOPE Study): views about legalization of death with dignity and euthanasia among the bereaved whose family member died at palliative care units.

American Journal of Hospice and Palliative Care 2009 April-May; 26(2): 98-104

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**Document 79**

Bendiane, M.K.; Bouhnik, A.-D.; Galinier, A.; Favre, R.; Obadia, Y.; Peretti-Watel, Patrick

French hospital nurses' opinion about euthanasia and physician-assisted suicide: a national phone survey.

Journal of Medical Ethics 2009 April; 35(4): 238-244

Abstract: BACKGROUND: Hospital nurses are frequently the first care givers to receive a patient's request for euthanasia or physician-assisted suicide (PAS). In France, there is no consensus over which medical practices should be considered euthanasia, and this lack of consensus blurred the debate about euthanasia and PAS legalisation. This study aimed to investigate French hospital nurses' opinions towards both legalisations, including personal conceptions of euthanasia and working conditions and organisation. METHODS: A phone survey conducted among a random national sample of 1502 French hospital nurses. We studied factors associated with opinions towards euthanasia and PAS, including contextual factors related to hospital units with random-effects logistic models. RESULTS: Overall, 48% of nurses supported legalisation of euthanasia and 29%, of PAS. Religiosity, training in palliative care/pain management and feeling competent in end-of-life care were negatively correlated with
support for legalisation of both euthanasia and PAS, while nurses working at night were more prone to support legalisation of both. The support for legalisation of euthanasia and PAS was also weaker in pain treatment/palliative care and intensive care units, and it was stronger in units not benefiting from interventions of charity/religious workers and in units with more nurses. CONCLUSIONS: Many French hospital nurses uphold the legalisation of euthanasia and PAS, but these nurses may be the least likely to perform what proponents of legalisation call "good" euthanasia. Improving professional knowledge of palliative care could improve the management of end-of-life situations and help to clarify the debate over euthanasia.

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http://jme.bmj.com (link may be outdated)

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**Document 80**

Watson, Roy

**Luxembourg is to become third country to allow euthanasia [news]**

BMJ: British Medical Journal 2009 March 28; 338(7697): 738

Georgetown users check [Georgetown Journal Finder](http://www.bmj.com) for access to full text

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**Document 81**

Novaković, Milan; Babić, Dragan; Dedić, Gordana; Leposavić, Ljubica; Milovanović, Aleksanadar; Novaković, Mitar

**Euthanasia of patients with the chronic renal failure.**

Collegium Antropologicum 2009 March; 33(1): 179-185

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**Document 82**

Jansen-van der Weide, Marijke C.; Onwuteaka-Philipsen, Bregje D.; Heide, Agnes van der; Wal, Gerrit van der

**How patients and relatives experience a visit from a consulting physician in the euthanasia procedure: a study among relatives and physicians.**

Death Studies 2009 March; 33(3): 199-219

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**Document 83**

Brits, L.; Human, L.; Pieterse, L.; Sonnekus, P.; Joubert, G.

**Opinions of private medical practitioners in Bloemfontein, South Africa, regarding euthanasia of terminally ill patients**

Journal of Medical Ethics 2009 March; 35(3): 180-182

**Abstract:** The aim of this study was to determine the opinions of private medical practitioners in Bloemfontein, South Africa, regarding euthanasia of terminally ill patients. This descriptive study was performed amongst a simple random sample of 100 of 230 private medical practitioners in Bloemfontein. Information was obtained through anonymous self-administered questionnaires. Written informed consent was obtained. 68 of the doctors selected completed the questionnaire. Only three refused participation because they were opposed to euthanasia. Respondents were mainly male (74.2%), married (91.9%) and Afrikaans-speaking (91.9%). More were specialists (53.2%) than general practitioners (46.8%). A smaller percentage (35.5%) would never consider euthanasia for themselves compared to for their patients (46.8%). The decision should be made by the patient (50%), the patient's doctor with two colleagues (46.8%), close family (45.2%) or a special committee of specialists in ethics and medicine (37.1%). The majority (46.9%) indicated that euthanasia should be performed by an independent doctor
trained in euthanasia, followed by the patient’s doctor (30.7%). Notification should mainly be given to a special committee (49.9%). Only 9.8% felt that no notification was necessary. There was strong opposition to prescribing of medication to let the patient die. Withdrawal of essential medical treatment to speed up death was the most acceptable method. Although the responding group was fairly homogeneous, responses varied widely, indicating the complexity of opinions.

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* Document 84
Huxtable, Richard
Why I wrote . . . Euthanasia, Ethics and the Law: From Conflict to Compromise
Clinical Ethics 2009 March; 4(1): 31-35

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http://ce.rsmjournals.com/ (link may be outdated)

* Document 85
Abarshi, Ebun; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit
Euthanasia requests and cancer types in the Netherlands: is there a relationship?
Health Policy 2009 February; 89(2): 168-173

Georgetown users check Georgetown Journal Finder for access to full text

* Document 86
Chong, Alice Ming-Lin; Fok, Shiu-Yeu
Attitudes toward euthanasia: implications for social work practice.
Social Work in Health Care 2009 February-March; 48(2): 119-133

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* Document 87
Benedict, Susan; Georges, Jane M.
Nurses in the Nazi "euthanasia" program: a critical feminist analysis.
ANS. Advances in Nursing Science 2009 January-March; 32(1): 63-74

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* Document 88
Kuschner, Ware G.; Gruenewald, David A.; Clum, Nancy; Beal, Alice; Ezeji-Okoye, Stephen C.
Implementation of ICU palliative care guidelines and procedures: a quality improvement initiative following an investigation of alleged euthanasia.
Chest 2009 January; 135(1): 26-32

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Document 89
Falconer, Tim
THAT GOOD NIGHT: ETHICISTS, EUTHANASIA AND END-OF-LIFE CARE
Call number: R726 .F34 2009

Document 90
Denier, Yvonne; Dierckx de Casterle, Bernadette; De Bal, Nele; Gastmans, Chris
Involvement of nurses in the euthanasia care process in Flanders (Belgium): an exploration of two perspectives
Journal of Palliative Care 2009 Winter; 25(4): 264-274
Georgetown users check Georgetown Journal Finder for access to full text

Document 91
Rietjens, Judith A.C.; van der Maas, Paul J.; Onwuteaka-Philipsen, Bregje D.; van Delden, Johannes J.M.; van der Heide, Agnes
Two decades of research on euthanasia from the Netherlands. What have we learnt and what questions remain?
Georgetown users check Georgetown Journal Finder for access to full text

Document 92
Dabbagh, Soroush; Aramesh, Kiarash
The compatibility between Shiite and Kantian approach to passive voluntary euthanasia
Georgetown users check Georgetown Journal Finder for access to full text
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Document 93
Van den Block, Lieve; Deschepper, Reginald; Bilsen, Johan; Bossuyt, Nathalie; Van Casteren, Viviane; Deliens, Luc
Euthanasia and other end-of-life decisions: a mortality follow-back study in Belgium.
BMC Public Health 2009; 9: 79
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Document 94
Udwadia, Farokh Erach
Euthanasia
Call number: R723 .U39 2009
Document 95

Stoffel, Brian

**Voluntary euthanasia, suicide, and physician-assisted suicide**
Call number: R724 .C616 2009

Document 96

Pollard, Irina

**The state of wellbeing: on the end-of-life care and euthanasia**
In her: Bioscience Ethics. Cambridge; New York: Cambridge University Press, 2009: 135-144
Call number: R724 .P64 2009

Document 97

Brzostek, Tomasz; Dekkers, Wim; Zalewski, Zbigniew; Januszewska, Anna; Górkiewicz, Maciej

**Perception of palliative care and euthanasia among recently graduated and experienced nurses**
Nursing Ethics 2008 November; 15(6): 761-776

**Abstract:** Palliative care and euthanasia have become the subject of ethical and political debate in Poland. However, the voice of nurses is rarely heard. The aim of this study is to explore the perception of palliative care and euthanasia among recent university bachelor degree graduates and experienced nurses in Poland. Specific objectives include: self-assessment of the understanding of these terms, recognition of clinical cases, potential acceptability of euthanasia, and an evaluation of attitudes towards palliative care and euthanasia. This is an exploratory study. A convenience sample of 206 recent graduates and 252 experienced nurse practitioners were interviewed. A structured questionnaire was used for collecting and interpreting data. Subjective perception of the terms 'palliative care' and 'euthanasia' was high and consistent with the recognition of clinical cases. The majority of the nurses excluded euthanasia from palliative care. They recognized personal philosophy of life as the most influential factor affecting attitudes towards euthanasia. The importance of the law was valued more highly by the experienced nurses.

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Document 98

Johnstone, Megan-Jane

**Nurses, public policy and the euthanasia debate.**
Australian Nursing Journal 2008 October; 16(4): 30

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Document 99

Holt, Janet

**Nurses' attitudes to euthanasia: the influence of empirical studies and methodological concerns on nursing practice**
Nursing Philosophy 2008 October; 9(4): 257-272

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Document 100
Parpa, Ef; Mystakidou, Kyriaki; Tsilika, Eleni; Sakkas, Pavlos; Patiraki, Elisabeth; Pistevou-Gombaki, Kyriaki; Govina, Ourania; Vlahos, Lambros

Euthanasia and physician-assisted suicide in cases of terminal cancer: the opinions of physicians and nurses in Greece.

Medicine, Science, and the Law 2008 October; 48(4): 333-341

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* **Document 101**
van Gend, David

Euthanasia's "unproductive burdens"

Human Life Review 2008 Fall; 34(4): 110-117

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* **Document 102**
Draper, Heather; Slowther, Anne

Euthanasia

Clinical Ethics 2008 September; 3(3): 113-115

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* **Document 103**
McLachlan, H.V.

The ethics of killing and letting die: active and passive euthanasia

Journal of Medical Ethics 2008 August; 34(8): 636-638

**Abstract:** In their account of passive euthanasia, Garrard and Wilkinson present arguments that might lead one to overlook significant moral differences between killing and letting die. To kill is not the same as to let die. Similarly, there are significant differences between active and passive euthanasia. Our moral duties differ with regard to them. We are, in general, obliged to refrain from killing each and everyone. We do not have a similar obligation to try (or to continue to try) to prevent each and everyone from dying. In any case, to be morally obliged to persist in trying to prevent their deaths would be different from being morally obliged to refrain from killing all other people even if we had both obligations.

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http://www.jmedethics.com (link may be outdated)

* **Document 104**
Simillis, Constantinos

Euthanasia: a summary of the law in England and Wales


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* **Document 105**
Begley, Ann Marie
Response by Ann M. Begley to comments by Sellman, and Butts and Rich on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective"
Nursing Ethics 2008 July; 15(4): 451-456

* Document 106
Butts, Janie B.; Rich, Karen L.
Comment by Janie B. Butts and Karen L. Rich on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective"

* Document 107
Sellman, Derek
Comment by Derek Sellman on: "Guilty but good: defending voluntary active euthanasia from a virtue perspective": a critical response to Begley
Nursing Ethics 2008 July; 15(4): 446-449

* Document 108
Begley, Ann Marie
Guilty but good: defending voluntary active euthanasia from a virtue perspective
Abstract: This article is presented as a defence of voluntary active euthanasia from a virtue perspective and it is written with the objective of generating debate and challenging the assumption that killing is necessarily vicious in all circumstances. Practitioners are often torn between acting from virtue and acting from duty. In the case presented the physician was governed by compassion and this illustrates how good people may have the courage to sacrifice their own security in the interests of virtue. The doctor's action created huge tensions for the nurse, who was governed by the code of conduct and relevant laws. Appraising active euthanasia from a virtue perspective can offer a more compassionate approach to the predicament of practitioners and clients. The tensions arising from the virtue versus rules debate generates irreconcilable difficulties for nurses. A shift towards virtue would help to resolve this problem and support the call for a change in the law. The controversial nature of this position is acknowledged. The argument is put forward on the understanding that many practitioners will not agree with the conclusions reached.

* Document 109
de Meneses, Ramiro Délio Borges
Eutanasia: entre la autonomía y la responsabilidad [Euthanasia: between autonomy and responsibility]
Vida y Etica 2008 June; 9(1): 97-121
Hiscox, Wendy E.  
*Intention and causation in medical non-killing: the impact of criminal law concepts on euthanasia and assisted suicide by Glenys Williams [book review]*  
Medical Law Review 2008 Summer; 16(2): 294-300

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Williams, Steven N.  
*A Concise History of Euthanasia: Life, Death, God, and Medicine by Ian Dowbiggin [book review]*  
Ethics and Medicine 2008 Summer; 24(2): 119

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Gesang, Bernward  
Passive and active euthanasia: what is the difference?  
Medicine, Health Care and Philosophy 2008 June; 11(2): 175-180

*Abstract:* In order to discuss the normative aspects of euthanasia one has to clarify what is meant by active and passive euthanasia. Many philosophers deny the possibility of distinguishing the two by purely descriptive means, e.g. on the basis of theories of action or the differences between acting and omitting to act. Against this, such a purely descriptive distinction will be defended in this paper by discussing and refining the theory developed by Dieter Birnbacher in his "Tun und Unterlassen". On this basis I will suggest a new definition of active and passive euthanasia.

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van Bruchem-van de Scheur, G.G.; van der Arend, Arie J.G.; Huijer Abu-Saad, Huda; van Wijmen, Frans C.B.; Spreeuwenberg, Cor; Ter Meulen, Ruud H.J.  
Euthanasia and assisted suicide in Dutch hospitals: the role of nurses.  
Journal of Clinical Nursing 2008 June; 17(12): 1618-1626

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Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Denier, Yvonne; Schotsmans, Paul; Gastmans, Chris  
How do hospitals deal with euthanasia requests in Flanders (Belgium)? a content analysis of policy documents.  
Patient Education and Counseling 2008 May; 71(2): 293-301

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Stolberg, Michael  
Two pioneers of euthanasia around 1800.  

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Document 116
Bernheim, Jan; Distelmans, Wim; Mullie, Arsène; Bilsen, Johan; Deliens, Luc
Development of palliative care and legalisation of euthanasia: antagonism or synergy?
BMJ: British Medical Journal 2008 April 19; 336(7649): 864-867

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Document 117
The role of nurses in euthanasia and physician-assisted suicide in the Netherlands
Journal of Medical Ethics 2008 April; 34(4): 254-258
Abstract: Background: Issues concerning legislation and regulation with respect to the role of nurses in euthanasia and physician-assisted suicide gave the Minister for Health reason to commission a study of the role of nurses in medical end-of-life decisions in hospitals, home care and nursing homes. Aim: This paper reports the findings of a study of the role of nurses in euthanasia and physician-assisted suicide, conducted as part of a study of the role of nurses in medical end-of-life decisions. The findings for hospitals, home care and nursing homes are described and compared. Method: A questionnaire was sent to 1509 nurses, employed in 73 hospitals, 55 home care organisations and 63 nursing homes. 1179 responses (78.1%) were suitable for analysis. The questionnaire was pilot-tested among 106 nurses, with a response rate of 85%. Results: In 37.0% of cases, the nurse was the first person with whom patients discussed their request for euthanasia or physician-assisted suicide. Consultation between physicians and nurses during the decision-making process took place quite often in hospitals (78.8%) and nursing homes (81.3%) and less frequently in home care situations (41.2%). In some cases (12.2%), nurses administered the euthanatics. Conclusions: The results show substantial differences between the intramural sector (hospitals and nursing homes) and the extramural sector (home care), which are probably linked to the organisational structure of the institutions. Consultation between physicians and nurses during the decision-making process needs improvement, particularly in home care. Some nurses had administered euthanatics, although this task is by law exclusively reserved to physicians.

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Tagliabue, John
France: Woman who sought euthanasia dies

http://www.nytimes.com (link may be outdated)

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Benedict, Susan; Chelouche, Tessa
Meseritz-Obrawalde: a 'wild euthanasia hospital of Nazi Germany.
History of Psychiatry 2008 March; 19(3 Pt 1): 68-76

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Legalisation of euthanasia and assisted suicide: a professional's view.
Gannon, Craig; Garland, Eva

Dealing with requests for euthanasia: a qualitative study investigating the experience of general practitioners
Georges, J.-J.; The, A.M.; Onwuteaka-Philipsen, B.D.; van der Wal, G.
Journal of Medical Ethics 2008 March; 34(3): 150-155

Euthanasia in legal limbo in Colombia
Ceaser, Mike
Euthanasia, eye of the beholder?

Koogler, Tracy K.; Hoehn, K. Sarah

Critical Care Medicine 2008 January; 36(1): 331-332

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Euthanasia and the paradoxes of autonomy

Siqueira-Batista, Rodrigo; Schramm, Fermin Roland

Ciência & saúde coletiva 2008 January-February; 13(1): 207-221

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http://www.scielo.br/ (link may be outdated)

Ethics policies on euthanasia in nursing homes: a survey in Flanders, Belgium

Lemiengre, Joke; Dierckx de Casterl, Bernadette; Verbeke, Geert; Van Craen, Katleen; Schotsmans, Paul; Gastmans, Chris

Social Science and Medicine 2008 January; 66(2): 376-386

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Euthanasia and Law in Europe

Griffiths, John; Weyers, Heleen; and Adams, Maurice


Call number: KJC8357 .E96 G75 2008

Euthanasia: A Reference Handbook

McDougall, Jennifer Fecio and Gorman, Martha


Call number: R726 .R53 2008

Euthanasia and physician-assisted suicide from Islamic and the modern medical ethics’ perspectives

Hashemi, Zahra; Mortazavi, Seyed Mohammad Javad


Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of physician-assisted suicide and euthanasia, the deliberate and
intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

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http://iranmedex.com (link may be outdated)

Document 130
Hashemi, Zahra; Mortazavi, Seyed Mohammad Javad,
Atanazi az didghahe Eslam va akhalgh pezeshgi novin = Euthanasia and physician-assisted suicide from Islamic and modern medical ethics perspectives

Abstract: Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of Physician-assisted suicide and euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

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http://iranmedex.com (link may be outdated)

Document 131
Deghan Naeri, Nahid
Khate mash haye payan dadan beh hayat dar farhang haye mokhtalef = Policies on euthanasia in different cultures

Abstract: The presenter suggested that there should be written and government approved practical policies and procedures to protect physicians and nurses for euthanasia and assisted suicide. She suggested more research and better education will be helpful for physicians and patients especially for the partners' involvement in the care of patients. The statistics indicate that a systematic guideline to follow for euthanasia and assisted suicide is already established in many countries in the world.

http://mehr.tums.ac.ir (link may be outdated)

Document 132
Honings, Bonifacio
Euthanasia and the mentally ill? A few critical points from a Christian-ethical vision!
Document 133
Barragán, Javier L.
The post-modern context of euthanasia
Dolentium Hominum 2008; 23(3): 30-32
Georgetown users check Georgetown Journal Finder for access to full text

Document 134
Ollero, Andrés
Euthanasia and multiculturalism: law, morals and religion within a pluralistic society
Call number: RA427.25.A98 2008

Document 135
May, William E.
Euthanasia, assisted suicide, and care of the dying
Call number: R725.56.M325 2008

Document 136
White, Katherine M.; Wise, Susi E.; Young, Ross McD.; Hyde, Melissa K.
Exploring the beliefs underlying attitudes to active voluntary euthanasia in a sample of Australian medical practitioners and nurses: a qualitative analysis.
Georgetown users check Georgetown Journal Finder for access to full text

Document 137
Rismanchi, Mojtaba
Chronic pain and voluntary euthanasia
Georgetown users check Georgetown Journal Finder for access to full text

http://journals.tums.ac.ir/ (link may be outdated)

Document 138
Sutton, Agneta
Euthanasia: quality versus sanctity of life
Call number: QH332 .S87 2008

Document 139
Aguayo, Enrique
Moralidad e inmoralidad de la euthanasia [The morality and immorality of euthanasia]
Medicina y Ética 2008; 19(1): 29-41
Georgetown users check Georgetown Journal Finder for access to full text

Document 140
Atighetchi, Dariusch
Islamismo y eutanasia = Islam and euthanasia
Medicina y Etica 2008; 19(2): 121-151
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* Document 141
Quill, Timothy E.; Lo, Bernard; Brock, Dan W.
Palliative options of last resort: a comparison of voluntarily stopping eating and drinking, terminal sedation, physician-assisted suicide, and voluntary active euthanasia
Call number: R726 .G56 2008

* Document 142
Charles, J. Daryl
Ethics, bioethics, and the natural law -- a test case: euthanasia yesterday and today
Call number: K420 .C33 2008

* Document 143
Au, Derrick K.S.
Euthanasia and physician-assisted suicide: ongoing controversies
Hong Kong Medical Journal = Xianggang yi xue za zhi 2007 December; 13(6): 419-420
Georgetown users check Georgetown Journal Finder for access to full text

* Document 144
Lemiengre, Joke; Dierckx de Casterlé, Bernadette; Verbeke, Geert; Guisson, Catherine; Schotsmans, Paul; Gastmans, Chris
Ethics policies on euthanasia in hospitals -- a survey in Flanders (Belgium)
Health Policy 2007 December; 84(2-3): 170-180
Georgetown users check Georgetown Journal Finder for access to full text
Effect of locus of control on acceptability of euthanasia among medical students and residents in Denizli, Turkey

Journal of Palliative Care 2007 Winter; 23(4): 286-290

Georgetown users check [Georgetown Journal Finder](#) for access to full text

The role of family in euthanasia decision making

HEC (Healthcare Ethics Committee) Forum 2007 December; 19(4): 365-373

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://www.wkap.nl/jrnltoc.htm/0956-2737 (link may be outdated)

French district nurses' opinions towards euthanasia, involvement in end-of-life care and nurse-patient relationship: a national phone survey

Journal of Medical Ethics 2007 December; 33(12): 708-711

Abstract: OBJECTIVES: To assess French district nurses' opinions towards euthanasia and to study factors associated with these opinions, with emphasis on attitudes towards terminal patients. DESIGN AND SETTING: An anonymous telephone survey carried out in 2005 among a national random sample of French district nurses. PARTICIPANTS: District nurses currently delivering home care who have at least 1 year of professional experience. Of 803 district nurses contacted, 602 agreed to participate (response rate 75%). MAIN OUTCOME MEASURES: Opinion towards the legalisation of euthanasia (on a five-point Likert scale from "strongly agree" to "strongly disagree"), attitudes towards terminal patients (discussing end-of-life issues with them, considering they should be told their prognosis, valuing the role of advance directives and surrogates). RESULTS: Overall, 65% of the 602 nurses favoured legalising euthanasia. Regarding associated factors, this proportion was higher among those who discuss end-of-life issues with terminal patients (70%), who consider competent patients should always be told their prognosis (81%) and who value the role of advance directives and surrogates in end-of-life decision-making for incompetent patients (68% and 77% respectively). Women and older nurses were less likely to favour legalising euthanasia, as were those who believed in a god who masters their destiny. CONCLUSIONS: French nurses are more in favour of legalising euthanasia than French physicians; these two populations contrast greatly in the factors associated with this support. Further research is needed to investigate how and to what extent such attitudes may affect nursing practice and emotional well-being in the specific context of end-of-life home care.

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http://www.jmedethics.com (link may be outdated)

Euthanasia as a romantic motive

JAMA: The Journal of the American Medical Association 2007 November 7; 298(17): 2076

Georgetown users check [Georgetown Journal Finder](#) for access to full text

http://jama.ama-assn.org (link may be outdated)
Document 149
Hashemi, Zahra; Hossieni, Seyed Mohammad; Mortazavi, Seyed Mohammad Javad
Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine

**barasi didghah gharb va din mobin Islam dar khosousheh etanazi = A comparative evaluation of Islam and the modern medical ethics' perception of euthanasia**

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16

**Abstract:** Life in Islam is so valuable that the holy Quran states that saving the life of one person is the same as saving the life of all human beings. Based on the doctrines of this holy and divine religion, a person's life does not belong to him, but it has been entrusted to him as a loan. The safe keeping of this trust is every Moslem's obligation. One of the controversial issues of medical ethics and philosophy is the issue of life and death. A particularly challenging case in the medical ethics is the issue of euthanasia, the deliberate and intentional act which is clearly intended to end a patient's life. Based on the doctrines of some man based religions, a patient's informed request for ending his life could become a basis for justifying euthanasia, but the governing laws and religions of many countries clearly reject euthanasia as an unlawful and unethical act. World Medical Association (WMA), as part of the Hippocratic Oath, prohibits and rejects euthanasia as unethical. Considering the variability of medical issues, the modern medical ethics tries to evaluate these issues from philosophical, legal and divine perspectives. In order to do this, it needs to take into considerations many decisions and standpoints. One of the most challenging issues in this field is euthanasia. This article makes a comparative evaluation of the perspectives of the divine religions specially Islam and the modern medical ethics about the issue of euthanasia.

www.elm.ac.ir (link may be outdated)

Document 150
Pourkoshbakht, Golshid
Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine

**ghatel tarahoom amiz; jorm engari ya jorm zodaiee = Euthanasia in Iranian law: criminalization or decriminalization**

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Research Center for Ethics and Law in Medicine 2007 November 15-16

**Abstract:** The present article is an attempt to investigate oh the national legislative policies in Iran on criminalization or decriminalization of euthanasia. On studying the issue, the existing regulations concerning homicide and the general rules intact by the law makers are reviewed. Euthanasia includes “Commission clear measures to kill a patient”. It is divided into “active”, and “passive” categories; through, “letting the patient die” is still another case which in only delicately different from the former case. The approaches about criminalization or decriminalization on the issue at hand involve considering euthanasia as “a crime”, “euthanasia as a non-Crime” and “intermediary euthanasia” which considered the act as a crime if some conditions are fulfilled. In other words, relative criminalization of euthanasia is the third approach towards the issue and is the focus of attention of the present study. The present study at first seeks to review the ethical-philosophical bases of criminalization and decriminalization of euthanasia. The article elaborates on the life value and the importance of its quality, on the prescription of death by humans, and religious beliefs and trainings, as well as on the problems stemming from the cultural beliefs of the societies. The impacts of any of these in laws and regulations practiced in Iran will be well discussed. Attention will be also paid to some related issues such as suicides. With respect to all aspects on the issue, and understanding the national legislative policies, the article will attempt to study the presence of cultural beliefs or the social needs for criminalizing or decriminalizing euthanasia; yet the center of attention in the study focuses to the approaches mentioned above, with special attention to the third approach and its adjustment to general criminal laws in Iran.

www.elm.ac.ir (link may be outdated)

Document 151
Basami, Masood
Abstract: At the beginning of the 21st century, Euthanasia was propounded as an important legal and moral subject; a single definition of Euthanasia is so hard because of so many definitions submitted in this regard, so Euthanasia is defined as follow: "To kill predominately an incurable patient by physician due to be released and rescued from pain". There are five type of Euthanasia: 1-Active; 2- Passive; 3- Involuntary; 4- Voluntary; 5- Non-voluntary. But some of the physicians assisted suicide as the other kind of Euthanasia. Euthanasia is discussed from three or four points of views: Moral, Medical, Religious and Legal. From legal point of view which is the main subject of this article, in the most countries Euthanasia is deemed as homicide and consent of patient and motive compassion do not explain this action, because two of fundamentals principles of criminal law "the principle of ineffectiveness consentement la victim and principle ineffectiveness motive in nature of crime". In Islamic and Iranian law, Euthanasia is discussed and studied from two points of view: 1- from viewpoint to consent to homicide 2- from viewpoint of actus reus of homicide. From point of view of consent to homicide, some of clergyman and lawman believe that consent to homicide cause punishment (retaliation), so Euthanasia voluntary lacks retaliation. Also regarding actus reus of homicide, some of the clergy and lawmen believe that homicide is fullfilled only by action and omission cannot be actus reus of homicide, therefore passive Euthanasia which fulfill through omission, is not considered as homicide. In this article we try to explain Position of Euthanasia in Islamic and Iranian Law by studying jurisprudential laws and regulations.

www.elm.ac.ir (link may be outdated)

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Sayers, Gwen M.
Non-voluntary passive euthanasia: the social consequences of euphemisms.
European Journal of Health Law 2007 November; 14(3): 221-240
Georgetown users check Georgetown Journal Finder for access to full text

* Document 153
Benedict, Susan; Caplan, Arthur; Page, Traute Lafrenz
Duty and ‘euthanasia’: the nurses of Meseritz-Obrawalde
Nursing Ethics 2007 November; 14(6): 781-794
Georgetown users check Georgetown Journal Finder for access to full text

* Document 154
Woien, Sandra
Georgetown users check Georgetown Journal Finder for access to full text

http://bioethics.net (link may be outdated)

* Document 155
Holm, Søren
**Euthanasia in intensive care: some unresolved issues.**
Critical Care Medicine 2007 October; 35(10): 2460-2461

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* **Article**  Document 156

Kompanje, Edwin J.O; de Beaufort, Inez D.; Bakker, Jan

**Euthanasia in intensive care: a 56-year-old man with a pontine hemorrhage resulting in a locked-in syndrome.**
Critical Care Medicine 2007 October; 35(10): 2428-2430

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* **Article**  Document 157

Ellard, John

**Euthanasia: the final paradox**
Australasian Psychiatry 2007 October; 15(5): 365-367

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* **Article**  Document 158

van Marwijk, Harm; Haverkate, Ilinka; van Royen, Paul; The, Anne-Mei

**Impact of euthanasia on primary care physicians in the Netherlands**
Palliative Medicine 2007 October; 21(7): 609-614

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* **Article**  Document 159

Karlsson, Marit; Strang, Peter; Milberg, Anna

**Attitudes toward euthanasia among Swedish medical students**
Palliative Medicine 2007 October; 21(7): 615-622

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* **News**  Document 160

Fisher, Ian

**Pope's death is drawn into euthanasia debate**

[http://www.nytimes.com](http://www.nytimes.com) (link may be outdated)

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* **Article**  Document 161

Brehaux, Karine

**Libéralisme, communautarisme et euthanasie. = Liberalism, communautarism and euthanasia**
Abstract: The controversy surrounding the right to die illustrates the impossibility for political liberalism to put aside the moral and religious convictions of individuals. This is contrary to the issue of abortion, where the political values of tolerance and the equal rights of women as citizens constitute a sufficient base to conclude that women are free to chose for themselves if they wish to have an abortion or not. The claims in favor of the right to die in dignity concern a category of the population: patients at the end of life. Does the majority always win over the minority? Confronted with social emergency, political solutions put in place in favor or against the recognition of the right to die have fostered numerous political spectra, such as liberal or communitary theories.

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* Article  Document 162

Byk, Christian

Death with dignity and euthanasia: comparative European approaches.

Abstract: From 1800 to 1960, the average life expectancy doubled making medical activities a fight against death. In doing so, the dying process became medicalized. Some infectious diseases clearly disappeared while new surgical interventions, such as organ transplants, may be viewed as some kinds of human resuscitation. Sociologically, medicine has replaced religion and doctors are the new priests of our techno society. Paradoxically this has created a new fear The artificial process of dying is replacing death but it is transforming the individuals into artificially supported and suffering bodies relying on medical supervision while the family is left away, making social solidarity and compassion a relic of the past. There comes the wish to re appropriate our own death, to give a true meaning to the dying process by making it peaceful and respectful of our human dignity. This evolution takes place in a very controversial context because it is founded on various and contradictory attitudes. A rights based approach will support both the termination of futile treatment and active euthanasia while a duty-based approach will allow the physicians to accept responding positively to death claims that follow some predetermined criteria and refused others.

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Article  Document 163

Abbasi, Mahmoud

L'euthanasie en droit Musulman. = Euthanasia in Muslim law

Abstract: If a physician accepts to conduct an act of euthanasia or assisted suicide, would it be possible for him to be charged with homicide or even, is patient consent or motivation of the physician, susceptible to change the nature of the criminal act? Since the 1990s, a transformation has occurred in the way of dealing with these questions and figures from the world of philosophy, ethics and law can now be found in favor of euthanasia and assisted suicide. In certain countries, legislation has even been modified to follow this pattern. In consequence, besides the philosophical and ethical dimensions of this issue, it has become necessary to reexamine, even to revise, the notion of responsibility concerning euthanasia in Muslim law from new bases constituted by the doctrine of the Ulemas.

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* Article  Document 164

Shaw, David

The body as unwarranted life support: a new perspective on euthanasia
Journal of Medical Ethics 2007 September; 33(9): 519-521

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http://www.jmedethics.com (link may be outdated)
Document 165

Kumas, Gülsah; Öztunç, Gürsel; Alparslan, Z. Nazan

**Intensive care unit nurses' opinions about euthanasia**

Nursing Ethics 2007 September; 14(5): 637-650

**Abstract:** This study was conducted to gain opinions about euthanasia from nurses who work in intensive care units. The research was planned as a descriptive study and conducted with 186 nurses who worked in intensive care units in a university hospital, a public hospital, and a private not-for-profit hospital in Adana, Turkey, and who agreed to complete a questionnaire. Euthanasia is not legal in Turkey. One third (33.9%) of the nurses supported the legalization of euthanasia, whereas 39.8% did not. In some specific circumstances, 44.1% of the nurses thought that euthanasia was being practiced in our country. The most significant finding was that these Turkish intensive care unit nurses did not overwhelmingly support the legalization of euthanasia. Those who did support it were inclined to agree with passive rather than active euthanasia (P = 0.011).

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Document 166

Allsopp, Michael E.

**A Merciful End: The Euthanasia Movement in Modern America, by Ian Dowbiggin [book review]**

National Catholic Bioethics Quarterly 2007 Autumn; 7(3): 627-630

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Document 167

**Aussie seniors create euthanasia coffee pot [news]**


http://www.news.com.au/ (link may be outdated)

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Stolberg, Michael

**Active euthanasia in pre-modern society, 1500-1800: learned debates and popular practices.**

Social History of Medicine 2007 August; 20(2): 205-221

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Document 169

Eberl, Jason T.

**Issues and the end of human life: PVS patients, euthanasia, and organ donation**


Call number: QH332 .E24 2006

Document 170

Berghs, Maria; Dierckx de Casterlé, Bernadette; Gastmans, Chris

**Practices of responsibility and nurses during the euthanasia programs of Nazi Germany: a discussion paper**

**Document 171**

Fatemi, Seyed Mohammed Ghari S.

**Autonomy, euthanasia and the right to die with dignity: a comparison of Kantian ethics and Shi’ite teachings**

Islam and Christian-Muslim Relations 2007 July; 18(3): 345-353

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 172**

McCabe, Helen

**Nursing involvement in euthanasia: a 'nursing-as-healing-praxis' approach**

Nursing Philosophy 2007 July; 8(3): 176-186

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 173**

McCabe, Helen

**Nursing involvement in euthanasia: how sound is the philosophical support?**

Nursing Philosophy 2007 July; 8(3): 167-175

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**Document 174**

Griffith, Richard

**Euthanasia: is there a case for changing the law?**


Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 175**

Howsepian, A.A.

**Cerebral neurophysiology, 'Libetian' action, and euthanasia**

Ethics and Medicine: An International Journal of Bioethics 2007 Summer; 23(2): 103-111

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 176**

Galanakis, E.; Dimoliatis, I.D.K.

**Early European attitudes towards "good death": Eugenios Voulgaris, Treatise on euthanasia, St Petersburg, 1804**

Medical Humanities 2007 June; 33(1): 1-4

**Abstract:** Eugenios Voulgaris (Corfu, Greece, 1716; St Petersburg, Russia, 1806) was an eminent theologian and scholar, and bishop of Kherson, Ukraine. He copiously wrote treatises in theology, philosophy and sciences, greatly influenced the development of modern Greek thought, and contributed to the perception of Western thought.
throughout the Eastern Christian world. In his Treatise on euthanasia (1804), Voulgaris tried to moderate the fear of death by exalting the power of faith and trust in the divine providence, and by presenting death as a universal necessity, a curative physician and a safe harbour. Voulgaris presented his views in the form of a consoling sermon, abundantly enriched with references to classical texts, the Bible and the Church Fathers, as well as to secular sources, including vital statistics from his contemporary England and France. Besides euthanasia, he introduced terms such as dysthaneia, etoimothanesia and prothanesia. The Treatise on euthanasia is one of the first books, if not the very first, devoted to euthanasia in modern European thought and a remarkable text for the study of the very early European attitudes towards "good death". In the Treatise, euthanasia is clearly meant as a spiritual preparation and reconciliation with dying rather than a physician-related mercy killing, as the term progressed to mean during the 19th and the 20th centuries. This early text is worthy of study not only for the historian of medical ethics or of religious ethics, but for everybody who is trying to courageously confront death, either in private or in professional settings.

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http://www.medicalhumanities.com (link may be outdated)

**Document 177**

Kakuk, Peter

*Title*

The slippery slope of the middle ground: reconsidering euthanasia in Britain

*HEC (Healthcare Ethics Committee) Forum 2007 June; 19(2):145-159*

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**Document 178**

Chaloner, C.; Sanders, K.

*Title*

Euthanasia: the legal issues

*Nursing Standard 2007 May 16-22; 21(36): 42-46*

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**Document 179**

Sanders, K.; Chaloner, C.

*Title*

Voluntary euthanasia: ethical concepts and definitions

*Nursing Standard 2007 May 9-15; 21(35): 41-44*

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Heo, Yang Hee

*Title*

Viewpoints of euthanasia between the public and nurses [abstract]

*Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 80*

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*Title*
Hughes, J.T.  
Neuropathology in Germany during World War II: Julius Hallervorden (1882-1965) and the Nazi programme of 'euthanasia'.  
Journal of Medical Biography 2007 May; 15(2): 116-122

Borgsteede, Sander D.; Deliens, Luc; Graafland-Riedstra, Corrie; Francke, Anneke L.; van der Wal, Gerrit; Willems, Dick L.  
Communication about euthanasia in general practice: opinions and experiences of patients and their general practitioners  
Patient Education and Counseling 2007 May; 66(2): 156-161

Carter, G.L.; Clover, K.A.; Parkinson, L.; Rainbird, K.; Kerridge, I.; Ravenscroft, P.; Cavenagh, J.; McPhee, J.  
Mental health and other clinical correlates of euthanasia attitudes in an Australian outpatient cancer population.  
Psycho-Oncology 2007 April; 16(4): 295-303

Norwood, Frances  
Nothing more to do: euthanasia, general practice, and end-of-life discourse in the Netherlands.  
Medical Anthropology 2007 April-June; 26(2): 139-172

van Bruchem-van de Scheur, G.G.; van der Arend, Arie J.G.; Spreeuwenberg, Cor; Abu-Saad, Huda Huijer; ter Meulen, Ruud H.J.  
Euthanasia and physician-assisted suicide in the Dutch homecare sector: the role of the district nurse  
Spurgeon, Brad

**Doctors sign petition calling for euthanasia to be decriminalised [news]**
BMJ: British Medical Journal 2007 March 17; 334(7593): 555

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http://www.bmj.com (link may be outdated)

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France: doctor convicted of euthanasia but avoids prison


http://www.nytimes.com (link may be outdated)

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Smith, Craig S.

**France: doctors petition for euthanasia**

http://www.nytimes.com (link may be outdated)

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Huxtable, Richard; Möller, Maaike

**'Setting a principled boundary'? Euthanasia as a response to 'life fatigue'**
Bioethics 2007 March; 21(3): 117-126

Abstract: The Dutch case of Brongersma presents novel challenges to the definition and evaluation of voluntary euthanasia since it involved a doctor assisting the suicide of an individual who was (merely?) 'tired of life'. Legal officials had called on the courts to 'set a principled boundary', excluding such cases from the scope of permissible voluntary euthanasia, but they arguably failed. This failure is explicable, however, since the case seems justifiable by reference to the two major principles in favour of that practice, respect for autonomy and beneficence. Ultimately, it will be argued that those proponents of voluntary euthanasia who are wary of its use in such circumstances may need to draw upon 'practical' objections, in order to erect an otherwise arbitrary perimeter. Furthermore, it will be suggested that the issues raised by the case are not peculiarly Dutch in nature and that, therefore, there are lessons here for other jurisdictions too.

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Euthanasia in Oregon: by any other name

Economist 2007 February 17; 1 p.

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Cameron, Andrew; Nodder, Tracy; Watts, Lisa
Euthanasia and the abandonment of life

http://www.sydneyanglicans.net/socialissues (link may be outdated)

Document 193
Aramesh, Kiarash; Heydar, Shadi
Euthanasia: an Islamic ethical perspective
Abstract: Euthanasia which is defined generally as the deliberate killing of a person for his/her benefit, raises moral and religious questions such as: is it ever right for another person to end the life of a terminally ill patient who is in severe pain or enduring other suffering? Under what circumstances euthanasia is right? In this article we are going to discuss this topic from Islamic perspective through reviewing Islamic primary texts and contemporary Muslim scholar's point of views. We have used three main sources: a. the Islamic primary source, Holy Koran; b. religious opinions and decrees (Fatwas) from great Muslim scholars; and c. the Islamic codes of medical ethics. Islamic jurisprudence, based on a convincing interpretation of the holy koran, does not recognize a person's right to die voluntarily. According to Islamic teachings, life is a divine trust and cannot be terminated by any form of active or passive voluntary intervention. There are two instances, however, that could be interpreted as passive assistance in allowing a terminally ill patient to die and would be permissible by Islamic law.

Georgetown users check Georgetown Journal Finder for access to full text

http://iranmedex.com (link may be outdated)

Document 194
Varelius, Jukka
Illness, suffering and voluntary euthanasia
Bioethics 2007 February; 21(2): 75-83
Abstract: It is often accepted that we may legitimately speak about voluntary euthanasia only in cases of persons who are suffering because they are incurably injured or have an incurable disease. This article argues that when we consider the moral acceptability of voluntary euthanasia, we have no good reason to concentrate only on persons who are ill or injured and suffering.

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Document 195
Cavlak, Ugur; Aslan, Ummuhan Bas; Gurso, Suleyman; Yagci, Nesrin; Yeldan, Ipek
Attitudes of physiotherapists and physiotherapy students toward euthanasia: a comparative study.

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Papadimitriou, John D.; Skiadas,Panayiotis; Mavrantonis, Constantino S.; Polimeropoulos, Vassilis; Papadimitriou, Dimitris J.; Papacostas, Kyriaki J.
Euthanasia and suicide in antiquity: viewpoint of the dramatists and philosophers
**Document 197**

Bendiane, Marc Karim; Bouhnik, Anne-Deborah; Favre, Roger; Galinier, Anne; Obadia, Yolande; Moatti, Jean-Paul; Peretti-Watel, Patrick

**Morphine prescription in end-of-life care and euthanasia: French home nurses' opinions**


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**Document 198**

Georges, Jean-Jacques.; Onwuteaka-Philipsen, Bregje D.; Muller, Martien T.; Van Der Wal, Gerrit.; Van Der Heide, Agnes; Van Der Maas, Paul J.

**Relatives' perspective on the terminally ill patients who died after euthanasia or physician-assisted suicide: a retrospective cross-sectional interview study in the Netherlands**


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**Document 199**

Garcia, J.L.A.

**Health versus harm: euthanasia and physicians' duties**


**Abstract:** This essay rebuts Gary Seay's efforts to show that committing euthanasia need not conflict with a physician's professional duties. First, I try to show how his misunderstanding of the correlativity of rights and duties and his discussion of the foundation of moral rights undermine his case. Second, I show aspects of physicians' professional duties that clash with euthanasia, and that attempts to avoid this clash lead to absurdities. For professional duties are best understood as deriving from professional virtues and the commitments and purposes with which the professional as such ought to act, and there is no plausible way in which her death can be seen as advancing the patient's medical welfare. Third, I argue against Prof. Seay's assumption that apparent conflicts among professional duties must be resolved through "balancing" and argue that, while the physician's duty to extend life is continuous with her duty to protect health, any duty to relieve pain is subordinate to these. Finally, I show that what is morally determinative here, as throughout the moral life, is the agent's intention and that Prof. Seay's implicitly preferred consequentialism threatens not only to distort moral thinking but would altogether undermine the medical (and any other) profession and its internal ethics.

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Engdahl, Sylvia, ed.

**EUTHANASIA**


Call number: [R726_E783_2007](#)

**Document 201**

Huxtable, Richard
**EUTHANASIA, ETHICS AND THE LAW: FROM CONFLICT TO COMPROMISE**
Call number: K3611 .E95 H89 2007

* Book  Document 202
Yount, Lisa
RIGHT TO DIE AND EUTHANASIA
Call number: R726 .Y673 2007

* Book  Document 203
Williams, Glenys
INTENTION AND CAUSATION IN MEDICAL NON-KILLING: THE IMPACT OF CRIMINAL LAW CONCEPTS ON EUTHANASIA AND ASSISTED SUICIDE
Call number: KD3410 .E88 W55 2007

* Article  Document 204
Walters, LeRoy
Paul Braune confronts the National Socialists' "euthanasia" program.
Holocaust and genocide studies 2007; 21(3): 454-87
Abstract: On July 9, 1940, asylum director Paul Braune completed a twelve-page memorandum, or Denkschrift, on the National Socialists' T-4 "euthanasia" program. The memorandum identified three killing centers within a carefully planned, Reich-wide program and summarized what Braune's research had uncovered about the fate of asylum patients at various T-4 facilities. Braune estimated that several thousand disabled people had been murdered between February and June 1940. After Protestant church leaders formally submitted Braune's memorandum to the Reich Chancellery, Braune was arrested by the Gestapo-pursuant to a direct order by Reinhard Heydrich—for having "sabotaged measures of the state in an irresponsible way." Despite Braune's protest, the killing of German asylum patients continued unabated. This article shows what a determined German citizen, assisted by an extensive network of information sources, was able to learn about the "euthanasia" program during the first six months of its implementation, and reveals the formidable difficulties that opponents of the program faced in their efforts to stop the killing of disabled people.
Georgetown users check Georgetown Journal Finder for access to full text

* Document 205
Greece. Holy Synod of the Church of Greece. Bioethics Committee
Basic positions on the ethics of euthanasia

http://www.bioethics.org.gr/en/Euthanasia4l.pdf (link may be outdated)

* Chapter  Document 206
Jackson, Emily
Death, euthanasia and the medical profession
Call number: GT3150 .D43 2007
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Ravvaz, Kourosh; Patrick, Timothy B.
**An ethical review of euthanasia web sites.**
American Medical Informatics Association Annual Symposium Proceedings 2007: 1088
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Polacek, Kelly Myer
**Controversial issues: euthanasia - a guide to resources**
Medical Reference Services Quarterly 2007; 26(2): 65-74
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Kamm, F.M.
**Brody on passive and active euthanasia**
Call number: [R725.57 .P588 2007](#)

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Kopelman, Loretta M.
**Is withholding artificial nutrition and hydration from PVS patients active euthanasia?**

Document 211
Tong, Rosemarie
**Euthanasia, assisted suicide, and palliative care**
Call number: [R724 .T564 2007](#)

Document 212
Huxtable, Richard
**Euthanasia and principled health care ethics: from conflict to compromise?**
Call number: [R724 .P69 2007](#)

Document 213
Sweetman, Brendan
**Two arguments against euthanasia**
Document 214

Lewis, Milton James

**Medicine and euthanasia**


Document 215

Cohen, J.; Marcoux, I.; Bilsen, J.; Deboosere, P.; van der Wal, G.; Deliens, L.

**Trends in acceptance of euthanasia among the general public in 12 European countries (1981-1999)**

European Journal of Public Health 2006 December; 16(6): 663-669

Document 216

Gevers, J.K.M.

**Terminal sedation: between pain relief, withholding treatment and euthanasia**


**Abstract:** In the last five to ten years there has been increasing debate on terminal sedation, a medical practice that is difficult to place between other decisions at the end of life, like alleviating pain, withholding treatment, and (in jurisdictions where this is allowed) euthanasia or physician-assisted suicide. Terminal sedation is the administration of sedative drugs with the aim to reduce the consciousness of a terminal patient in order to relieve distress. It is frequently accompanied by the withdrawal (or withholding) of life-sustaining interventions, such as hydration and nutrition. It is typically a measure of the last resort, to be considered in situations where all other measures to reduce pain and suffering have failed. While similar to palliative measures as far as the sedation itself is concerned, withholding of hydration and nutrition brings terminal sedation into the realm of non treatment decisions. At the same time, to the extent that the combination of these two measures may shorten the patient's life, the practice may be easily associated with euthanasia. It is no surprise therefore, that terminal sedation has been called (and has been disqualified as) 'slow euthanasia' or 'backdoor euthanasia'. This paper addresses the question how terminal sedation may be looked upon from a legal point of view. Is it indeed a disguised form of euthanasia, or should it be considered as a practice in its own right? In the latter case, what does it imply in legal terms, and under which conditions and safeguards could it be legally justified? To answer these questions, I will look first at the different clinical realities that may be brought under the heading 'terminal sedation'. Then I will deal with its two components—sedation on the one hand, and withholding artificial feeding on the other—in a legal perspective. The paper ends with conclusions on terminal sedation as a whole.

Document 217

Iltis, Ana S.

**On the impermissibility of euthanasia in Catholic healthcare organizations**

Christian Bioethics 2006 December; 12(3): 281-290

**Abstract:** Roman Catholic healthcare institutions in the United States face a number of threats to the integrity of their missions, including the increasing religious and moral pluralism of society and the financial crisis many organizations face. These organizations in the United States often have fought fervently to avoid being obligated to provide interventions they deem intrinsically immoral, such as abortion. Such institutions no doubt have made numerous accommodations and changes in how they operate in response to the growing pluralism of our society, but they have resisted crossing certain lines and providing particular interventions deemed objectively wrong. Catholic hospitals in Belgium have responded differently to pluralism. In response to a growing diversity of moral views and to
the Belgian Act of Euthanasia of 2002, Catholic hospitals in Belgium now engage in euthanasia. This essay examines a defense that has been offered of this practice of euthanasia in Catholic hospitals and argues that it is misguided.

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* Document 218
Manninen, B.A.
A case for justified non-voluntary active euthanasia: exploring the ethics of the Groningen Protocol
Journal of Medical Ethics 2006 November; 32(11): 643-651

Abstract: One of the most recent controversies to arise in the field of bioethics concerns the ethics for the Groningen Protocol: the guidelines proposed by the Groningen Academic Hospital in The Netherlands, which would permit doctors to actively euthanise terminally ill infants who are suffering. The Groningen Protocol has been met with an intense amount of criticism, some even calling it a relapse into a Hitleresque style of eugenics, where people with disabilities are killed solely because of their handicaps. The purpose of this paper is threefold. First, the paper will attempt to disabuse readers of this erroneous understanding of the Groningen Protocol by showing how such a policy does not aim at making quality-of-life judgements, given that it restricts euthanasia to suffering and terminally ill infants. Second, the paper illustrates that what the Groningen Protocol proposes to do is both ethical and also the most humane alternative for these suffering and dying infants. Lastly, responses are given to some of the worries expressed by ethicists on the practice of any type of non-voluntary active euthanasia.

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Louhiala, P.; Hilden, H.-M.
Attitudes of Finnish doctors towards euthanasia in 1993 and 2003
Journal of Medical Ethics 2006 November; 32(11): 627-628

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Oliver, D.
A perspective on euthanasia
British Journal of Cancer 2006 October 23; 95(8): 953-954

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* Document 221
Gastmans, Chris; Lemiereng, Joke; de Casterlé, Bernadette Dierckx
Development and communication of written ethics policies on euthanasia in Catholic hospitals and nursing homes in Belgium (Flanders)
Patient Education and Counseling 2006 October; 63(1-2): 188-195

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* Article  Document 222
Rousseau, Paul
**Allegations of euthanasia**
American Journal of Hospice and Palliative Care 2006 October-November; 23(5): 422-423
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* Article  Document 223
Gesundheit, Benjamin; Steinberg, Avraham; Glick, Shimon; Or, Reuven; Jotkovitz, Alan
**Euthanasia: an overview and the jewish perspective**
Cancer Investigation 2006 October; 24(6): 621-629
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Michalsen, Andrej; Reinhart, Konrad
"Euthanasia": a confusing term, abused under the Nazi regime and misused in present end-of-life debate
Intensive Care Medicine 2006 September; 32(9): 1304-1310
Georgetown users check [Georgetown Journal Finder](#) for access to full text

* Article  Document 225
Peiffer, Jürgen
**Phases in the postwar German reception of the "Euthanasia Program" (1939-1945) involving the killing of the mentally disabled and its exploitation by neuroscientists**
Journal of the History of the Neurosciences 2006 September; 15(3): 210-244
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Article  Document 226
Weyers, Heleen
**Explaining the emergence of euthanasia law in the Netherlands: how the sociology of law can help the sociology of bioethics**
Sociology of Health and Illness 2006 September; 28(6): 802-816
Call number: [Special Issue shelf](#)
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Article  Document 227
Sheldon, Tony
**Letting Him Down: making the euthanasia decision easier [film review]**
BMJ: British Medical Journal 2006 September 9; 333(7567): 556
Georgetown users check [Georgetown Journal Finder](#) for access to full text
**Document 228**
Cohen, Joachim; Marcoux, Isabelle; Bilsen, Johan; Deboosere, Patrick; van der Wal, Gerrit; Deliens, Luc

*European public acceptance of euthanasia: socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries.*
Social Science and Medicine 2006 August; 63(3): 743-756

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**Document 229**
Ray, Ratna; Raju, Mohan

*Attitude towards euthanasia in relation to death anxiety among a sample of 343 nurses in India*
Psychological Reports 2006 August; 99(1): 20-26

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**Document 230**
Smith, Wesley J.

*Life unworthy of life [review of A Concise History of Euthanasia, by Isan Dowbiggin]*
First Things 2006 August-September; (165): 61-64

Georgetown users check [Georgetown Journal Finder](http://www.firstthings.com) for access to full text

**Document 231**
Delkeskamp-Hayes, Corinna

*Freedom-costs of canonical individualism: enforced euthanasia tolerance in Belgium and the problem of European liberalism*

**Abstract:** Belgium's policy of not permitting Catholic hospitals to refuse euthanasia services rests on ethical presuppositions concerning the secular justification of political power which reveal the paradoxical character of European liberalism: In endorsing freedom as a value (rather than as a side constraint), liberalism prioritizes first-order intentions, thus discouraging lasting moral commitments and the authority of moral communities in supporting such commitments. The state itself is thus transformed into a moral community of its own. Alternative policies (such as an explicit moral diversification of public healthcare or the greater tolerance for Christian institutions in the Netherlands) are shown to be incompatible with Europe's liberal concern with securing social and material freedom resources, as well as the concern with equality of opportunity, as embodied in the European Union's anti-discrimination labor law. The essay's argument for the preferability of a libertarian solution closes with the challenge that only if the provision of public healthcare can be shown to be rationally indispensable for a morally justified polity, could the exposed incoherence of modern European liberalism be generously discounted.

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**Document 232**
Sleeboom-Faulkner, Margaret

*Chinese concepts of euthanasia and health care*
Bioethics 2006 August; 20(4): 203-212

**Abstract:** This article argues that taking concepts of euthanasia out of their political and economic contexts leads to violations of the premises on which the Stoic ideal of euthanasia is based: 'a quick, gentle and honourable death.'
For instance, the transplantation of the narrowly defined concept of euthanasia developed under the Dutch welfare system into a developing country, such as the People's Republic of China (PRC), seems inadequate. For it cannot deal with questions of anxiety about degrading forms of dying and suffering without reference to its economic rationale, demanded by a scarcity (unequal distribution) of health care resources. The weakness of health care provisions for the terminally ill in Mainland China has become increasingly poignant since the collapse of collective health care institutions in the countryside since the reforms of the late-1980s. As in most cases where health care facilities are wanting, it is difficult to apply the criteria of gentleness and dignity at reaching death. Its solution lies not in a faster relief from suffering by euthanasia, but in extending the quality of life through distributive justice within Chinese healthcare policy-making. This paper begins with a brief description of the Dutch euthanasia law, after which it discusses Chinese conceptions of euthanasia in biomedical textbooks, the media and in surveys. It concludes by pointing out the need for a transnational framework in which both the specifics and generalities of euthanasia can be discussed.

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De Bal, N.; Dierckx de Casterlé, B.; De Beer, T.; Gastmans, C.  
**Involvement of nurses in caring for patients requesting euthanasia in Flanders (Belgium): a qualitative study.**  

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Commission consultative nationale d'éthique pour les sciences de la vie et de la santé [C.N.E.] (Luxembourg); Section des sciences morales et politiques (Luxembourg); Sciences médicales de l'Institute Grand-Ducal (Luxembourg)  
**Faut-il dépenaliser l'euthanasie? [Should we de-penalize euthanasia?]**  
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Gert, Bernard; Culver, Charles M.; Clouser, K. Danner  
**Euthanasia.**  
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Herranz, Gonzalo  
**Euthanasia: an uncontrollable power over death**  
National Catholic Bioethics Quarterly 2006 Summer; 6(2): 263-269

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Castledine, George  
**Are nurses concerned over legalizing euthanasia?**  
British Journal of Nursing 2006 May 25-June 7; 15(10): 587
Number of Dutch cases of euthanasia rises [news]
BMJ: British Medical Journal 2006 May 13; 332(7550): 1110

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Naudts, Kris; Ducatelle, Caroline; Kovacs, Jozsef; Laurens, Kristin; van den Eynede, Frederique; van Heeringen, Cornelis
Euthanasia: the role of the psychiatrist
British Journal of Psychiatry 2006 May; 188: 405-409

Duncan, O.D.; Parmelee, L.F.
Trends in public approval of euthanasia and suicide in the US, 1947-2003
Journal of Medical Ethics 2006 May; 32(5): 266-272

Leget, C.
Boundaries, borders, and limits. A phenomenological reflection on ethics and euthanasia
Journal of Medical Ethics 2006 May; 32(5): 256-259

Abstract: The subject of euthanasia divides both people and nations. It will always continue to do so because the arguments for and against this issue are intrinsically related to each other. This paper offers an analysis of the interrelation of the arguments, departing from a phenomenology of boundaries. From the participant perspective the boundary of euthanasia appears as a limit. From a helicopter perspective it appears as a border. Reflecting on both perspectives they turn out to complement each other: the positive effects of the former correspond to the negative effects of the latter. In order to see how this interrelation of viewpoints works out in the case of euthanasia a paradigmatic case is analysed from the perspective of the patient, the doctor, and the family. This phenomenological analysis does not directly lead to normative conclusions. It helps by both paying attention to, and dealing with, the complexity of the issue with intellectual honesty.

Marker, Rita L.
Euthanasia and assisted suicide today
Society 2006 May-June; 43(4): 59-67
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Cartwright, C.M.; Williams, G.M.; Parker, M.H.; Steinberg, M.A.
**Does being against euthanasia legislation equate to being anti-euthanasia?**
Internal Medicine Journal 2006 April; 36(4): 256-259

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Gastmans, Chris; Lemiengre, Joke; Dierckx de Casterlé, Bernadette
**Role of nurses in institutional ethics policies on euthanasia**

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Bishop, J.P.
**Framing euthanasia**
Journal of Medical Ethics 2006 April; 32(4): 225-228

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Bishop, J.P.
**Euthanasia, efficiency, and the historical distinction between killing a patient and allowing a patient to die**
Journal of Medical Ethics 2006 April; 32(4): 220-224

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de Casterlé, B. Dierckx; Verpoort, C.; De Bal, N.; Gastmans, C.
**Nurses' views on their involvement in euthanasia: a qualitative study in Flanders (Belgium)**
Journal of Medical Ethics 2006 April; 32(4): 187-192

Document 248
Bishop, J.P.
Hartling, O.J.

**Euthanasia -- the illusion of autonomy**

*Abstract:* The paper deals with some of the more common arguments used for the legalisation of voluntary euthanasia. It looks at these arguments from an ethical and philosophical point of view. First, the argument that to offer a person the possibility of euthanasia is to respect that person's autonomy is questionable. Can a person's decision on euthanasia be really autonomous? If euthanasia were legal everybody would be conscious of this option: the patient, the doctor, the family and the nursing staff. Thus, there could be indirect pressure on the patient to make a decision. The choice is meant to be free but the patient is not free not to make the choice. Secondly, a choice that seeks to alleviate suffering and thus improve life by annihilating it is irrational. Thirdly, autonomy as to one's own death is hardly exercised freely. Even an otherwise competent person may not be competent in deciding on his own death on account of despair, hopelessness, fear or maybe a feeling of being weak, superfluous and unwanted. This is a very uncertain base for decision-making, especially in the irrevocable decision of euthanasia. Finally, a competent person usually makes any choice in a responsible way and after due consideration; a 'good' decision should consider and respect the wishes and feelings of others. This will be no less the case in making a decision on the so-called free choice of euthanasia. Thus 'normal' behaviour in decision making will only add to the tendency of the already depressed person to feel a burden on his family, the staff and even on society.

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Mr. Marty's muddle: a superficial and selective case for euthanasia in Europe
Journal of Medical Ethics 2006 January; 32(1): 29-33

Abstract: In April 2004 the Parliamentary Assembly of the Council of Europe debated a report from its Social, Health and Family Affairs Committee (the Marty Report), which questioned the Council of Europe's opposition to legalising euthanasia. This article exposes the Report's flaws, not least its superficiality and selectivity.

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Euthanasia for existential reasons

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Document 259

Doyal, Len

**The futility of opposing the legalisation of non-voluntary and voluntary euthanasia**


Call number: K3601.F57 2006

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Campbell, Tom

**Euthanasia as a human right**


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**The journey from ethics to law: the case of euthanasia**

In: Rehmann-Sutter, Christoph; Düwell, Marcus; Mieth, Dietmar, eds. Bioethics in Cultural Contexts: Reflections on Methods and Finitude. Dordrecht: Springer, 2006: 121-128

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Ahmed, A.M.; Kheir, M.M.

**Attitudes towards euthanasia among final-year Khartoum University medical students**


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Siegel-Itzkovich, Judy

**Israelis turn to timer device to facilitate passive euthanasia [news]**

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Georges, Jean-Jacques; Onwuteaka-Philipsen, Bregie D.; van der Wal, Gerrit; van der Heide, Agnes; van der Maas, Paul J.

**Differences between terminally ill cancer patients who died after euthanasia had been performed and terminally ill cancer patients who did not request euthanasia**
Comby, M.C.; Filbet, M.  
The demand for euthanasia in palliative care units: a prospective study in seven units of the 'Rhône-Alpes' region  
Palliative Medicine 2005 December; 19(8): 587-593  
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Roig-Franzia, Manuel; Connolly, Ceci  
La.(Louisiana) investigates allegations of euthanasia at hospital; autopsies sought on 45 in post-Katrina inquiry  
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Seay, Gary  
Euthanasia and physicians' moral duties  
Journal of Medicine and Philosophy 2005 October; 30(5): 517- 533  
Abstract: Opponents of euthanasia sometimes argue that it is incompatible with the purpose of medicine, since physicians have an unconditional duty never to intentionally cause death. But it is not clear how such a duty could ever actually be unconditional, if due consideration is given to the moral weight of countervailing duties equally fundamental to medicine. Whether physicians' moral duties are understood as correlative with patients' moral rights or construed noncorrelatively, a doctor's obligation to abstain from intentional killing cannot be more than a defeasible duty.  
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Parker, Malcolm  
End games: euthanasia under interminable scrutiny  
Bioethics 2005 October; 19(5-6): 523-536  
Abstract: It is increasingly asserted that the disagreements of abstract principle between adversaries in the euthanasia debate fail to account for the complex, particular and ambiguous experiences of people at the end of their lives. A greater research effort into experiences, meaning, connection, vulnerability, and motivation is advocated, during which the euthanasia 'question' should remain open. I argue that this is a normative strategy, which is
felicitous to the status quo and further medicalises the end of life, but which masquerades as a value-neutral assertion about needing more knowledge.

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Onwuteaka-Philipsen, Bregje D.; van der Heide, Agnes; Muller, Martien T.; Rurup, Mette; Rietjens, Judith A.C.; Georges, Jean-Jacques; Vrakking, Astrid M.; Cuperus-Bosma, Jacqueline M.; van der Wal, Gerrit; van der Maas, Paul J.
Dutch experience of monitoring euthanasia
BMJ: British Medical Journal 2005 September 24; 331(7518): 691-693

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Legalised euthanasia will violate the rights of vulnerable patients
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Taking the final step: changing the law on euthanasia and physician assisted suicide: time for change
BMJ: British Medical Journal 2005 September 24; 331(7518): 681-683

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van der Lee, Marije L.; van der Bom, Johanna G.; Swarte, Nikkie B.; Heintz, A. Peter; de Graeff, Alexander; van den Bout, Jan
Euthanasia and depression: a prospective cohort study among terminally ill cancer patients
Journal of Clinical Oncology 2005 September 20; 23(27): 6607-6612

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Jans, Jan
The Belgian "Act on Euthanasia": clarifying context, legislation, and practice from an ethical point of view"

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Mayda, Atilla Senih; Özkar, Erdem; Çorapçioglu, Funda
**Attitudes of oncologists toward euthanasia in Turkey**
Palliative and Supportive Care 2005 September; 3(3): 221-225

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Johansen, Sissel; Holen, Jacob C.; Kaasa, Stein; Loge, Jon Håvard; Materstvedt, Lars Johan
**Attitudes towards, and wishes for, euthanasia in advanced cancer patients at a palliative medicine unit**
Palliative Medicine 2005 September; 19(6): 454-460

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Marcoux, Isabelle; Onwuteaka-Philipsen, Bregje D.; Jansen-van der Weide, Marijke C.; van der Wal, Gerrit
**Withdrawing an explicit request for euthanasia or physician-assisted suicide: a retrospective study on the influence of mental health status and other patient characteristics**
Psychological Medicine 2005 September; 35(9): 1265-1274

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Price, David
**An Analytical Study of the Legal, Moral, and Ethical Aspects of the Living Phenomenon of Euthanasia, by Suzanne Ost [book review]**
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McGee, Andrew
**Finding a way through the ethical and legal maze: withdrawal of medical treatment and euthanasia**
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Frank, Gary
**Euthanasia and palliative care: a history of the debate over the last 200 years [abstract]**
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Talib, Norchaya
Dilemmas surrounding passive euthanasia – a Malaysian perspective
Medicine and Law: World Association for Medical Law 2005 September; 24(3): 605-613
Abstract: In western societies where the principle of autonomy is jealously guarded, perhaps active euthanasia is more often the focus of public concern and debates rather than any other forms of euthanasia. However due to the advance in technology and its corresponding ability in prolonging life, in Malaysia passive euthanasia presents more of a dilemma. For those concerned and involved with end of life decision-making, it is generally agreed that this is an area fraught with not only medical but legal and ethical issues. In Malaysia where the society is not homogenous but is multi-cultural and multi-religious, in addition to medical, legal and ethical issues, religious principles and cultural norms further impact and play significant roles in end of life decision-making. This paper seeks to identify the issues surrounding the practice of passive euthanasia in Malaysia. It will be shown that despite applicable legal provisions, current practice of the medical profession combined with religious and cultural values together affect decision-making which involves the withholding and/or withdrawing of life-saving treatment.

Document 284
Jansen-van der Weide, Marijke C.; Onwuteaka-Philipsen, Bregje D.; van der Wal, Gerrit
Granted, undecided, withdrawn, and refused requests for euthanasia and physician-assisted suicide
Archives of Internal Medicine 2005 August 8-22; 165(15): 1698-1704
Abstract: BACKGROUND: The aims of this study were to obtain information about the characteristics of requests for euthanasia and physician-assisted suicide (EAS) and to distinguish among different types of situations that can arise between the request and the physician's decision. METHODS: All general practitioners in 18 of the 23 Dutch general practitioner districts received a written questionnaire in which they were asked to describe the most recent request for EAS they received. RESULTS: A total of 3614 general practitioners responded to the questionnaire (response rate, 60%). Of all explicit requests for EAS, 44% resulted in EAS. In the other cases the patient died before the performance (13%) or finalization of the decision making (13%), the patient withdrew the request (13%), or the physician refused the request (12%). Patients' most prominent symptoms were "feeling bad," "tiredness," and "lack of appetite." The most frequently mentioned reasons for requesting EAS were "pointless suffering," "loss of dignity," and "weakness." The patients' situation met the official requirements for accepted practice best in requests that resulted in EAS and least in refused requests. A lesser degree of competence and less unbearable and hopeless suffering had the strongest associations with the refusal of a request. CONCLUSIONS: The complexity of EAS decision making is reflected in the fact that besides granting and refusing a request, 3 other situations could be distinguished. The decisions physicians make, the reasons they have for their decisions, and the way they arrived at their decisions seem to be based on patient evaluations. Physicians report compliance with the official requirements
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The complexity of nurses' attitudes toward euthanasia: a review of the literature
Journal of Medical Ethics 2005 August; 31(8): 441-446

Abstract: In this literature review, a picture is given of the complexity of nursing attitudes toward euthanasia. The myriad of data found in empirical literature is mostly framed within a polarised debate and inconclusive about the complex reality behind attitudes toward euthanasia. Yet, a further examination of the content as well as the context of attitudes is more revealing. The arguments for euthanasia have to do with quality of life and respect for autonomy. Arguments against euthanasia have to do with non-maleficence, sanctity of life, and the notion of the slippery slope. When the context of attitudes is examined a number of positive correlates for euthanasia such as age, nursing specialty, and religion appear. In a further analysis of nurses' comments on euthanasia, it is revealed that part of the complexity of nursing attitudes toward euthanasia arises because of the needs of nurses at the levels of clinical practice, communication, emotions, decision making, and ethics.

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Voices of the terminally ill: uncovering the meaning of desire for euthanasia

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Euthanasia and assisted suicide: a liberal approach versus the traditional moral view

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Euthanasia is out of control in the Netherlands [opinion]
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France lets terminally ill refuse care, but still bans euthanasia
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Girbes, Armand R.J.
End-of-life decisions in the Netherlands: false euthanasia and false murder [news]
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Chadwick, Ruth
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Callahan, Daniel

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Tooley, Michael

**In defense of voluntary active euthanasia and assisted suicide.**
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Busquets, Ester; Tubau, Joan Mir

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Bioetica & Debat 2005; 11(39): 8-10

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Wasserman, Jason; Clair, Jeffrey Michael; Ritchey, Ferris J.

**A scale to assess attitudes toward euthanasia**
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Parkinson, Lynne; Rainbird, Katherine; Kerridge, Ian; Carter, Gregory; Cavenagh, John; McPhee, John; Ravenscroft, Peter

**Cancer patients' attitudes towards euthanasia and physician-assisted suicide: the influence of question wording and patients' own definitions on responses**
**Abstract:** Objectives: The aims of this study were to: (1) investigate patients' views on euthanasia and physician-assisted suicide (PAS), and (2) examine the impact of question wording and patients' own definitions on their responses. Design: Cross-sectional survey of consecutive patients with cancer. Setting: Newcastle (Australia) Mater Hospital Outpatients Clinic. Participants: Patients over 18 years of age, attending the clinic for follow-up consultation or treatment by a medical oncologist, radiation oncologist or haematologist. Main Outcome Measures: Face-to-face patient interviews were conducted examining attitudes to euthanasia and PAS. Results: 236 patients with cancer (24% participation rate; 87% consent rate) were interviewed. Though the majority of participants supported the idea of euthanasia, patient views varied significantly according to question wording and their own understanding of the definition of euthanasia. Conclusions: Researchers need to be circumspect about framing and interpreting questions about support of 'euthanasia', as the term can mean different things to different people, and response may depend upon the specifics of the question asked.

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*A cycle of terms implicit in the idea of medicine: Karen Ann Quinlan as a rhetorical icon and the transvaluation of the ethics of euthanasia*


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**Euthanasia — what it is and what it is not**


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John Paul II, Pope

**Euthanasia must be avoided**

Dolentium Hominum 2005; 20(1): 7-8

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*A line already drawn: the case for voluntary euthanasia after the withdrawal of life-sustaining hydration and nutrition*


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**Document 342**


**Surveys on attitudes towards legislation of euthanasia: importance of question phrasing**

Journal of Medical Ethics 2004 December; 30(6): 521-523

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Abstract: AIM: To explore whether the phrasing of the questions and the response alternatives would influence the answers to questions about legalisation of euthanasia. METHODS: Results were compared from two different surveys in populations with similar characteristics. The alternatives "positive", "negative", and "don't know" (first questionnaire) were replaced with an explanatory text, "no legal sanction", four types of legal sanctions, and no possibility to answer "don't know" (second questionnaire). Four undergraduate student groups (engineering, law, medicine, and nursing) answered. RESULTS: In the first questionnaire (n = 684) 43% accepted euthanasia (range 28-50%), 14% (8-33%) did not, and 43% (39-59%) answered "don't know". Two per cent of the respondents declined to answer. In comparison with previous surveys on attitudes to euthanasia the proportion of "don't know" was large. The results of the second questionnaire (n = 639), showed that 38% favoured "no legal prosecution" (26-50%). However, 62% (50-74%) opted for different kinds of legal sanctions, and two of four groups expressed significantly different views in the two surveys. A proportion of 10% declined to answer the second questionnaire. CONCLUSION: An introduction of an explanatory text and a wider range of response alternatives produced differences between the results of the two surveys conducted.

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Ratio Juris 2004 September; 17(3): 398-423
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Practicing euthanasia: the perspective of physicians

Loewy, Roberta Springer
Hastening death by selective disclosure of treatment options - - beneficence or "euthanasia by deception"? An International Journal of Health Care Philosophy and Policy 2004 September; 12(3): 241-250

Klein, Martin
Voluntary active euthanasia and the doctrine of double effect: a view from Germany

Pugno, Perry A.
One physician's perspective: euthanasia and physician-assisted suicide
Document 358
Fitzgerald, Faith
An academic internist looks at euthanasia
Abstract: This paper points out that to persons unfamiliar with the context and suffering of dying patients, their loved ones, and last, but by no means least, the health care team can only discuss the very concrete question of euthanasia in an abstract way unaware of the fact that this question must, in the final analysis, be differently addressed in different specific patients and under specific circumstances. This paper poses questions which must be addressed and will rarely find a good answer but at least the best among a series of unpalatable options. It again points out the important and legitimate place that emotions play in decision-making.

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Gordijn, Bert; Janssens, Rien
Euthanasia and palliative care in the Netherlands: an analysis of the latest development
Abstract: This article discusses the latest developments regarding euthanasia and palliative care in The Netherlands. On the one hand, a legally codified practice of euthanasia has been established. On the other hand, there has been a strong development of palliative care. The combination of these simultaneous processes seems to be rather unique. This contribution first focuses on these remarkable developments. Subsequently, the analysis concentrates on the question of how these new developments have influenced the ethical debate.

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Loewy, Erich H.
Euthanasia, physician assisted suicide and other methods of helping along death
Abstract: This paper introduces a series of papers dealing with the topic of euthanasia as an introduction to a variety of attitudes by health-care professionals and philosophers interested in this issue. The lead in paper—and really the lead in idea—stresses the fact that what we are discussing concerns only a minority of people lucky enough to live in conditions of acceptable sanitation and who have access to medical care. The topic of euthanasia and PAS really has three questions: (1) is killing another ever ethically acceptable; (2) is the participation of health professionals ethically different and (3) is it wiser to permit and set criteria (being fully aware of some dangers that lurk in such a move) or to forbid (knowing that it will occur clandestinely and uncontrolled). This paper takes no definite stand although it is very troubled by useless suffering (not only pain) by many who would wish their life and with it their suffering ended.

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Groenewoud, Johanna H.; van der Heide, Agnes; Tholen, Alfons J.; Schudel, W. Joost; Hengeveld, Michiel W.; Onwuteaka-Philipsen, Bregje D.; van der Maas, Paul J.; van der Wal, Gerrit

Psychiatric consultation with regard to requests for euthanasia or physician-assisted suicide
General Hospital Psychiatry 2004 July-August; 26(4): 323-330

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* Article
Nurses' attitudes to euthanasia: a review of the literature

Abstract: This article provides an overview of the scarce international literature concerning nurses' attitudes to euthanasia. Studies show large differences with respect to the percentage of nurses who are (not) in favour of euthanasia. Characteristics such as age, religion and nursing specialty have a significant influence on a nurse's opinion. The arguments for euthanasia have to do with quality of life, respect for autonomy and dissatisfaction with the current situation. Arguments against euthanasia are the right to a good death, belief in the possibilities offered by palliative care, religious objections and the fear of abuse. Nurses mention the need for more palliative care training, their difficulties in taking a specific position, and their desire to express their ideas about euthanasia. There is a need to include nurses' voices in the end-of-life discourse because they offer a contextual understanding of euthanasia and requests to die, which is borne out of real experience with people facing death.
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Sheldon, Tony
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Case study: honoring the patient's wishes or passive euthanasia?
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Ozkara, Erdem; Civaner, Murat; Oglak, Sema; Mayda, Atilla Senih
Euthanasia education for health professionals in Turkey: students change their opinions
Nursing Ethics 2004 May; 11(3): 290-297
Abstract: The purpose of this study was to investigate the impact of euthanasia education on the opinions of health sciences students. It was performed among 111 final year students at the College of Health Sciences, Dokuz Eylil University, Izmir, Turkey. These students train to become paramedical professionals and health technicians. Fifteen hours of educational training concerning ethical values and euthanasia was planned and the students' opinions about euthanasia were sought before and after the course. Statistical analyses of the data were performed with the related samples t-test by means of the Epi-Info program. Significant changes were shown in the students' opinions on people's right to decide about their own life, euthanasia in unconscious patients, and reasons for their objection to euthanasia after completing the course. The results of this study suggest that education can significantly change a person's approach to euthanasia.

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Adeyemo, W.L.
Sigmund Freud: smoking habit, oral cancer and euthanasia
Nigerian Journal of Medicine 2004 April-June; 13(2): 189-195

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Ethics: An International Journal of Social, Political, and Legal Philosophy 2004 April; 114(3): 621-623
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Gastmans, C.; Van Neste, F.; Schotsmans, P.
**Facing requests for euthanasia: a clinical practice guideline**
Journal of Medical Ethics 2004 April; 30(2): 212-217

**Abstract:** On 23 September 2002, the Belgian law on euthanasia came into force. This makes Belgium the second country in the world (after the Netherlands) to have an Act on euthanasia. Even though there is currently legal regulation of euthanasia in Belgium, very little is known about how this legal regulation could be translated into care for patients who request euthanasia.

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**Euthanasia and palliative care in the Netherlands / Euthanasie et soins palliatifs aux Pays-Bas**
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**A person's right to active or passive euthanasia**

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**Hungarian nurses' attitudes to euthanasia**
Bulletin of Medical Ethics 2004 March; (196): 23

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La diferencia entre 'matar' y 'dejar morir' y su repercusión en el debate contemporáneo sobre la eutanasia [The difference between 'to kill' and 'to let die' and its repercussions in the contemporary debate on euthanasia]

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Euthanasia and physician-assisted suicide policy in the Netherlands and Oregon: a comparative analysis

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Turkey's physicians' attitudes toward euthanasia: a brief research report
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Euthanasia in The Netherlands: experiences in a review committee
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African ethics and voluntary euthanasia
Abstract: This paper outlines the relationship between euthanasia and its ethical norms and practices in a part of West Africa. The various sub-types of euthanasia are described in detail, parallel with the role of African ethical theories in determining their relevance. The author discusses the implications of this approach relative to the social and economic state of African communities.
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**French physicians' attitudes toward legalisation of euthanasia and the ambiguous relationship between euthanasia and palliative care**


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**When is physician assisted suicide or euthanasia acceptable?**

Journal of Medical Ethics 2003 December; 29(6): 330-336

**Abstract:** OBJECTIVES: To discover what factors affect lay people's judgments of the acceptability of physician assisted suicide and euthanasia and how these factors interact. DESIGN: Participants rated the acceptability of either physician assisted suicide or euthanasia for 72 patient vignettes with a five factor design—that is, all combinations of patient's age (three levels); curability of illness (two levels); degree of suffering (two levels); patient's mental status (two levels), and extent of patient's requests for the procedure (three levels). PARTICIPANTS: Convenience sample of 66 young adults, 62 middle aged adults, and 66 older adults living in western France. MAIN MEASUREMENTS: In accordance with the functional theory of cognition of N H Anderson, main effects, and interactions among patient factors and participants' characteristics were investigated by means of both graphs and ANOVA. RESULTS: Patient requests were the most potent determinant of acceptability. Euthanasia was generally less acceptable than physician assisted suicide, but this difference disappeared when requests were repetitive. As their own age increased, participants placed more weight on patient age as a criterion of acceptability. CONCLUSIONS: People's judgments concur with legislation to require a repetition of patients' requests for a life ending act. Younger people, who frequently are decision makers for elderly relatives, place less emphasis on patient's age itself than do older people.

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BMJ: British Medical Journal 2003 November 8; 327(7423): 1068

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**The way of suicide, assisted suicide and euthanasia, or Evangelium Vitae's way of mercy and compassion?**
Linacre Quarterly 2003 November; 70(4): 301-315

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Singer, Peter

**Voluntary euthanasia: a utilitarian perspective**
Bioethics 2003 October; 17(5-6): 526-541

Abstract: Belgium legalised voluntary euthanasia in 2002, thus ending the long isolation of the Netherlands as the only country in which doctors could openly give lethal injections to patients who have requested help in dying. Meanwhile in Oregon, in the United States, doctors may prescribe drugs for terminally ill patients, who can use them to end their life—if they are able to swallow and digest them. But despite President Bush's oft-repeated statements that his philosophy is to 'trust individuals to make the right decisions' and his opposition to 'distant bureaucracies', his administration is doing its best to prevent Oregonians acting in accordance with a law that its voters have twice ratified. The situation regarding voluntary euthanasia around the world is therefore very much in flux. This essay reviews ethical arguments regarding voluntary euthanasia and physician-assisted suicide from a utilitarian perspective. I shall begin by asking why it is normally wrong to kill an innocent person, and whether these reasons apply to aiding a person who, when rational and competent, asks to be killed or given the means to commit suicide. Then I shall consider more specific utilitarian arguments for and against permitting voluntary euthanasia.

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Council of Europe. Parliamentary Assembly. Committee on Legal Affairs and Human Rights

**Euthanasia: opinion**

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BMJ: British Medical Journal 2003 September 13; 327(7415): 595-596

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*Euthanasia: report [draft resolution]*

**Abstract:** This report by Mr. Dick Marty, Switzerland, LDR discusses the euthanasia and physician-assisted suicide legislation in the Netherlands, Belgium, and Switzerland.

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*After the slippery slope: Dutch experiences on regulating active euthanasia*
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No rush to death: the Dutch are famously tolerant of euthanasia. But they don't do much of it
Economist 2003 August 16; 368(8337): 47

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Schotsmans, Paul T.

Relational responsibility, and not only stewardship. A Roman Catholic view on voluntary euthanasia for dying and non-dying patients

Abstract: The Roman Catholic theological approach to euthanasia is radically prohibitive. The main theological argument for this prohibition is the so-called "stewardship argument": Christians cannot escape accounting to God for stewardship of the bodies given them on earth. This contribution presents an alternative approach based on European existentialist and philosophical traditions. The suggestion is that exploring the fullness of our relational responsibility is more apt for a pluralist--and even secular--debate on the legitimacy of euthanasia.

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Prolonging life or hindering death? An Orthodox perspective on death, dying and euthanasia
Christian Bioethics 2003 August-December; 9(2-3): 187-201

Abstract: This article addresses death as a biological event and attempts to approach it as a mystery within the light of the Orthodox Christian theology and tradition. First, the value of the last moments of the life of a human being is analyzed; then the state of living is differentiated from the state of surviving that results, in some extreme cases, from the intrusion of technology in medicine. The article elaborates on the sacred and spiritual character of death which, when viewed within the light of the Christ's resurrection, is transformed into a great blessing. The last part of the article focuses on the newly emerged issue of euthanasia and the reasons behind it. It poses certain vital questions that ought to be answered before legalization gets on its way. Finally, the conclusion summarizes the position of the Orthodox Church of Greece on death, dying and euthanasia.

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Effects of euthanasia on the bereaved family and friends: a cross sectional study
BMJ: British Medical Journal 2003 July 26; 327(7408): 189-192

Abstract: OBJECTIVE: To assess how euthanasia in terminally ill cancer patients affects the grief response of bereaved family and friends. DESIGN: Cross sectional study. SETTING: Tertiary referral centre for oncology patients in Utrecht, the Netherlands. PARTICIPANTS: 189 bereaved family members and close friends of terminally ill cancer patients who died by euthanasia and 316 bereaved family members and close friends of comparable cancer patients who died a natural death between 1992 and 1999. MAIN OUTCOME MEASURES: Symptoms of traumatic grief assessed by the inventory of traumatic grief, current feelings of grief assessed by the Texas revised inventory of grief, and post-traumatic stress reactions assessed by the impact of event scale. RESULTS: The bereaved family and friends of cancer patients who died by euthanasia had less traumatic grief symptoms (adjusted difference -5.29 (95% confidence interval -8.44 to -2.15)), less current feeling of grief (adjusted difference 2.93 (0.85 to 5.01)); and less post-traumatic stress reactions (adjusted difference -2.79 (-5.33 to -0.25)) than the family and friends of patients who died of natural causes. These differences were independent of other risk factors.

CONCLUSIONS: The bereaved family and friends of cancer patients who died by euthanasia coped better with respect to grief symptoms and post-traumatic stress reactions than the bereaved of comparable cancer patients who died a natural death. These results should not be interpreted as a plea for euthanasia, but as a plea for the same level of care and openness in all patients who are terminally ill.

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Doctors can kill – active euthanasia in South Africa
Oosthuizen, Hennie

Abstract: Medical practitioners in South Africa will be given the legal right to end the lives of terminally ill patients. This is the practice of active euthanasia, the procedure whereby a medical doctor or a professional nurse can end the life of a terminally ill patient at the patient's request, by providing or administering a lethal dosage of a drug. Voluntary active euthanasia is included in a Draft Bill—The End of Life Decisions Act—which form part of a report of the South African Law Commission, wherein regulations regarding the end-of-life decisions are formulated. Specifically, it provides that a medical practitioner may under certain conditions stop the treatment of a patient whose life functions are being maintained artificially. Further, that a competent person may refuse life-sustaining treatment if he chooses to die. A medical practitioner may also give effect to a patient's living will in which the patient has requested the cessation of treatment. The Act also provides for the options of active voluntary euthanasia or physician-assisted suicide.

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**Voluntary active euthanasia and the nurse: a comparison of Japanese and Australian nurses**

Nursing Ethics 2002 May; 9(3): 313-322

**Abstract:** Although euthanasia has been a pressing ethical and public issue, empirical data are lacking in Japan. We aimed to explore Japanese nurses' attitudes to patients' requests for euthanasia and to estimate the proportion of nurses who have taken active steps to hasten death. A postal survey was conducted between October and December 1999 among all nurse members of the Japanese Association of Palliative Medicine, using a self-administered questionnaire based on the one used in a previous survey with Australian nurses in 1991. The response rate was 68%. A total of 53% of the respondents had been asked by patients to hasten their death, but none had taken active steps to bring about death. Only 23% regarded voluntary active euthanasia as something ethically right and 14% would practice it if it were legal. A comparison with empirical data from the previous Australian study suggests a significantly more conservative attitude among Japanese nurses.

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Baruteau, J.; Devilliers, A; Francois, I.; Blettery, B.

**Fin de vie et euthanasie, enquête sur le vecu d’une equipe soignante de reanimation [Life’s end and euthanasia, an intensive care team’s experience] [English abstract]**

Presse Medicale 2002 April 20; 31(15): 683-692

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**On file [euthanasia]**

Origins 2002 April 4; 31(42): 694

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Johnson, Lawrence

**Euthanasia, double effect, and proportionality**

Monash Bioethics Review 2002 April; 21(2): 23-34

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Sohn, W.

**Sterbehilfe. offene Diskussion im Zusammenhang von Schmerztherapie und Palliativmedizin auch in Deutschland notwending [Euthanasia. Open discussion in the context of pain therapy and palliative medicine is also necessary in Germany]**

Der Schmerz 2002 April; 16(2): 150-152

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Townsend, Liz

**Dutch euthanasia law goes into effect**

National Right to Life News 2002 April; 29(4): 6

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
Two challenges to the double effect doctrine: euthanasia and abortion

Abstract: The validity of the double effect doctrine is examined in euthanasia and abortion. In these two situations killing is a method of treatment. It is argued that the doctrine cannot apply to the care of the dying. Firstly, doctors are obliged to harm patients in order to do good to them. Secondly, patients should make their own value judgments about being mutilated or killed. Thirdly, there is little intuitive moral difference between direct and indirect killing. Nor can the doctrine apply to abortion. Doctors kill fetuses as a means of treating the mother. They also kill them as an inevitable side effect of other treatment. Drawing a moral distinction between the direct and the indirect killing gives counterintuitive results. It is suggested that pragmatic rules, not ethics, govern practices around euthanasia and cause it to be more restricted than abortion.

The ethics of euthanasia: advocates' perspectives

Abstract: The Netherlands is currently the only country in the world in which euthanasia is legally permissible. More specifically, Dutch law (briefly explained) allows that a doctor terminates the life of a patient on his voluntary, well-considered and sustained request, if he is suffering unbearably and hopelessly. The aim of this paper is to reconstruct the Dutch debate on the moral permissibility of euthanasia so as to clarify and strengthen the various views that can be advanced in support of euthanasia. On the one view, The Pure Autonomy View (TPAV), the justification of euthanasia rests solely on the principle of respect for autonomy. That is, the reason for performing and permitting euthanasia is the patient's voluntary, well-considered and sustained, in one word: autonomous, request for euthanasia. On the alternative view, The Joint View (TJV), the principle of respect for autonomy and the principle of beneficence morally justify euthanasia together. That is, euthanasia is ethical if and partly because, since the patient is suffering unbearably and hopelessly, euthanasia is in his interest. According to this paper, there is no easy argument for one of these views rather than the other. Instead, as yet both TPAV and TJV seem inherently problematic. TPAV is unable to give a doctor a reason for performing euthanasia that appeals to her in her capacity as a doctor, such as relief of suffering. And TJV begs the question—for example, if a state were to legalize euthanasia on grounds of TJV, it would force the view upon its citizens that it may be in a person's interest to die.

K diskuzi o eutanazii v Ceske Republice / To the euthanasia debate in the Czech Republic

Euthanasia: the Dutch experience and what it entails in practice [opinion]
Document 513
Comité consultatif national d'éthique pour les sciences de la vie et de la santé [CCNE]
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Byk, Christian
L'euthanasie ou l'éternel retour? [Euthanasia or the eternal return?]
Georgetown users check <Georgetown Journal Finder> for access to full text

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Vermaat, Emerson
'Euthanasia' in the Third Reich: lessons for today?
Ethics and Medicine 2002 Spring; 18(1): 21-32
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Daruwala, Anhaita
Euthanasia: how proponents justify it and provide models for regulation
Georgetown users check <Georgetown Journal Finder> for access to full text

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de Haan, Jurmaan
The new Dutch law on euthanasia
Medical Law Review 2002 Spring; 10(1): 57-75
Georgetown users check <Georgetown Journal Finder> for access to full text

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Israel confirms its opposition to euthanasia [news brief]
BMJ: British Medical Journal 2002 February 2; 324(7332): 256
Georgetown users check <Georgetown Journal Finder> for access to full text

http://www.bmj.com (link may be outdated)
Following the recent revival of virtue ethics, a number of ethicists have discussed the moral problems surrounding euthanasia by drawing on concepts such as compassion, benevolence, death with dignity, mercy, and by inquiring whether euthanasia is compatible with human flourishing. Most of these writers assert, or simply assume, that their arguments concerning the morality of euthanasia also support their views with regard to legislation. I argue, against these writers, that legislation cannot and should not be based on our moral and religious beliefs concerning whether euthanasia allows a person to die a good death. I then outline an Aristotelian approach to the role of law and government in a good society, according to which the task of the legislator is not to ensure that people actually act virtuously, but is instead to make it possible for them to choose to live (and die) well by ensuring that they have access to the goods that are necessary for flourishing. In the second half of the paper I apply this approach to the question of whether voluntary active euthanasia should be legalised by asking (1) whether euthanasia always deprives people of the necessary conditions for flourishing, and (2) whether the option to request euthanasia is ever necessary for flourishing.
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Call number: R726.E782 2002

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'MERCIFUL RELEASE': THE HISTORY OF THE BRITISH EUTHANASIA MOVEMENT
Call number: R726.K45 2002

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Humphry, Derek
LET ME DIE BEFORE I WAKE: HEMLOCK'S BOOK OF SELF-DELIVERANCE FOR THE DYING [AND] SUPPLEMENT TO FINAL EXIT: THE LATEST HOW-TO AND WHY OF EUTHANASIA/HASTENED DEATH
Junction City, OR: Norris Lane Press/ERGO, 2002. [168 + 65 p.]
Call number: R726.H855 2002

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EUTHANASIA AND THE "RIGHT TO DIE": A PRO/CON ISSUE
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Keown, John
EUTHANASIA, ETHICS, AND PUBLIC POLICY: AN ARGUMENT AGAINST LEGALISATION
Call number: R726.K4652 2002

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von Engelhardt, Dietrich
La eutanasia entre el acortamiento de la vida y el apoyo a morir: experiencias del pasado, retos del presente=Euthanasia in between shortening life and aiding death: past experiences, present challenges
ACTA BIOETHICA 2002; 8(1): 55-66

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The state of wellbeing: on the end of life care and euthanasia
Call number: R725.5.P655 2002
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Shen, Mingxian

**Euthanasia and Chinese traditional culture.**
Call number: R724 .S5526 1999

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Hamano, Kenzo

**Should euthanasia be legalized in Japan? The importance of the attitude towards life**
Call number: QH332 .A85 2002

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Stauch, Marc; Wheat, Kay; Tingle, John

**Euthanasia.**
Call number: KD3395 .S63 2002

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Chan, Ho Mun

**Euthanasia, individual choice and the family: a Hong Kong perspective.**
Call number: QH332 .B495 2002

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The Belgian act on euthanasia of May 28th 2002
Ethical Perspectives 2002; 9(2-3): 182-188
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Klijn, Albert

**Euthanasia, the doctor and the quest for external control**
Ethical Perspectives 2002; 9(2-3): 146-155
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Jans, Jan

**Christian churches and euthanasia in the low countries**
Ethical Perspectives 2002; 9(2-3): 119-133
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Bachelard, Sarah

**On euthanasia: blindspots in the argument from mercy**

*Journal of Applied Philosophy* 2002; 19(2): 131-140

**Abstract:** In the euthanasia debate, the argument from mercy holds that if someone is in unbearable pain and is hopelessly ill or injured, then mercy dictates that inflicting death may be morally justified. One common way of setting the stage for the argument from mercy is to draw parallels between human and animal suffering, and to suggest that insofar as we are prepared to relieve an animal's suffering by putting it out of its misery we should likewise be prepared to offer the same relief to human beings. In this paper, I will argue that the use of parallels between human and animal suffering in the argument from mercy relies upon truncated views of how the concept of a human being enters our moral thought and responsiveness. In particular, the focus on the nature and extent of the empirical similarities between human beings and animals obscures the significance for our moral lives of the kind of human fellowship which is not reducible to the shared possession of empirical capacities. I will suggest that although a critical examination of the blindspots in these arguments does not license the conclusion that euthanasia for mercy's sake is never morally permissible, it does limit the power of arguments such as those provided by Rachels and Singer to justify it. I will further suggest that examination of these blindspots helps to deepen our understanding of what is at stake in the question of euthanasia in ways that tend otherwise to remain obscured.
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Tur, Richard H.S.  
**Just how unlawful is "euthanasia"?**  
**Abstract:** Those who campaign for law reform to permit "euthanasia" may seek different things and at least some of what they seek may already be permissible under the criminal law of England and Wales. In this paper I examine one means whereby the criminal law delivers outcomes acceptable to the euthanasia lobby, that is the curious notion of "causation" deployed by the law, which adds a value override to the more usual notion of factual causation such that, for example, if medical treatment falls within the acceptable range as normal and proper, the pre-existing injury or illness is treated as exclusively the cause of death and the doctor escapes criminal liability, even where the medical treatment will shorten life to the certain knowledge, possible even the wish, of the doctor. Thus the law may already be delivering a range of outcomes -- euthanasia in a weak sense -- acceptable to the euthanasia lobby. If so, it achieves this by stealth. That is inappropriate to the doctor-patient relationship, which is one of trust. So there is a strong case for greater transparency. Moreover, there are limits to the acceptable outcomes which an unreformed criminal law can deliver and in a range of cases the criminal law condemns the doctor to impotence and the patient to a prolonged, miserable and undignified death. So there is also a case for going beyond the current law and legalising euthanasia in a strong sense.

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Long, Susan Orpett  
**Life is more than a survey: understanding attitudes toward euthanasia in Japan**  
Theoretical Medicine and Bioethics 2002; 23(4-5): 305-319  
**Abstract:** Empirical studies in bioethics, as well as clinical experience, demonstrate the existence of inter- and intra-cultural diversity in values and perspectives on end-of-life issues. This paper argues that while survey research can describe such diversity, explaining it requires ethnographic methodology that allows ordinary people to frame the discussion in their own terms. This study of attitudes toward euthanasia in Japan found that people face conflicts between deeply held values such as life versus pain, self versus other, and burden versus self-reliance that make it difficult to rely on a "rational person" approach to decision-making. An inductive ethnographic approach grounded in people's life experiences can indicate the reasons for variation in responses to surveys, and can clarify the nature of ethical conflict in a particular cultural setting.

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Cohen-Almagor, Raphael  
**Should doctors suggest euthanasia to their patients? Reflections on Dutch perspectives [The Netherlands]**  
Theoretical Medicine and Bioethics 2002; 23(4-5): 287-303  
**Abstract:** During the summer of 1999 and in April 2002 I went to The Netherlands in order to meet some of the leading authorities on the euthanasia policy. They were asked multiple questions. This study reports the main findings to the question: should doctors suggest euthanasia to their patients? Some interviewees did not observe any significant ethical concerns involved in suggesting euthanasia. For various reasons they thought physicians should offer euthanasia as an option. Two interviewees asserted that doctors don't propose euthanasia to their patients. Five interviewees objected to physician's initiative.
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*Palliative care and euthanasia in the Netherlands: observations of a Dutch physician.*
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Call number: QH332.B52 2002

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*On euthanasia.*
Call number: BJ1012.G645 2002

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*The unspoken argument: euthanasia and the high cost of dying*
Junction City, OR: The Euthanasia Research and Guidance Organization [ERGO], 2002; 45 p.
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*Can palliative care be an alternative to euthanasia? [review of L'Euthanasie. Alternative Sociale et Enjeux pour l'Ethique Chretienne, by M. Maret]*
Medicine, Health Care and Philosophy 2002; 5(2): 213-214
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*Gesetzliche Regelungen der Sterbehilfe in den Niederlanden [Legal regulations of euthanasia in the Netherlands]*
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**A third of surgeons in New South Wales admit to euthanasia** [news]

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**Euthanasia** [perspective]

Radiology 2001 December; 221(3): 576-580

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Fernandes, Ashley K.

**Euthanasia, assisted suicide, and the philosophical anthropology of Karol Wojtyla**

Christian Bioethics 2001 December; 7(3): 379-402

**Abstract:** The lack of consensus in American society regarding the permissibility of assisted suicide and euthanasia is due in large part to a failure to address the nature of the human person involved in the ethical act itself. For Karol Wojtyla, philosopher and Pope, ethical action finds meaning only in an authentic understanding of the person; but it is through acting (actus humano) alone that the human person reveals himself. Knowing what the person ought to be cannot be divorced from what he ought to do; for Wojtyla, the structure of the ethical "do" — the act itself — comes first. The current paper will focus on four arguments used to justify assisted suicide and euthanasia: (1) the argument from autonomy, (2) the argument from compassion, (3) the argument from the evil of suffering, and (4) the argument from the loss of dignity. It will seek to answer each claim from the perspective of Karol Wojtyla's philosophical anthropology. Much of this will come from his defining work in pure philosophy, The Acting Person (1969). The final part of the paper will suggest some positive solutions to the stalemate over the euthanasia debate, again drawn from Wojtyla's idea of human fulfillment through participation with the other, and with the community itself.

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**British law lords reject euthanasia**

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Blank, Karen; Robison, Julie; Prigerson, Holly; Schwartz, Harold I.
Instability of attitudes about euthanasia and physician assisted suicide in depressed older hospitalized patients
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Journal of Medical Ethics 2001 October; 27(5): 331-337

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Doctors' and nurses' attitudes towards and experiences of voluntary euthanasia: Survey of members of the Japanese Association of Palliative Medicine
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Lemmens, Trudo; Dickens, Bernard
Canadian law on euthanasia: contrasts and comparisons

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Leenen, H.J.J.
The development of euthanasia in the Netherlands

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Euthanasia and assistance to end of life legislation in France

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Belgium: towards a legal recognition of euthanasia

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An outsider's view of Dutch euthanasia policy and practice
Issues in Law and Medicine 2001 Summer; 17(1): 35-68

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Pressing the Euthanasia Envelope [Wendland v. Wendland]

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ASKING TO DIE: INSIDE THE DUTCH DEBATE ABOUT EUTHANASIA, edited by David C. Thomasma, Thomasine Kimbrough-Kushman, Gerrit K. Kimsma, and Chris Ciesielksi-Carlucci [book review]
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Legalization of euthanasia in the Netherlands

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Physician-Assisted Suicide or Voluntary Euthanasia: A Meaningless Distinction for Practicing Physicians?

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Eutanasia y cuidados paliativos: amistades peligrosas? [Euthanasia and palliative care: dangerous friends?]
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* Article

Long, Susan Orpett

**Ancestors, Computers, and Other Mixed Messages: Ambiguity and Euthanasia in Japan**


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Biggs, Hazel

**EUTHANASIA, DEATH WITH DIGNITY AND THE LAW**


Call number: [K3611 .E95 B54 2001](http://www.nrlc.org)

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**LIVING WELL, DYING WELL: A STUDY OF EUTHANASIA AND END-OF- LIFE ISSUES**


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Somerville, Margaret

**DEATH TALK: THE CASE AGAINST EUTHANASIA AND PHYSICIAN- ASSISTED SUICIDE**


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Q & A: Euthanasia: A guide to the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act

Abstract: Appendix I: Provisions quoted from The Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act (Senate, session 2000-2001, 26 691, no. 137)(debated in the Senate of the Staates General on 10 April 2001; due to enter into force on a date yet to be decided); Appendix II: Statistics from: the 1996 evaluation of the euthanasia notification procedure, and the 2000 annual report of the regional euthanasia review committees: and Appendix III: Model report for use by doctor following euthanasia or assisted suicide

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Magnusson, Roger S.

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Call number: R726.8 .A42 2001

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Jochemsen, Henk

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**Euthanasia: a denial of sense**


**Abstract:** Is active euthanasia an expression of respect for human dignity and freedom or not? Liberal utilitarians and catholic personalists differ on this question because they use different concepts of freedom and have different attitudes to whether life has a sense beyond material utility. While the former can claim that one has no duty to go on living an unpleasant and useless life against one's will, for the latter even a materially substandard life is a chance for spiritual growth not to be discarded because human suffering is meaningful too, and not a mere senseless disutility. Patient autonomy will not, for a personalist doctor, imply a duty to fulfil the patient's wish for euthanasia, because his moral duty towards his own soul overrides all other considerations. The threshold argument, commonly appealed to by personalists against legalizing euthanasia, should not be interpreted as a factual conjecture of the worst possible scenario but rather as a principal claim according to which a state which lets citizens to be reified as means for utility is thereby already entirely immoral.

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