

# Recognizing the Ethical and Legal Consequences in the Complex Medical Decision-Making Process of Euthanasia

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## Description

Euthanasia is the taking of a patient's life with the intention of reducing their suffering. The term "Euthanasia" has been the subject of discussion in the field of bioethics research for some time. There are various types of euthanasia: Direct (giving a patient a lethal medication to die), indirect (providing treatment that can hasten death), active (death is brought about by an act), passive (letting someone die either by withdrawing or withholding treatment), and involuntary (death at other's will happen when patient is unconscious or not competent to decide). A few nations, including the Netherlands, Belgium, Luxembourg, Norway, and Switzerland (only physician aided suicide), have legalized euthanasia. Giving a barbiturate overdose intravenously, intraperitoneally, or intracardiacally is one of the most compassionate ways to end a life. Although intraperitoneal injections are easier for a lone operator to administer, they operate far more slowly than intravenous injections. When an intravenous injection would cause stressful handling, pose a risk to the animal or the operator, or when readily accessible veins are unavailable, the intraperitoneal route is utilized. A non-irritating barbiturate solution, such as a standard anesthetic barbiturate solution like sodium pentobarbitone, should be utilized for administering the intraperitoneal route.

The most potent commercially produced "euthanasia solutions," such as Lethabarb® and Euthatal®, are highly alkaline and are believed to irritate the peritoneum and cause agony before unconsciousness. Since these solutions are around five times more concentrated than the identical barbiturates meant for anesthesia, large amounts would need to be utilized in any animal other than a very small one. The aforementioned forms of euthanasia can be combined in a wide variety of ways, and many of them are morally debatable.

Certain forms of euthanasia, such as aided voluntary death, are permitted in certain nations. Active euthanasia proponents frequently contend that murdering the concerned patients is not worse than allowing them to pass away. Proponents of voluntary euthanasia frequently assert that patients ought to possess the autonomy to make decisions about their own life. Mercy killing proponents contend that allowing patients to pass away eliminates future unnecessary and pointless medical interventions for those who are in vegetative states with little chance of recovery. Killing them ends their pain if it is already occurring.

Physicians who assist terminally sick or suffering patients are said to be only assisting them in their desire to pass away with dignity, according to proponents of physician-assisted suicide. There are two ways that life can be ended on request. In euthanasia, the doctor gives the patient a lethal dosage of an appropriate medication.

In contrast, the patient delivers the deadly medication in an assisted suicide, although the doctor provides it. The Act applies to both types, and in each instance, physicians are required to meet the legal standards for providing proper care. Each and every euthanasia and assisted suicide incident needs to be reported to one of the five regional committees for euthanasia reviews. The committee will determine if the doctor used appropriate caution or not. Physicians who neglect to do this could face legal action. The maximum punishment for euthanasia is 12 years in prison, and the maximum punishment for aiding suicide is 3 years. Minors may themselves seek euthanasia from the age of 12, although the consent of the parents or guardian is necessary until they reach the age of 16.

In general, sixteen and seventeen-year-olds do not require parental approval, but they must consult with their parents before making any decisions. Young people have the freedom to ask for euthanasia without parental consent starting at age 18. For some people, having a living will or advance directive in place is sufficient assurance that they won't experience dementia in the future. They can either draft this by their own or first talk to their family physician. Only when a patient has a dementia-related issue, then statutory care is provided, and when the patient is in the doctor's opinion, in excruciating pain with no chance of recovery, then doctor may carry out euthanasia on that patient.

After the euthanasia solution was infused, or 52 seconds later, there was a loss of cortical electrical activity. After the injection of the solution, a peaceful death typically occurs in less than 30 seconds. This is just a normal component of their dying process. Nonetheless, in situations of great suffering, doctors are legally permitted to refuse life extension and to treat patients' pain with medications, even if doing so results in a shorter lifespan. Several European nations included special clauses in their criminal codes towards liberal sentencing and the consideration of extenuating circumstances in euthanasia proceedings in the late 20<sup>th</sup> century.