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# A Century-Old Yet Topical Controversy - Euthanasia

**Angela VLAD (CHIRVĂSUȚĂ)**

*PhD Student in the field of Sociology within the University of Bucharest, Romania*
*chirvasutaangela99@gmail.com*

ABSTRACT: The paper focuses on the main ideas conveyed in articles and specialized theses on euthanasia, the principles that either support or combat it, the morality of the new permissive legislation in the field and the reasons why certain behaviors related to the end-of-life option are vehemently criticized today and cataloged as deviants in some countries. The debate on euthanasia has been of increasing interest lately, especially as medical technological advances have led to notable changes in the age structure of populations. More and more people with debilitating conditions have vital functions maintained artificially or they are resuscitated, even when they do not appreciate the quality of their own life. By the end of the twentieth century, all these aspects came to the attention of sociologists, who began to analyze the implications of technological and normative changes in the evolution of social relations. Some people consider there is a right for everyone to decide how they depart from this world, and according to others, claiming this right is a fundamental sin over the divine gift, life.

KEYWORDS: euthanasia, incurable disease, fundamental sin, the sacredness of life

## Introduction

The practice of euthanasia has been recorded since antiquity, with infanticide, suicide and euthanasia enjoying widespread acceptance in Greek philosophy, which believed that the suppression of those who became a burden for people around them was justified. The Romans took over these practices from the Greeks after conquering them and resorted to euthanasia until the emergence of monotheistic religions and the concept of the sacredness of life.

Euthanasia is, in fact, the end of the pain for an incurable patient, through medical maneuvers or the suppression of life support, all decisions being made for the benefit of the patient and based on legislation that allows these medical and ethical decisions. If the procedure by which death is induced is carried out by the patient himself, under the direct guidance of a medical staff, then we are talking about a medically assisted suicide (Mureșan et al. 2013).

The history of euthanasia is sinusoidal: first allowed for practical reasons, then combated for religious reasons, practiced by the Nazis in their policy of exterminating „defective" people and „impure" nations and now reconsidered from the perspective of incurable diseases (AIDS) but also motivated by the increase of the life expectancy of the population that brings a lower quality of life in the years prior to dying.

The medical advances (technological, microbiological, pharmacological etc.) have given us more time to live, saved us from diseases that decimated generations, provided the possibility of artificial life support and allowed the human body to reach a certain threshold of old age when certain functions are permanently altered and it can no longer be about the joy of living, autonomy, or even the perception of the surrounding reality. Senile dementia is the "disease of modern society" with 10 million new patients annually (according to data from the International Health Organization), the most numerous diseases being registered in the age category of 65 years and over.

Euthanasia is a controversial topic nowadays, approached from different perspectives by doctors, lawyers and religious representatives, one of the main questions being what the justified limit of the protection of the right to life is, because this benchmark is not well defined (Pivniceru & Dăscălescu 2003, 114).

**Doctors' opinion**

Until recently, the original version of Hippocrates' Oath clearly stated the following: "I will not entrust poison to anyone, if I am asked so, and I will not urge such a thing, nor will I entrust to any woman any medicine to help her miscarry." The modern version (adopted by the World Medical Association in the Geneva Declaration, 1975) of the oath taken by medical graduates does not mention euthanasia or abortion. Any medical maneuvers with implications related to the right to life, abortion or euthanasia techniques could not be performed by doctors until the law allowed them to do so. It was not a choice of the doctors to change medical protocols, but it was a state decision to accept the interruption of the course of life under certain circumstances. The legislator included in the legal provisions which persons may perform these interventions (only doctors) as well as what conditions must be met.

Doctors' opinions matter only to the extent that they may choose to accept or to reject a patient euthanasia, for personal moral reasons, otherwise they are obliged by the law of the state where they work. Doctors are aware that they have to choose between the duty to keep patients alive against the duty to respect patient's right to a high-quality life. Large sums of money are currently being invested and strategies are being developed to prolong life, eradicate diseases, and discover miracle drugs. The social power of medicine increased with the improvement of medical techniques and the advanced training of doctors who can give or take life, comparable to the Creator.

This power comes with a huge responsibility, thus doctors, to protect their conscience and to avoid possible criminal proceedings against them, have asked the legislator or judges to establish clear instructions and procedures, regarding the time of the decision and how they should "play God" (Howarth & Jefferys 1996, 382).

Over time, euthanasia has gained more and more followers who have shown that death is preferable to diseases that cause unbearable pain. Nobel laureates: G. Thomson, L. Pauling and J. Monod argued that: "When there is no hope of acting effectively to heal, the only duty is to alleviate suffering and fear and any therapeutic fierceness becomes a caricature of medical duties" (Soulier 1991, 7).

**The opinion of religious cults**

Article 1 of the Universal Declaration of Human Rights states that "All human beings are born free and equal in dignity and rights." but individual dignity and freedom have been reconfigured by religious precepts, because you cannot dispose of something that is not yours, such as the life of others. Euthanasia is a rebellion against the Creator and religious philosophy, and I am not referring only to Christianity, but many other religions do not allow the human being, as created by divinity, to give up the gift of life, even in suffering. This is motivated by religions as accepting suffering brings subsequent salvation in the afterlife.

The declaration of monotheistic religions Judaism, Christianity and Islam, signed on October 28, 2019 in Vatican City, reconfirmed that "Euthanasia and assisted suicide are moral and intrinsically wrong and should be prohibited without exception." The Conclusions of this Declaration contain the following clarifications: "We support public laws and policies that protect the right and dignity of the terminally ill patient, to prevent euthanasia and to promote palliative care" (Dancă 2019).

I will address the thesis on the sacredness of life later in this paper, but for now, as I intend to offer an overview on how euthanasia was debated and perceived, I will also present the opinion of lawyers and the pros and cons of citizens.

Sociologists are interested in the political, economic, and social context in which changes in the legitimacy and morality of euthanasia occur but also in the motivation for changing options. In some countries, it is legalized, embraced by the public opinion while in others it is harshly criticized and combated. What exactly determines this difference in beliefs and values related to life and death? Why is euthanasia currently gaining followers? "Simple words such as death, pain and mourning had a different connotation in the 1970s than in the 1960s" (Fulton 2007, 15). Time will continue to make changes in all aspects of life and social relationships and the current trend is in favor of autonomy and respect for personal choices in all aspects of life.

Why is the Netherlands a pioneer in the introduction of euthanasia? What makes the Dutch different? Weyers (2006) summarized their characteristics as follows: individualism, the influence of medical technology, a specific view of death. He noted that between 1960 and 1970, in the Netherlands, major changes took place, old-fashioned ideas were abandoned, "the country stepped with confidence towards an era of internationalization, prosperity and secularization". Meyers stated that the Dutch appreciate sincerity and have therefore been more open to talking about death, being aware that certain treatments may be considered desirable or undesirable when it comes to a patient in pain who presents a low possibility of recovery. The Dutch relatively quickly reached a consensus and considered that unnecessary treatment is in fact a form of ill-treatment and therefore it should be stopped.

**One of the basic concepts of euthanasia is the „right to die"**

We cannot claim that there is a right to die, because every living being, at some point, will die, and we cannot prevent this. We can only speed up the process or extend life, to a certain extent, through some devices. We cannot compare the fundamental human rights to conventional rights because where there is a right, a natural consequence would be that someone would have the duty to cause death if the applicant wishes to do so and is physically unable to perform the act himself (Boudreau & Somerville 2014, 4).

From a religious perspective, the right to die does not exist because life does not belong to the individual but to God. On the official website of the Romanian Parish, in a document assumed by the Romanian Orthodox Church, the issue of euthanasia is addressed as follows: the doctor and no one else has the right to deliberately hasten the death of the patient because only God can give and take life. Even then, the doctor has only the duty of easing the suffering of the sick. Regarding the position adopted by the Romanian Orthodox Church, Peter Berger (1979) criticizes the commitment with which it must preserve traditions, rather than engaging in current social issues.

It is interesting to observe countries where euthanasia has been legalized and how religious affiliations influence the attitude of medical staff toward this issue. A study conducted in Australia revealed that more doctors without a religious affiliation admitted to practicing euthanasia more often than doctors with any religious affiliation. Among those who identified themselves with a religion, Protestants were intermediaries in their attitudes and practices between agnostic/atheist and Catholic groups. Thus, Catholics recorded the most opposition to euthanasia, and yet 18% of them admitted to having applied euthanasia procedures (Baume et al. 1995, 49-54).

How did the attitude of U.S. citizens change over time based on the religion they practice? Several longitudinal studies (Attell & Brandon 2017, 19-20) have shown an acceptance of the ideas of euthanasia and suicide for terminally ill patients. Compared

to Protestants, atheists are supportive of both measures and Catholics are more open to these options before the age of 40 years, as they grow more reluctant with age.

The idea of euthanasia gained ground due to the *desacralization of life.* In secular Western societies, priests of the most traditional Christian religions are fighting a losing battle on the authority to influence the way citizens view death and the fear of the end of life (Howarth & Jefferys 1996, p. 382).

What are the priests facing today? People who do not believe that there is anything else in the world but natural sciences, humanism and rationality. *Traditional values*, according to the World Values Survey (2008), consist of "a strong religious belief, the manifestation of close parent-child ties, authority and the rejection of abortion, euthanasia and suicide. *Secular-rational values* represent relaxation in terms of religious precepts and traditional family values, a less rigid authority and a greater degree of acceptance of abortion, suicide and divorce."

The modern person struggles to gain his own autonomy and to fulfill the ideals of Western humanism, they want to rule the world with an increasingly advanced technology, for them the world is empty of mystery, secular and the institutions are differentiated (Pârvu 2013, 112). This process of removing the spell began with the emergence of industrial societies and the involvement of organizations and institutions in areas such as health, education and politics, areas which the church previously steered.

"Both Weber and Durkheim constructed their axioms of secularization, which ultimately determined the disappearance of religion from the public space, on supply and demand. This disappearance was also celebrated by Mills: the sacred will disappear everywhere except the private domain" (Wright 1959 quoted in Ciuraru 2003, 737). The sacred is gradually disappearing and this is especially noticeable now, when we live in a period of modernization, of modern societies. Reflective modernization refers to the modernization of societies through where everything is weighed, tested, values are reevaluated, fundamental truths are reanalyzed and moral norms are modified to suit the evolution of social relations (Schifirneț 2009).

Anthony Giddens was concerned about the impact of reflexivity on the formulation of social projects and public policies. He also noted that there are major differences in behavior and the structuring of the community when the public sacralizes rationality and secularizes science against the society that institutionalizes "self-criticism of reason" (Dobrescu 2009).

**Another concept used in discussions about euthanasia is "Autonomy"**

Advocates of euthanasia base their explanations especially on the need to respect the autonomy and self-determination of every human being. Autonomy refers to a person's right to make decisions based on individual beliefs about what they think is right for them.

The medical committees consider it is very important to respect the patient's autonomy in approving the euthanasia procedure because no doctor would want to violate the patient's right to make personal choices. The choices must cumulatively meet several conditions: to be knowledgeable of the alternative of palliative care, to be in full mental capacity, neither constrained nor influenced. Faced with individual choices, society tries to prevent suicide and to save its' citizens, protecting them, as every person is valuable. This approach sends a positive message and strengthens the group mentality. The prevailing social opinion is that suicide, at least outside the context of terminal diseases, should not be tolerated, but rejected with all efforts. "Suicide is generally considered a kind of failure: the manifestation of an improperly treated depression, a decrease in community support, personal lack, social shame or a combination of these." (Young 1994, 657-707)

The weaker the social groups are, the less the individual relies on them and more on himself. It can no longer find its balance unless an external force guides them. When this collective force weakens, the predisposition to suicide increases" (Rariţa 2009).

Émile Durkheim, in his study on suicide, addressed the issue of social integration. He believes that suicide occurs predominantly in communities where the individual does not feel integrated into the group and protected by close relationships with other members (Émile Durkheim, About suicide). Durkheim's study does not address suicide motivated by illness, but rather the principle of dysfunctional relationships that can be applied in euthanasia. This is a product of the recent decades practice, the sick and the elderly getting away from family and friends and receiving care during their last years in special institutions. Hospitals or palliative centers are example institutions, where patients ensure that death does not surprise them amid the family, as it happened in the past. Fulton (2017, 17-18) showed that the departure of the dying from the middle of the family was also observed in the United States after the 1960s, with the increase in life expectancy: if in the 60s about 12% of the population was over 65, fifty years ago, the percentage of seniors was only 4%. He described the American society of the 1960s as a paradox in which new attitudes to age, family, ageing, secularization, occupational specialization, and mobility intersect.

"Those who chose the ritual of death to be medicalized, gave up their own individuality and handed over control to the medical staff. Members of the dying person no longer know how to take care of such a person and no longer experience the fear of death. Death is removed from everyday life" (Kearl 1989, 442-443).

Currently, daily personal care provided by someone else, especially when involved in acts that invade privacy, is disturbing for the patient even when the help is offered carefully and with affection (Seal & Addington-Hall, 1995, quoted in Howarth & Jefferys, 1996, 384). This behavior is manifested in modern societies because reciprocity in relationships as well as autonomy are now greatly valued and the dependence of another adult for caring strongly affects a sick person's dignity, leading to the loss of their self-esteem and the emergence of a feeling of emotional blackmail.

If we were to list the three most important problems that were identified as the reason for euthanasia in the Oregon Public Health Division Annual Report (published on 28 January 2014 and carried out over a 14-year period: 1998-2012), they would be: loss of autonomy (91.4%), decreased ability to participate in activities that made life pleasurable (88.9%) and loss of dignity through a loss of a body function (80.9%). Therefore, it is not the pain that is the main reason, because it can be relieved relatively easily with an analgesic medication, but other considerations, on psychosocial level, where it is much more difficult to intervene.

When a patient is informed about their health and consents to a certain medical approach, he "becomes a collaborator and decider in the therapeutic act, thus overcoming the paternalist period in which the doctor was the absolute decider of medical treatment. It is therefore natural that his right to demand and receive death, when medicine is powerless and the quality of life becomes critical, must be respected" (Morar 2005, 112). A patient's autonomy should be respected when applying for euthanasia the same as the intimate choices and opinions of the medical staff responsible for performing the operation. Doctors have their own moral values that can go against the idea of euthanasia. These aspects should not be ignored or minimized. An eloquent example is the Netherlands, where doctors do not have the right to refuse a specific euthanasia procedure after it has been approved by the commission. The emotional work of these professionals should be considered for their protection because they too have rights and are citizens of the same country.

Euthanasia raises the debate not only on what is happening now, but also on what could happen in countries where once legalized, it might lead professionals and politicians to a possibly negative slope of abuse. Certain ethical issues are already visible and are related to:

- the responsibility felt by patients in the advanced stages of terminal illnesses who feel morally obligated to opt for euthanasia because it costs less than keeping them alive;
- the possibility of disregarding, in the near future, the lives and rights of the most vulnerable groups in a society, elderly patients, those with mental or disability issues, children or newborns with serious disabilities, with the risk of excessive interpretations for the need of euthanasia (see the debates in the Netherlands).

Euthanasia affects important moral values in society: the doctor becomes the character who takes life, not the one who only heals the soul and body, and the hospital is no longer the institution in which people are saved but the place where they are killed.

**Euthanasia is about „Fear"**

It is about the fear of pain and powerlessness of those who support euthanasia but also of those who condemn it, who have disabilities and fear that society may consider them, in the near future, candidates for the procedure, without their consent. And the fears are not unfounded because a 10-year study in the Netherlands revealed that every year there are patients who have been euthanized without their consent (Onwuteaka-Philipsen et al. 2003).

There are fears related to other aspects: the geriatric sector could be seen as unprofitable for the economy of society, and this would lead to a cease of research activities in this field. Another problem would be the alteration of relations between patients and their relatives who could exert pressure and reproach to the sick because they are a burden to those around them. For these reasons, even if the debate refers to incurable conditions causing a lot of physical and psychological pain, euthanasia can relatively easily slip on a negative slope, overturning moral principles and destabilizing social relationships.

**Alternatives to Euthanasia**

Palliative medicine aims to achieve two goals, prolong life and alleviate suffering. The American physician Cassel (1982, 639-645) explained that this branch of medicine deals entirely with the problems faced by patients with terminal illnesses, in a way they do not lose their self-esteem. This solution avoids two possible risks of the euthanasia procedure: a faulty logic in the assessment of each case and a dangerous extension of the circumstances in which the procedure would be authorized.

In the Netherlands, euthanasia was not practiced only for people with terminal illnesses. Since the introduction of the special law, the practice has been extended to mentally ill people, as well as newborns with disabilities and older children. In Belgium, euthanasia is now being applied to children and it is being examined whether this decision can also be made for people with dementia, whose organs can later be used for transplants (Ysebaert et al. 2009, 585–586).

There is a risk that as people and doctors become accustomed to euthanasia, the question will arise: "Why are not just the relief of suffering and the respect for autonomy, the basis of this decision?" Is it possible that there will also be justifications now considered aberrations, but will later be viewed differently? A negative example is the use of the argument of social progress according to which society should eliminate the physically or mentally incapable, a theory applied by Nazi Germany. Moreover, another example is taking measures based on economic arguments aimed at saving the

high funds needed to the medical and social care of those who could instead be euthanized and thus the financial resources dedicated to them would be redistributed, more efficiently, to other health sectors (Tunde & Șamotă 2008, 201).

On the other hand, if a person has the right to dispose of his own life (according to the supporters of euthanasia), then the respect for the autonomy of the person is a sufficient justification for that person to request euthanasia, without any medical condition justifying it. This approach appears in a Dutch proposal that euthanasia should be available to those "over 70 who feel tired of life" (Smith 2010).

**How is the issue of euthanasia presented by the international press?**

A distinction must be made between the Netherlands, where discussions are focused on the categories of persons to whom the procedure may apply, and other countries, where euthanasia is illegal and punishable, where current debates aim at deciding whether to legalize it. A study conducted by Radboud University (Krieken & Sanders 2016) shows that since the 2002 Act on the Termination of Life on Demand and Assisted Suicide came into force, the Netherlands has become the first country to legalize euthanasia under certain conditions, and death has no longer belonged to the theological but to the medical field. Based on these conditions of assessment debates have immediately begun to arise and disinformation from the press started to spread, in the pursuit of the sensational headlines.

The rule is as follows: the Dutch patient is informed of his state of health, formulates his intention of euthanasia but the final decision is made by the doctor, after examining in detail the situation of each patient. It is not guaranteed that all applications for euthanasia are automatically approved by the physician. From here, there arise discussions, provoked by the media that claim the moral right to self-determination and personal autonomy.

A large proportion of the doctors involved in the Radboud University study said that patients are influenced and confused by the press and thus do not understand the limits of euthanasia. The influence of the media on news consumers is greater based on the addressed subject. Through press-specific techniques, less known to the public, public are easier to influence. Pollock and Yullis (2004, 281-307) illustrated the media influence in the case of American pathologist Dr. Kevorkian also called Dr. Death. He was convicted in 1998 for the murder of an immobilized patient, by giving them a lethal injection. The motivation of the doctor was that the patient was in the terminal phase of his disease, Amyotrophic Lateral Sclerosis. Dr. Kevorkian admitted in a television interview that he witnessed the suicide of more than 130 people between 1990 and 1998 and was released on probation after serving eight years in prison. Although he was initially disregarded and blamed, it was the media that changed his image and turned him into a famous advocate of the right to self-determination, who bravely fought against an outdated legal system that restricts individual freedom.

The Los Angeles Times (2014) disputed Kevorkian's myth, claiming that in 1997 the Detroit Free Press investigated the lives and deaths of 47 people whose deaths were publicly linked to Kevorkian, and research revealed that Dr. Death lied when he said he followed the doctor's assisted suicide procedures and lied when he said he consulted psychiatrists to determine the mental state of the patients. The survey found that "at least 60% of patients whose suicide was assisted by Kevorkian did not suffer from terminal illness." At least 17 of his patients could have lived without a doubt and in 13 cases the people who chose to commit suicide did not suffer at all. The American pathologist Dr. Kevorkian aka Dr. Death divided the American civil society into two parts: supporters and opponents of euthanasia, and the press presented a lot of news, reports, and research on this case. Why do journalists prefer euthanasia debates? In an article, Van Brussel (2014, 125-135) explains why journalists prefer to uphold this

position of the ordinary man who is described as a courageous hero that needs help to go through the moment of death. This is in opposition to palliative sedation which has nothing spectacular and is seen as a "rush to the finish, nothing impressive." The fear of degradation of the quality of life through dementia or degenerative disorders is the fear of losing dignity through the loss of autonomy, through the usage of diapers which is the supreme symbol of indignity. "People who wear diapers, who don't know what day it is and think the doctor is their son, are not worthy to live anymore. No one should have a meaningless life. When a man's dignity depends on a diaper, he's worth nothing."

There are also opinions contrary to this statement – "people have dignity simply because they are human beings and the value of each is in our common nature, not in the individual characteristics. In short, human dignity does not depend on autonomy or subjective choices made" (Sulmasy 1994, 30).

**Specific aspects of Romania**

Romanian medical norms, compared to the laws of other European countries, are not very clear regarding the procedures for patients in a terminal state because situations of interruption, resuscitation or treatments, techniques necessary to support life are not well stipulated. For this reason, the doctor is obliged to do everything from a medical point of view, regardless of the will and the right to self-determination of the patient, otherwise the doctor can be held accountable in the eyes of the law (Stănilă 2014, 43). The Romanian code of medical ethics stipulates, "euthanasia and medically assisted suicide are unacceptable." In the New Criminal Code, at Art. 191 "Determining or facilitating suicide" shall be punishable by imprisonment.

Regarding the Romanian online press articles, they do not write about pro-euthanasia legislative projects or citizens' petitions in support of the legislation on euthanasia procedures in Romania. Instead, the Orthodox Church has a strong opinion, formulated through its own media, condemning euthanasia and the permissive policies of Western states. Therefore, there is no option for euthanasia procedures in Romania. Thus, what about palliative care, which is the only legal option in Romania for a terminally ill person?

The press articles (seven articles written in 2018-2020, mentioned in the bibliography) show an inadequacy of this network of care services, although it represents an ethical alternative to euthanasia by providing psychological and spiritual support to both the patient and his family. The patient thus maintains their quality of life until the end; they do not feel pain or other symptoms related to the disease.

The first palliative care unit in Romania, which introduced this concept, was "Hospice Casa Speranței" in Brașov, founded in 1992 and which has become, over the years, a center of excellence for Eastern Europe (Parghel 2014, *Express Monitor*). Only after 26 years from its establishment, the Ministry of Health regulated the organization of palliative care in Romania, by Order no. 253/2018. However, these services have an extremely slow pace of development at the national level and, in 2018, only 9% of the over 172,000 patients who needed such care could benefit from it (Ziare.com 2018).

The situation described above reflects, in fact, the standard of modernity achieved by Romania, while European societies entered a new stage of modernity at the end of the twentieth century, with an emphasis on reflexivity (Vlăsceanu 2007), Romanian society has a biased modernity. Progressive actions and ideas remain partially applied and the evolution of institutions is extremely slow. Therefore, there is no possibility of euthanasia and there is also a lot of talk about palliative care which is done on a small of a scale in Romania. Consequently, only 9% of those who need palliative care can benefit from qualified help. Then, what happens to the other Romanians? They die in

silence, rejected by society, in conditions unworthy of this century, or choose assisted suicide in a country that allows this.

The Romanian press has so far presented only one case of a Romanian citizen (Andrei Haber) who requested and received help from the "Dignitas" clinic in Switzerland for medically assisted suicide (România Liberă, 2009). The press also presented the case of the 29-year-old, Eugen Anghel, who asked the President of Romania for approval of euthanasia, but whose request was rejected. Eugen later died in hospital in 2008, after a long period of suffering (Schipor 2008, *Libertatea.ro*).

To follow the interest shown by the subject of euthanasia in the top of Romanian publications, I looked for a ranking of them and identified one from 2018, according to the criterion of advertising sales (made by BRAT). I will approach them in descending order of this hierarchy. Click newspaper, with the most advertising sales, does not comment on euthanasia; Libertatea newspaper (a total of 11 articles) presented international cases as well as the pro-euthanasia interest shown in Italy, Spain and New Zealand for possible legislative changes; Ziarul Financiar (3 articles) wrote about the legislative evolution in the Netherlands and Great Britain, and at the national level about the collective euthanasia request of IPCUP Ploiești employees from 2013, not being a problem related to a terminal illness but an alarm signal on some pressing salary issues: the "collective euthanasia request" was signed by 33 of the 54 employees who had not received their salaries for a very long time (Ziarul Financiar, 2013); Gazeta Sporturilor presented the case of the champion at the Paralympic Games Marieke Vervoort who died of euthanasia at the age of 40 (Fleșeru, 23.10.2019, Gazeta Sporturilor); Romania Liberă (7 articles) wrote about law enforcement in the Netherlands and Belgium, as well as about palliative care in Romania; Adevărul (9 articles) wrote about the opinion of the Romanian Orthodox Church and the College of Physicians in our country, and internationally - the application of euthanasia in the Netherlands; Evenimentul Zilei (16 articles) wrote about the situation in the Netherlands and presented the negative opinion of the Vatican on euthanasia. The Romanian online press shows compassion in presenting the famous international cases of people who requested euthanasia but does not tend to describe the beneficiaries as heroes but rather as the initiators of a pro-euthanasia current. In addition, the picture of the evolution of the legislation in the countries that have adopted the specific law (Netherlands and Belgium) is most often accompanied by the presentation of the fears regarding the extension of euthanasia in the case of vulnerable categories of patients who are not in the final stages.

The international trend is the adoption of pro-euthanasia laws in several states, while in Romania all the voices of doctors and representatives of different religions deny the need for such an intervention in social relations. They promote palliative care as an ethical option for patients, although it is not a universal solution, as it cannot be applied on a large scale due to insufficient resources.

## Conclusions

It is difficult to assess whether a pro or anti-euthanasia physician's decision regarding a terminally ill patient is correct. Some believe that euthanasia is the only option, that is, a mild and painless death, but on the other hand there are others who choose not to give up and they continue to apply treatment schemes even when they are no longer sure of their usefulness. They hope for a miracle, for a spectacular healing of the patient.

All doctors are guided by the same fundamental principles, not to harm and to always protect people's lives, but sometimes the solutions they choose are radically different. Whether they agree with the patient's choice to give up life or, on the contrary, insist on aggressive therapy, their professional attitude is extreme; death

should not be rushed, but at the same time, the patient has the right to refuse certain treatments when they are disproportionate to the prognosis of the disease and disrupt the transition to death.

An alternative between the two extremes would be to provide medical care proportionate with the diagnosis of the disease and the ability of each patient to fight. A doctor must also assess the degree of support of the family because not all patients can benefit from palliative care in specialized centers and the period of suffering and dependence on care can sometimes be extended for years.

Euthanasia is justified in certain situations, and the procedures must be very well provided for by law, enforced under strict supervision and with respect for the rights of all citizens. This is my opinion, but now, I think that the pro-euthanasia legislation in Romania could lead to dangerous slips. We have a weak economy (unable to make accurate estimates of the budget allocation), a less educated mentality and a temptation to lower the quality of services when the law allows interpretation and all this leads to the vulnerability of people in need of state protection. The international trend is now in favor of expanding the practice of euthanasia, as it is in line with the level of development and emancipation of those societies. In Romania, currently the society is not interested in this euthanasia option and declares itself a follower of the development of palliative care.

In the hope of increasing the number of places in palliative care centers in Romania and at the same time, of the authentic modernization of all institutions and mentalities, I will continue to observe the evolution of specific international legislation and the progress of medical technology.

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