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Bojana Pavlović^{1,†}, Danijela Tiosavljević^{2,3}, Danka Sinadinović³

**Bioethical aspects of assisted suicide and euthanasia
in people suffering from mental health problems**

Биоетички аспекти асистираног самоубиства и еутаназије
код особа које пате од проблема у вези са менталним здрављем

¹Clinical Center of Serbia, Belgrade, Serbia;

²Clinical Centre of Serbia, Clinic for Psychiatry, Belgrade, Serbia;

³University of Belgrade, Faculty of Medicine, Department of Humanities, Belgrade, Serbia;

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†Correspondence to:

Bojana PAVLOVIĆ

Clinical Centre of Serbia, Pasterova 2, 11000 Belgrade, Serbia

E-mail: bojana.pavlovic2@gmail.com

Bioethical aspects of assisted suicide and euthanasia in people suffering from mental health problems

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SUMMARY

This paper deals with euthanasia and assisted suicide in people with mental health problems, based on the fundamental principles of contemporary medical ethics. In some situations, psychiatric patients are incapable of realizing they are ill and they need to be treated due to the compromise of cognitive functions. It is difficult to establish the relationship of negotiation and joint decision-making with such patients, so it is necessary that the psychiatrist takes responsibility in order to protect both their patient and the environment from any potentially harmful activity.

Keywords: euthanasia; medical ethics; mental health

САЖЕТАК

У овом раду говоримо о еутаназији и асистираном самоубиству код ментално оболелих особа, ослањајући се на основна начела савремене медицинске етике. Психијатријски болесници, у извесним ситуацијама, због компромитовања когнитивних функција нису у могућности да схвате да су болесни и да им је неопходно лечење. Управо са оваквим пацијентима није лако успоставити однос догаварања и заједничког одлучивања, већ је неопходно да психијатар преузме одговорност на себе како би заштитио самог пацијента, али и околину, од могуће штете.

Кључне речи: еутаназија; медицинска етика; ментално здравље

INTRODUCTION

As a result of the development of medical sciences and raising awareness of human rights, there is a series of bioethical dilemmas concerning conception and ending of human life. One of the key questions that intrigue the human mind is the question of legalizing euthanasia [1].

Euthanasia has been legalized by the Netherlands, Belgium and Luxemburg, whereas in some countries such as Switzerland, Germany, Canada, Japan, and the USA (Oregon, Washington, Montana, California, Vermont) assisted suicide is allowed [2]. According to the Serbian Criminal Code, both euthanasia and assisted suicide represent criminal acts (Act 117 and 119) [3].

However, when we discuss euthanasia in people suffering from mental health problems, we should consider the fact that psychiatry, more than any other branch of medicine, places emphasis on working with people who do not feel the need to get professional help or whose cognitive functions might be compromised to such an extent that they are not capable of realizing what their real needs are [4].

THE CONCEPT AND TYPES OF EUTHANASIA

Euthanasia is deliberated and intentional killing of a human being by a direct action, such as lethal injection, or by withdrawing life support system in order to release that human being from painful life [5].

There are several forms of euthanasia, each with a different set of rights and wrongs. Active euthanasia means that a doctor directly or indirectly causes the patient's death. On the other hand, passive euthanasia means the termination of a medical treatment (switching off the machine that is keeping a person alive), or withholding a treatment which would prolong the dying patient's life (not carrying out surgery that will extend life for a short period of time).

Voluntary euthanasia is done according to the patient's will and upon their exclusive request. Non-voluntary euthanasia involves a situation where a person is unconscious or otherwise unable (for example, a person of extremely low intelligence) to make a meaningful choice between life and death, and an appropriate person decides on their behalf. Involuntary euthanasia occurs when the person who dies chooses life but is killed anyway. This is usually called a murder, but it is possible to imagine cases where killing would count as being beneficial for the person who dies [6].

SUICIDE AND ASSISTED SUICIDE

Suicide is a conscious and deliberate intervention towards destroying one's own life. In order to commit suicide, there has to be a suicidogenic disposition, a natural or acquired reduction of vital instincts or increased psychological sensitivity, as well as a suicidogenic motive (i.e. the fact that a suicide takes as a cause and a reason for taking their own life). Suicidogenic motives can be endogenous (e.g. somatic and psychiatric disorders) and exogenous, which can be affective (they originate from misunderstandings in love, fear of punishment, etc.), economic (a job loss, impoverishment, etc.) and moral (embarrassment, defamation, etc.) [7]. This entire definition is given in the monograph "Suicide" by prof. Dr. Milovan Milovanovic, published in 1929.

Apart from the above listed types of euthanasia, assisted suicide is mentioned as a way to end a terminally ill patient's life. This act involves any action that doctors do consciously and deliberately in order to help a person commit suicide, upon that person's explicit request [4].

KILLING AND/OR LETTING DIE

An important part of the euthanasia debate is the conflict between active and passive euthanasia, which is reflected in the moral distinction between killing and letting die.

Sarah Beth Shaw, in her article, analyzes two arguments about the distinction between killing and letting die. To do this analysis, she uses an article by James Rachel and William Nesbitt. He states that James Rachels describes in his essay two actors who share the same intent (murder of a child), the same motive (greed, to inherit money) but in a different way (the first actor does something that causes the child to die directly, and the second does nothing to prevent death). In this way, Rachel shows that killing and letting die are morally equivalent acts, but only when measured as isolated without the influence of other factors. However, euthanasia is not a decision that can be made without examining other relevant factors that we encounter in real life, and one of them is certainly the intention of the physician, which the author himself suggests. On the other hand, William Nesbitt states that, in order to get closer to real situations, he makes a moral difference between "*being willing to kill someone*" and "*being willing to let someone die*". Here Nesbitt argues that people tend to think it is worse to be willing to kill someone rather than to just let them die, and that it is this difference which provides justification for the idea that passive euthanasia is morally better than active euthanasia. But as Sarah Beth states, if willingness to kill is equivalent to willingness to help (in most euthanasia cases it is), Nesbitt cannot use this distinction to challenge the idea of the substance of the benefits of active euthanasia, which was his intention [8]. It is our opinion that there is no significant difference between killing and letting die, since both acts are absolutely unacceptable for any medical professional, since the consequence of both acts is death.

There is also the claim that causing death is morally wrong only if it is unjustified and unwarranted. If a person freely chooses death and realizes that it is a personal gain, then fulfilling that person's request does not imply clear moral harm [9]. We recognize that under

this assumption, the patient's opinion about personal gain is taken as the only relevant and dominant factor on the basis of which it can be justified to cause death, while the opinion, needs and motives of the executor (physician) are also derived from the motives and principles of the medical profession (*primum non nocere* - do not harm the patient and *salus aegroti suprema lex* – patient's health is the highest law), completely neglected. In this case, we consider it necessary to pay attention to what we consider crucial: whether the commission of such acts, even if the motive is well-intentioned, is useful in the context of the purpose of the medical profession and the physician himself, since the benefit for the patient should not exclude the expediency and essential role of physicians and the medical profession.

EUTHANASIA AND ASSISTED SUICIDE IN PEOPLE SUFFERING FROM MENTAL DISORDERS

Although there are various debates on defining mental disorders, it is generally accepted that they involve thought disorder, behavioral disorder and emotional disorder that are serious enough to compromise people's functioning [10].

Mental health disorders are among the leading causes of disability in the world as well as a major risk factor for suicide. According to WHO' data from 2014 there are around 800.000 people annually who commit suicide as a consequence of a spectrum of mental disorders [11,12]. Therefore, early detection of people at risk of mental disorders is of great importance in the prevention of mental disorders and suicide as a significant public health problem [11,13].

As the first and foremost argument against euthanasia, we state our opinion based on the fact that the desire for suicide and suicide are expression of the reduced urge to live, that is, a sign of human psychopathology. Therefore, we believe that assisting a patient by a psychiatrist in the act of suicide is a radical counter to the tasks of psychiatry and is a violation of professional and moral responsibility.

According to another important argument mental disorder is not a terminal illness or an illness which deprives people of physical ability to take their own life if they really want to. Under such circumstances, there is an additional argument according to which no one has the

right to involve other people in taking their own life, thus putting an ethical burden on their back [14]. This is especially true of medical professionals who should always be a symbol of fight for health and life, in every moment and in all cases.

However, despite clear arguments, the right to euthanasia in case of psychological suffering is legally regulated in the Netherlands, Belgium and Luxembourg and it necessarily involves fulfilling essential and procedural criteria envisaged by law.

Belgian law on euthanasia emphasizes essential principles according to which a request for euthanasia has to be voluntary, well considered, repeated and not a result of external pressure. The person must be in medically useless and futile condition which is the result of unbearable physical or psychological suffering, and the disorder must be serious and characterized by a bad prognosis, without reasonable curing alternatives [15].

Apart from the mentioned legal regulations, it is necessary to underline that there are various ethical and medical doubts within the essential criteria which are primarily related to the (in)ability of meeting these criteria in case of mentally ill people [15].

According to many authors, psychiatry is in a less favorable position in comparison with other branches of medicine because the course of mental disorders is prone to variations in time, so not even prognoses of psychiatric treatments are precise enough to make a final decision on the curability of an illness, or a definitive prognosis. These are exactly the arguments owing to which euthanasia and assisted suicide are not justified in the field of psychiatry [15,16].

Respecting autonomy is usually considered the central reason for giving permission to execute these acts and within it an accent is put on the right of a person to decide on their own how they will live their life and how they will end it. However, when we talk about a mentally ill person, we should always be aware of the fact that certain psychiatric disorders (e.g. depressive and manic episodes in the spectrum of mood disorders) can considerably compromise the decision-making capacity, so a certain number of patients are considered incompetent [17]. In case this capacity is preserved, and a wish to die is a symptom of the disease, there is a tension between respecting patient's autonomy on one side and preventing suicide and reducing damage to life and health of the patient on the other. In the countries where these procedures are legal, the law requires that patient's wish is exclusively the result of their own decision, without any external coercion [15]. However, it is well known that

various social circumstances, which worsen the psychological status and could cause suicidal wishes and ideas in those who suffer from depression and other mental disorders, can affect patient's decision. One study, which was conducted in the Netherlands, showed that more than half of the requests for euthanasia and assisted suicide were based on social isolation and loneliness. So, difficulties in case of psychiatric patients do not originate exclusively from the symptoms of their illness, but they also reveal defective reactions of society [18].

Finally, we will provide an example of a young, mentally ill person from Canada who appealed for euthanasia due to unbearable psychological suffering, emphasizing that he was not suicidal, that life was beautiful but his suffering was unbearable. After his request was denied, the young man committed suicide. It follows from the foregoing that the young man denied his statement with his deed. At the same time, he did not need the help of a physician in realizing his own desire for self-destruction. Our position is that his request should be taken as a signal that it is essential for medicine and doctors to be fully engaged in reducing mentally sick person's suffering by treating their basic disease, as well as to (re)activate the network of his social support and strengthen his capacities for a more adequate tolerance of current circumstances.

CONCLUSION

The question of euthanasia and assisted suicide in psychiatry is very sensitive, for several reasons – a relative possibility of precise diagnostic evaluation, doctor's evaluation of the course and prognosis of a psychiatric disorder and determining the existence of competence for reasoning in people whose psychological functions are compromised owing to the nature of their mental disorder.

In case of patients who suffer from mental disorders, doctor's role specifically involves removing or reducing existing symptoms of the disease which are the cause of their suffering, developing alternatives and providing support to the patient in active removal of stressors, development and spreading adequate functional coping styles in relation to the circumstances which are permanent triggers compromising his psychological health. We believe one of the specific roles of doctors and other medical staff who take care of mentally ill patients involves expanding their network of social support and a measure of reducing loneliness

which is, as we have mentioned, one of the most important factors for the occurrence of their request of euthanasia and assisted suicide.

In order to answer the question of applying euthanasia and assisted suicide in the field of psychiatry, we would like to emphasize that doctor's basic or fundamental role, a sacred role, is maximum commitment in providing medical help to patients who suffer from mental disorders using all available and scientifically accepted resources. A doctor should always mean hope and salvation, in every moment and for each patient. The task of doctors and medicine is to fight for life as such, for its preservation, because life itself has unconditional value.

Conflict of interest: None declared.

Paper accepted

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