

## BRIEF HISTORY OF EUTHANASIA AND THE CONTRIBUTION OF MEDICAL AND SURGICAL ETHICS TO THE CULTURAL DEBATE

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*[Breve storia dell'eutanasia e contributo medico-chirurgico al dibattito etico e culturale]*

### ABSTRACT

Euthanasia is a sensitive and controversial issue in bioethics. Its origin dates to the sixteenth and seventeenth centuries, and it developed, as a socio-cultural problem, only in the twentieth century.

In this paper, the authors emphasize the most significant historical steps of euthanasia, giving a brief overview of the concepts behind supporters and opponents of euthanasia.

**Key words:** Euthanasia, bioethics, death, vegetative state, brain death.

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The term “euthanasia”, from the ancient Greek “eu” (good) and “thanatos” (death), literally “good death”, means an act that brings death in order to shorten the suffering of a seriously, often terminally ill person<sup>(1-16)</sup>. The modern debate on euthanasia made its debut in the first half of the twentieth century<sup>(16)</sup>.

In his work “Utopia” (1516), the English thinker Thomas More addressed the issue of euthanasia, deeming it legitimate in the case of incurable diseases, but only with the “permission” of priests and magistrates.

In 1605, another English philosopher, Francis Bacon, in his essay “Progress of Knowledge”, introduced, again, the term “euthanasia” in modern Western culture. The proponents of euthanasia argue that prolonging life in cases of incurable disease involves continued suffering for patients and their families.

In the debate<sup>(1-16)</sup> on euthanasia, it is useful to make reference to the book of 1920, “Allowing the Destruction of Life Unworthy of Living,” written by the psychiatrist Alfred Hoche, and the jurist Karl

Binding, from Leipzig, who formulated the theory of euthanasia as a social remedy to the suffering of patients and the social and economic costs of the disease.

Euthanasia elicits arguments of an ethical, religious, legal, and medical nature.

For the Catholic Church, respect for life is a non-negotiable issue, because it does not belong to man, but is a gift of God and therefore must be protected from the moment of conception until natural death. The Christian faith emphasizes the principle of the sanctity of human life and hence it condemns euthanasia.

As to the decision-making autonomy of an individual at the end of his life, Italy has no legislation in this regard, with the exception of a few specific rules (e.g., organ transplants).

Already in 1998, article 14 of the Code of Medical Ethics defined therapeutic obstinacy as “obstinacy in treatments for which there is no well-founded reason to expect a benefit for the patient’s health or an improvement in quality of life.”

Concerns were raised on the so-called “living will”<sup>(9,11)</sup>, while recognizing the principle of giving voice to the patient's sovereignty, even after his biological possibilities of expressing it.

Article 32 of the Italian Code of Medical Ethics emphasizes the principle of informed consent, and the law too, for some years now, considers it as an element of legal legitimization of a medical procedure, which would otherwise be a criminal offense. (Court of Cassation, Pen. Sect. IV, 1991).

A modern approach in medicine in the treatment of the terminally ill is to help them in terms of physical, psychological and spiritual terms through multidisciplinary teams<sup>(17)</sup>.

The number of patients receiving such treatments has significantly increased in recent decades (cancer, AIDS, Alzheimer's disease, muscular dystrophy, amyotrophic lateral sclerosis, multiple sclerosis, dementia, vascular or metabolic encephalopathies in the terminal stages)<sup>(18-28)</sup>.

Palliative care often gives the time required for the terminally ill in order to make any last personal decisions, allowing them, even at home, to enjoy the affection of family members in the final stages of the disease.

The Oviedo Convention of 1997 stated that the “previously expressed wishes relating to a medical intervention by a patient who is not, at the time of the intervention, in a state to express his or her wishes shall be taken into account.”

In 2001, the Italian Government ratified the Oviedo Convention.

A modern line of thought<sup>(8,12,13,15)</sup>, both secular and libertarian, is pursuing the approval of a law on living wills.

The idea that the patient should receive protection and care to die with dignity depends, as always, only on the physician and his relationship with the patient. “Piety” is not imposed by law, neither can it be dismissed by law.

In 1906 the Senate of the U.S. State of Ohio examined, but did not approve, a law on euthanasia. In 1935, the “Vesper” society for euthanasia was founded in London by Dr. Millard and Lord Moynihan, who, in 1936, presented draft bill on euthanasia to the House of Lords. It was immediately rejected.

In 1938, Rev. Potter founded the “Euthanasia Society of America” in New York.

In the same period in Germany, Hitler formulates a program of extermination of untreatable individuals.

After WWII and during the “Cold War” in 1968, the Declaration of Sydney on Death of 1968 reaffirmed the concept of the irreversibility of death and that no technical process can replace the physician's judgment in this regard.

In 1973 in the Netherlands and in 1976 in Germany and Japan, some pro-euthanasia societies were founded and they held the first international meeting of these groups in Tokyo.

In 1974, the Frenchman Jacques Monod (Nobel Prize for Medicine in 1965), the American Linus Pauling (Nobel Prize in Chemistry, 1954), and the Englishman George Paget Thomson (Nobel Prize in Physics, 1937), along with religious leaders, philosophers, jurists and academics published a manifesto in the French magazine “The Humanist”, in which they called for the decriminalization of euthanasia<sup>(15)</sup>.

In 1980, in Oxford, 27 groups from 18 countries created the “World Federation of Right to Die Societies”. Churches, and especially the Catholic Church, have always condemned euthanasia<sup>(4)</sup>.

On June 26, 1980 the declaration of the “Congregation for the Doctrine of the Faith” entitled “Declaration on Euthanasia” was published. It reaffirmed that “no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying”<sup>(4)</sup>.

In 1981, the Pontifical Council “Cor Unum” with “Questions of Ethics regarding the Fatally Ill and Dying” reiterated the condemnation of euthanasia.

In 1983, the World Medical Association, with the “Declaration on Terminal Illness,” stated the need for care of the seriously ill, without suppressing them.

In April 1991, the European Parliament discussed the “report” of Dr. Leon Schwartzberg that addressed the link between “dignity” and “disease”. It states:

“Dignity is the foundation of human life and physical pain is an attempt on dignity” and “disease deprives life of all dignity.”

According to this report, a seriously ill life is not worth living, and only euthanasia can save dignity violated by sickness and suffering.

The consequence of this document is that it assimilates the concept of “dignity” to “quality of life”<sup>(1-8,14,16)</sup>.

In Italy, the National Bioethics Committee, with its document dated 6 September 1991, dissoci-

ated itself from this position.

In the same year the United States Congress approved the "Patient Self Determination Act" under which U.S. hospitals, since 1997, undertake to implement the "living will"<sup>(5,9,12,13-14)</sup>.

In 1992 the British Medical Association expressed its support for the Living Will<sup>(9)</sup>.

The call to legalize euthanasia, promoted by many associations, has led the governments and parliaments of many countries to formulate draft legislation on the rights of the terminally ill.

The proponents of euthanasia argue that prolonging life in cases of incurable disease involves continued and unwarranted suffering for patients and their families.

Those, however, who condemn euthanasia quote ethical and religious reasons and the existing criminal code on euthanasia.

In the debate<sup>(1-16)</sup> on euthanasia, it is useful to make reference to the book of 1920, "Allowing the Destruction of Life Unworthy of Living," written by the psychiatrist Alfred Hoche, and the jurist Karl Binding, from Leipzig, who formulated the theory of social euthanasia as a remedy to the suffering of patients and the social and economic costs of disease.

The concept of euthanasia and the relevance of the debate on this delicate issue focus on the principle of 'autonomy' and freedom of choice of the patient.

As to the decision-making autonomy of an individual at the end of his life, Italy has no legislation in this regard, with the exception of a few specific rules (e.g., organ transplants).

Already in 1998, article 14 of the Code of Medical Ethics defined therapeutic obstinacy as "obstinacy in treatments for which there is no well-founded reason to expect a benefit for the patient's health or an improvement in quality of life". Concerns were raised on the so-called "living will"<sup>(9,11)</sup> while recognizing the principle of giving voice to the patient's sovereignty, even after his biological possibilities of expressing it.

In 1993, the Bioethics Council as proposed adopting rules to guarantee the right of an individual to self-determination with regard to treatment to be carried out even after the loss of his or her ability to express a clear consent or dissent.

Article 32 of the Italian Code of Medical Ethics emphasizes the principle of informed consent, and the law too, for some years now, considers it as an element of legal legitimization of a medical procedure, which would otherwise be a criminal

offense. (Court of Cassation, Pen. Sect. IV, 1991).

An approach of modern medicine in the treatment of the terminally ill is to help them not only physically, but also psychologically and spiritually.

The number of patients receiving such treatment has significantly increased in recent decades (cancer, AIDS, Alzheimer's disease, muscular dystrophies, ALS).

Palliative care often gives the time needed for the terminally ill in order to make any last personal decisions, allowing them, even at home, to enjoy the vicinity and affection of family members in the final stages of their lives.

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A modern line of thought, both secular and libertarian, is pursuing the approval of a law on living will.

The idea that the incurably ill should receive protection and care to die with dignity, depends, as always, only the physician and his or her relationship with the patient and "piety" cannot be not imposed by law, nor can law dismiss it.

Modern medicine, with the introduction of the principle of informed consent, recognizes the right of every individual to accept or refuse treatment and/or diagnostic tests proposed by physicians.

In 1947, the World Medical Association had already codified a set of rules, known as the "Nuremberg Code", to prohibit any experiment on humans without their "voluntary consent". The term "informed consent" was used, for the first time in 1957, during a trial held in California, in defense of the principle of the decision-making autonomy of a patient vis-à-vis an arbitrary attitude of physicians<sup>(16)</sup>.

Informed consent is intended to ensure the patient's autonomy in the context of decisions made by the physician and concerning a state of disease and its treatments. There are compulsory treatments for which the physician is not required to ask the patient for informed consent, and that by law are mandatory for urgent and pressing interventions, necessary to protect the patient's health.

The failure to obtain the patient's informed consent foreshadows an arbitrary medical treatment, which may constitute an intentional criminal

offense (articles 605-610-613 of the Criminal Code and article 582 of the Criminal Code).

In Italy the debate on euthanasia has led to the introduction of bills in Parliament among which suffice it to mention the first bill (1984) to regulate the interruption of treatment for the terminally ill, submitted by Loris Fortuna.

In 1967, Luis Kutner was the first to coin the term “living will” (provisions of will) to designate the refusal by a patient of some forms of therapy<sup>(9)</sup>.

From then on, a campaign of dissemination and promotion of these “living wills” started in many Western countries.

The legal systems of many countries have recognized the legal value of a living will, but these do not include Italy.

In Europe, many parliaments have already dealt with the sensitive issue of euthanasia. In the Netherlands, since 1994, euthanasia has been decriminalized through an amendment to Article 10 of the Regulation of Mortuary Police, which codified, since June 1994, the non-punishment of physicians who play an active role on patients who have requested to die.

On November 28, 2000, the Dutch parliament (the first in the world) approved the legalization of euthanasia, which took effect on April 1, 2002.

Article 409 of the Spanish Criminal Code establishes long-term imprisonment for those who help or incite to commit suicide.

Suffice it to mention the legislation in force in Italy: active euthanasia is treated as murder under Article 575 of the Criminal Code.

In the case of patient consent, Article 579 of the Criminal Code (murder of consenting person) provides for six to fifteen years in prison.

Recently in Italy (Cassation Ruling no. 21748/2007), the First Civil Chamber of the Court of Cassation ruled that the court may authorize euthanasia for those who are in a vegetative state and have previously consented and that there is evidence of said consent and the condition of vegetative state is irreversible. The first Civil Chamber of the Court of Cassation quashed and deferred the decree of the Court of Appeal of Milan, which rejected the request made by the father of Eluana Englaro, in a coma since 1992, to remove the feeding tube from his daughter after 15 years of feeding.

In Australia some States of the Federation recognized the legal status of so-called “advance directives” after the northern territories of the Australian Federation, in 1996, legalized voluntary active euthanasia, but in 1998 the Federal Parliament repealed the decision.

In the UK, assisted suicide is a crime under the “Suicide Act” of 1961. Currently, English case law on the issue of passive euthanasia has made some openings and the “Mental Capacity Act” sets forth that family members or friends of seriously ill patients may oppose treatment obstinacy by physicians under the penalty of up to five years in prison.

In the United States, the federal government authorized individual States to legislate freely on euthanasia, which, since 2005, is allowed only in the State of Oregon. In many States of the Union, the advance directives of an individual are legally binding.

The American Medical Association has expressed its opposition to the law in force in Oregon.

In this State, the Helmock Society sponsored a bill in 1991 on assisted suicide, submitted to the Senate in 1994, which, in the absence of a debate on the bill, with 52% of votes in favor, approved the “Death With Dignity Act.” This law allows physicians of the State of Oregon to prescribe effective drugs to cause death in consenting individuals with an estimated remaining life of no more than six months and with the approval of two other physicians.

A referendum to repeal the “Death with Dignity Act,” with 60% of the voting population of Oregon, confirmed the yes to euthanasia (16).

In Canada, Ontario and Manitoba recognized the legal status of advance directives (16).

In Catholic Colombia, euthanasia is permitted, after a special decision of the country's Constitutional Court, but no law has been passed yet on the legalization of euthanasia. In China, since 1998, a specific law allows the practice of euthanasia for the terminally ill only in hospitals<sup>(16)</sup>.

The future and scientific research need no “stakes” other than those of ethics and laws aimed at the common good of humans.

## References

- 1) *The Vegetative State: Guidance on Diagnosis and Management. A Report of a Working Party of the Royal College of Physicians*. Clinical Medicine, 2003; 3 (3), 249-254.
- 2) *Post-Coma Unresponsiveness (Vegetative State): A Clinical Framework for Diagnosis*. An Information Paper of the National Health and Medical Research Council of the Australian Government. Endorsed 18 December 2003.
- 3) American Neurological Association. *Persistent vegetative state: report of the American Neurological Association Committee on Ethical Affairs*. Annals of Neurology. 1993; 33: 386-390.
- 4) *Congregazione per la Dottrina della Fede, Dichiarazione sull'eutanasia*. Iura et Bona, cit., I: AAS 1980; 72: 545; Catechismo della Chiesa Cattolica, nn. 2281.
- 5) Iorio M., *Il diritto a morire*, Minerva Medico-Legale, 1995; 115(4): 45-53.
- 6) McMahon KT., *Catholic moral teaching, medically assisted nutrition and hydration and the vegetative state*. NeuroRehabilitation 2004;19 (4), 373-379.
- 7) Messori Vittorio, *Scommessa sulla morte. La proposta cristiana: illusione o speranza?*, SEI, Turin, 1982.
- 8) Rachels James «*Quando la vita finisce*». *La sostenibilità morale dell'eutanasia*. Sonda Ed. 2007.
- 9) Santosuosso A., *A proposito di living will e di advance directives. Note per un dibattito, Politica del diritto*, n. 2, June 1990, 477-487.
- 10) Sgreccia E., *Vegetative state and brain death: Philosophical and ethical issues from a personalistic view*. Neuro Rehabilitation 2004;19(4), 361-366.
- 11) Sgreccia E., *Manuale di Bioetica. Fondamenti ed Etica Biomedica*, 2ª ed., Vita e Pensiero, Milano, 1994, 631-681.
- 12) Singer Peter, *Etica Pratica*, Liguori Ed., 1989.
- 13) Singer Peter, *Animal Liberation*. Ecco Ed. 2001.
- 14) Tasseau F. et Al., *Etats vegetative chronique. Repercussion humaine aspects medicaux juridiques et ethiques*. Remmes: Editions Ecole Nationale de la Sante Publique, 1991 citato da Jennet B. in: *The vegetative State*. Medical Facts, Ethical and Legal Dilemmas; Cambridge University Press UK 2002.
- 15) The Humanist. *A Plea for Beneficent Euthanasia*. July-August 1974.
- 16) Ignazio Vecchio, Alfio Antonio Grasso, Cristina Tornali. *Il medico chiamato a decidere sulla fine della vita. Problematiche bioetiche e cliniche*. C.U.E.C.M., Catania, 2008.
- 17) Migliore M, Vecchio I, Rampello L, Borrata F, Astuto M, Rampello L, *Multidisciplinary approach of non-thymomatous myasthenia gravis*. Acta Medica Mediterranea. 2012; 28: 211-213.
- 18) Rampello L, Ruggieri M, Vecchio I, Battaglia G, Chisari CG, Malaguarnera M, Zelante G, Catalano A, Rampello L. *Amyotrophic lateral sclerosis: differential diagnosis with cervical myeloradiculopathy*. Acta Medica Mediterranea 2011; 27(3): 149-152.
- 19) Rampello L, Buttà V, Raffaele R, Vecchio I, Battaglia G, Cormaci G, Alvano A. *Progressive supranuclear palsy: a systematic review*. Neurobiol Dis. 2005 Nov; 20(2): 179-86. Review.
- 20) Migliore M, Pulvirenti G, Okatyeva V, Cannizzaro MA. *Persistent hyperparathyroidism owing to a giant parathyroid adenoma in posterior mediastinum*. Surgery. DOI. 10.1016/j.surg. 2012.04.00.
- 21) Migliore M, Costanzo M, Cannizzaro MA. *Cervico-mediastinal goiter: is telescopic exploration of the mediastinum (video mediastinoscopy) useful?* Interact Cardiovasc Thorac Surg. 2010 Mar;10(3): 439-40.
- 22) Rampello L, Cerasa S, Alvano A, Butta V, Raffaele R, Vecchio I, Cavallaro T, Cimino E, Incognito T, Nicoletti F. *"Dementia with Lewy bodies: a review"*. Arch Gerontol Geriatr. 2004 Jul-Aug; 39(1): 1-14.
- 23) Migliore M, Jakovic R, Hensens A, Klepetko W *Extending surgery for pulmonary metastasectomy: what are the limits?* J Thorac Oncol. 2010 Jun; 5(6 Suppl 2): S155-60. Review.
- 24) Zelante G, Catalano A, Ricceri, R, Rampello L, Rampello L. *Subcortical vascular dementia: lights and shadows*. Acta Medica Mediterranea 2012; 28 (1): 45-52.
- 25) Rampello L, Alvano A, Battaglia G, Raffaele R, Vecchio I, Malaguarnera M. *"Different clinical and evolutionary patterns in late idiopathic and vascular parkinsonism"*. J Neurol. 2005 Sep; 252(9): 1045-9.
- 26) Malaguarnera M, Vacante M, Motta M, Giordano M, Malaguarnera G, Bella R, Nunnari G, Rampello L, Pennisi G. *Acetyl-L-carnitine improves cognitive functions in severe hepatic encephalopathy: a randomized and controlled clinical trial*. Metab Brain Dis. 2011 Dec; 26(4): 281-9.
- 27) Malaguarnera M, Vacante M, Giordano M, Pennisi G, Bella R, Rampello L, Malaguarnera M, Li Volti G, Galvano F. *Oral acetyl-L-carnitine therapy reduces fatigue in overt hepatic encephalopathy: a randomized, double-blind, placebo-controlled study*. Am J Clin Nutr. 2011 Apr; 93(4): 799-808.
- 28) Rampello L, Casolla B, Rampello L, Pignatelli M, Battaglia G, Gradini R, Orzi F, Nicoletti F. *The conditioned eyeblink reflex: a potential tool for the detection of cerebellar dysfunction in multiple sclerosis*. Mult Scler. 2011 Oct; 17(10): 1155-61.

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