Euthanasia: would elderly people from socio-economic classes D/E perform it or allow it on their relatives?

Eutanásia: idosos de classes socioeconômicas D/E a fariam ou a permitiriam em membros de sua família?

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ABSTRACT: 75 opinions from elderly people of low socioeconomic classes living in a specific community were investigated, about whether they would allow euthanasia to be performed on family members. 77.3% wouldn't perform euthanasia. Regarding permission to a physician, the following responded with negatives: 78.7% against the active form, 68% against the passive, and 62.7% against double effect. The contrary arguments were: religious issues, belief in destiny, hope of healing, don't want to take responsibility and guilty conscience.
Keywords: Euthanasia; Non institutionalized elderly; End of life.

RESUMO: Foram investigadas as opiniões de 75 idosos de uma determinada comunidade, pertencentes a classes socioeconômicas baixas, sobre se permitiriam a eutanásia a seus familiares. Não a fariam, 77,3% deles. Quanto à permissão dada a médicos, responderam com negativas: 78,7% na forma ativa; 68%, na passiva; e 62,7%, na de duplo efeito. Os argumentos contrários foram devidos a: questões religiosas, acreditarem no destino, crerem na cura, não assumirem a responsabilidade, e o peso da própria consciência.
Palavras-chave: Eutanásia; Idosos não institucionalizados; Final de vida.

Rezende, D.F., Oliveira, G.N., Vianna, L.G., & Santos, I.B.dos. (2014, May). Euthanasia: would elderly people from socio-economic classes D/E perform it or allow it on their relatives? *Journal Kairós Gerontologia, 17*(Special Issue17), Thematic Issue "Finitude/Death and Old Age", pp.125-135. ISSN 1516-2567. ISSNe 2176-901X.
São Paulo (SP), Brasil: FACHS/NEPE/PEPGG/PUC-SP

Introduction

Death is the only certain thing for humans, and *Homo sapiens sapiens* is the only sentient being aware of his own finite condition. However, death in the 21st century is still considered a taboo, disruptive and shameful (Batista and Schramm, 2004).

The development of Medicine provided healing for many illnesses causing the prolongation of life. In spite of that, these advances may lead to a troubling situation when trying to save a life: keeping someone alive when death is already present. Nowadays, this position of preserving life at all cost is the major cause of one of the worst fears most people have, which is preserving life with suffering, having tubes and machines keep you company, lonely at an intensive unit care or a hospital bedroom (Kovács, 2003). Due to this argument one starts to question about euthanasia.

The meaning of euthanasia, considering its variants, is related to bringing forward the death of an incurable patient, usually a terminal one and in a lot of pain, caused by someone that is moved by compassion (Villas Boas, 2005). This word has its origin in the Greek word euthanatos, which means good death (Vilela & Caramelli, 2009). Francis Bacon, in 1963, in his work *Historia vitae e mortis*, defined it as the suitable treatment for incurable diseases (Lima Neto, 2003).

Euthanasia can be categorized as active, passive and having double effect. In the active form someone deliberately takes an action that causes or speeds up death with no suffering to the patient with noble purposes. In the passive form, death happens to the individual because either medical treatment doesn't start or an extreme measure is interrupted with the aim of diminishing suffering. This type is called in Portuguese *orthotanasia*, i.e., death at the right time, distinction not accepted by many professionals. The double effect euthanasia is aimed at reliving pain in terminal patients, which leads to death as a secondary effect (Kovács, 2003; Oliveira *et al*., 2003).

Euthanasia is a very polemic topic of discussion in modern Brazilian society, specially because of an aging population and greater longevity. (IBGE, 2010; Portal Brasil, 2010).

The purpose of this work was to investigate whether elderly people living at a specific community, from low socioeconomic classes, would allow euthanasia to be performed on their family members.

Material and methods

A cross-sectional study with random samples was carried out. These samples were made up of 75 elderly subjects who attended Unidade Mista de Taguatinga (UMST - DF), from Secretaria de Estado de Saúde do Distrito Federal, which has a high standard service to tend elderly citizens and has a multidisciplinary team. The study was conducted in two days in one week in 2009 at the same time in the morning.

The research project was approved by the Committee of Ethics of the Catholic University of Brasília, under the number 76/2006 on October 10, 2006. After proper explanation, the participants signed a written consent form.

The criteria for inclusion were: age 60 or older, low socioeconomic classes, attendance at one or two days of the research. The exclusion criterion was not answering the instruments for data collection.

During the research the participants were taken to ample, well-ventilated, bright and comfortable rooms. There was a lecture by the main researcher, of around 30 minutes, during which the meaning and types of euthanasia were explained: (active, passive and double effect). A questionnaire was handed out after clearing all doubts: the first related to socioeconomic data, such as: age, gender, education and family monthly income. Socioeconomic classes were defined as: monthly income between 1 and 3 minimum wages, social class D; monthly income of up to 1 minimum wage, social class E (IBGE, 2010).

In the questionnaire regarding euthanasia, the following questions were present:

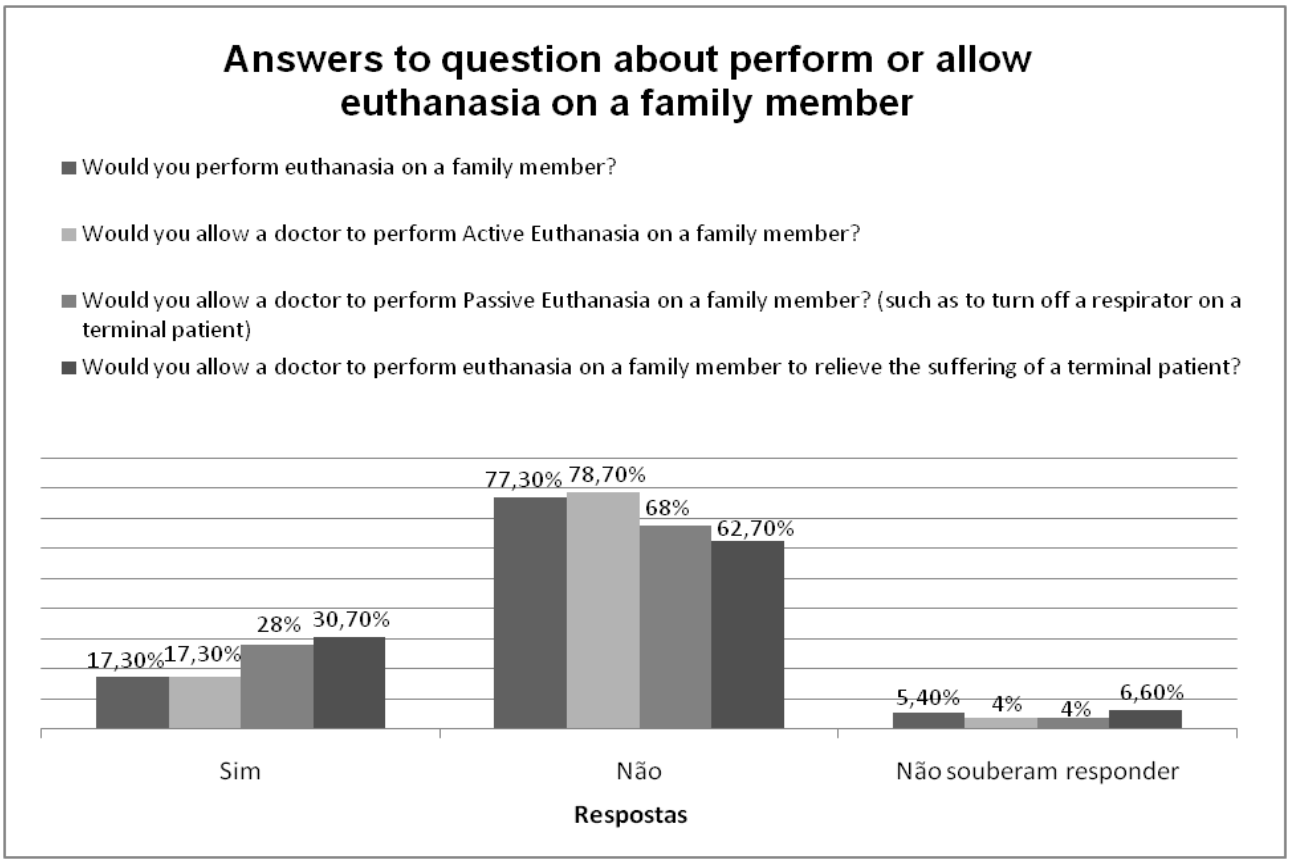
1. Would you perform euthanasia on a family member?
2. Would you allow a doctor to perform active euthanasia on a family member?
3. Would you allow a doctor to perform passive euthanasia on a family member?
4. Would you allow a doctor to perform double effect euthanasia on a family member, i. e. would you allow your family member, who is a terminal patient, to die as a consequence of measures taken to relieve their suffering?

After that it was asked of the participants to justify their decisions.

Results

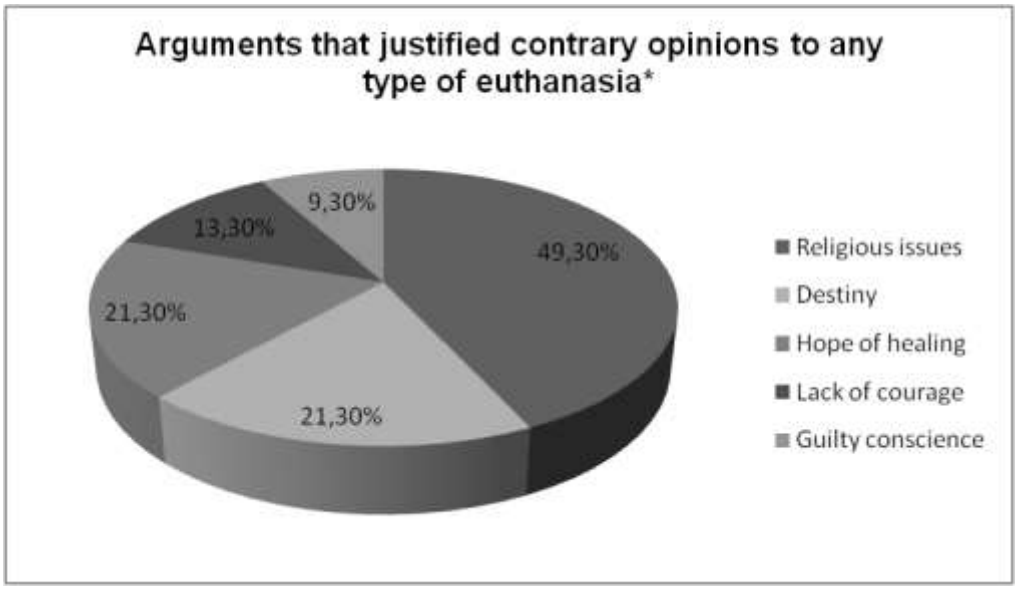
Among the 75 elderly citizens assessed, 69 (92%) were female and 6 (8%) were male. The average age was 70.52 ± 7.54 years old (60 to 84 years old), considering that 44 (58.7 %) were 70 or older. Concerning education, 38 (50.7%) studied four or more years, 16 (21.3%) three or four years, 12 (16%) one or two years and 9 declared to be illiterate. None of the elderly people had a college degree. All were of the socioeconomic classes D and E.

To the first question, 'would you perform euthanasia on a member of your family?' 58 (77.3%) of respondents said no, 13 (17.3%) said yes, and 4 (5.4%) didn't know how to answer. As for the remaining questions concerning euthanasia: 59 (78.7%) wouldn't allow active euthanasia, 13 (17.3%) would allow it and 3 (4%) didn't know how to answer; 51 (68%) wouldn't allow passive euthanasia 21 (28%) would allow it and 3 didn't know how to answer; and 47 (62.7%) wouldn't allow double effect euthanasia, 23 (30.7%) would allow it and 5 (6.6%) didn't know how to answer (Graphic 1).



Graphic 1 - Answers to the question wether they would perform or allow a doctor to perform euthanasia according to 75 elderly people from low socioeconomic classes, Polyclinic of Taguatinga, 2009

The main arguments against any kind of euthanasia were: 49.3 % religious reasons, 21.3% belief in fate, 21.3% belief in the possibility of healing, 13,3% don't want to take responsibility for that action and 9,3% because of a guilty conscience. (Graphic 2). The main reasons in favor of euthanasia were: 29.3% prefer to end the suffering of the patient and 12% because of an impossibility of cure.



Graphic 2 - Arguments against any type of euthanasia according to 75 elderly people from low socioeconomic classes, Polyclinic of Taguatinga, 2009

* There were respondents that expressed more than one answer to each questions

In chart 1 below are transcribed some arguments against euthanasia according to the elderly people in the research.

	Arguments (examples)	Frequency
Religious issues	'Only God can give life, so only He can take it away at the right time' 'Life is precious: God gave it, and only He can take it away.'	37 (49.3%)
Destiny	'Everyone has to fulfill their destiny, and death happens at the right time, even if there is pain' 'Suffering is part of everyone's destiny'	16 (21.3%)
Hope of healing	'Where there is life, there is hope'	16 (21.3%)

	Arguments (examples)	Frequency
	‘There is a possibility for the person to heal'	
Lack of courage	I don’t have the courage’ ‘I'm not capable of doing this'	10 (13.3%)
Guilty conscience	‘I would feel guilty’ ‘I'm not a murderer’	7 (9.3%)

Chart 1 - Examples of arguments against euthanasia according to 75 elderly people of low socioeconomic classes, Polyclinic of Taguatinga (2009)
* There were respondents that expressed more than one answer to each question

Discussion

Euthanasia is a complex issue nowadays, it more and more debated, specially because of breakthroughs in medical technology and being related to existential questions about life and death (Fernandes, 1993; Novaes e Trindade, 2007; Nobrega Filho, 2010). It’s been around for millennia, and it was debated in Ancient Greece. Plato and Socrates were proponents of serene death whereas Aristoteles, Pythagoras, Hippocrates were adamantly against it. Until the XVII century, men felt in control of their lives as long as they felt in control of their death too. With scientific progress, around the centuries XVIII and XIX death became part of the realm of medicine and it became less related to the divine. Death became a technical phenomenon in which the doctor says when to interrupt any sort of treatment (Oliveira *et al.,* 2003; Pamplona, 2012).

Nowadays euthanasia has been the focus of debates for many reasons. The aging process of the Brazilian population lead to an increasing elderly population therefore the possibility of a longer and more painful death. Add to that a more materialist society and patient autonomy as factors that emphasize the debates around the subject (Almeida, 2004; Batista e Schramm, 2004; Novaes e Trindade, 2007). As a consequence of that, it’s imperative to debate of the moral aspect, i. e. arguments in favor and against euthanasia, a bioethical questions that encompasses many controversies (Batista & Schramm, 2004).

In this work most elderly respondents were against all kinds of euthanasia. Another study with 3840 subjects of which 1242 were cancer patients, 1289 caregivers, 303 oncologists and 1006 general population showed that the majority in each group (87,1% a 94,0%) were in favor of interrupting any treatments other than the one that controlled pain. Around 50 % of patients and

population in general were in favor of active euthanasia or doctor assisted suicide, compared to less than 40% of caregivers and less than 10% of doctors. Higher income was associated to interrupting treatments to prolong life considered useless and to vigorous control of pain. Older male subjects with no religion affiliation and poor education were considerably in favor of active euthanasia and assisted suicide.

A study carried out in Portugal with 143 oncologists revealed that only 7.7% would administer lethal doses of medicine to patients with incurable diseases and incapable of making decisions if they were asked by their relatives to do so. Among those doctors, 96.5% would administer medicine to control symptoms even if this would make a patient's life shorter (Gonçalves, 2010).

In this work, the main argument against euthanasia was a religious one based on the sanctity of life. In this regard, life considered as a divine gift, would have sacred status, making it impossible to interrupt it even if that is the patient's wish (Batista & Schramm, 2004). Lepargneur (1999) considers this the strongest argument against euthanasia, according to which God, Creator and Giver of life, forbids this practice.

The Declaration about Euthanasia of 1980, from the Sacred Congregation for Faith Doctrine is the most thorough document about the subject in the Christian faith. Euthanasia is condemned as a violation of God's law, offense against human dignity and a crime against life. However, considering the possibility of inevitable death in spite of the measures taken, it is licit to stop treatments that would prolong a painful existence, without interrupting regular care for the patient. According to this argument, there is also a possibility that life might be shortened as a secondary effect of taking drugs to reduce pain of the patients, such as in the treatment of unbearable pains.

Other arguments against the practice of euthanasia, based on the relation between doctor and patient, were not presented by the elderly people in this work. One of these points is: if it were allowed to perform euthanasia doctors would be tempted not to treat terminal patients properly, which would create a breach of trust in the relation between doctor and patient. Another point is whether euthanasia would cause a decline in the creation of palliative care programs. Those contrary to euthanasia emphasize the following aspects which weren't mentioned in the research: the impossibility of giving up on life, change of mind because of more modern treatments, the need to discuss what is understood as unbearable suffering and considerations about the moral and professional integrity of the doctor. Other variables are: performing euthanasia might be motivated by reasons such as inheritance, pensions and life insurance; the practice might not be voluntary, it might be forced or induced due to the lack of resources or proper care; the patient might be under

psychological pressure from family members that leads to make this decision; and at last by accepting the argument in favor of euthanasia it might used in other situations in which the consequences are unacceptable (Batista & Schramm, 2004; Novaes & Trindade, 2007).

Novaes e Trindade advocate that the acceptance of euthanasia by people depends mainly on four factors: the level of suffering of the patient in spite of the treatment, how often the patient asks for the euthanasia to be performed, patient's age and degree of curability of the disease (Novaes & Trindade, 2007).

However, it has to be taken into account that every request for death is, in fact, a cry for help (Germiniano et *al.*, 2005).

In this work, the elderly people in favor of euthanasia presented as main arguments the need to spare the terminal patient of his suffering and relieve his family of anguish. Those coincide with the main reasons presented by Kóvacs (2003), Oliveira *et al.* (2003) e Novaes e Trindade (2007). Another argument would be the financial cost as well as the social and personal cost, consequence of the prolonging a life unable to go on (Kovács, 2003; Oliveira *et al.*, 2003; Novaes & Trindade, 2007).

Society nowadays considers reasonable for a person to protest against additional suffering caused by treatment aiming to combat a disease and end up hurt the bearer of the disease. Therefore, quality of life takes priority over quantity of life, considering the patient the most apt to decide about the termination of life which respects the principle of autonomy. It's necessary to take into account that in most cases the ability to decide is impaired and the request for euthanasia might be motivated by transitory factors e. g. fear of isolation and loneliness or fear of the diagnosis (Almeida, 2004; Batista & Schramm, 2004; Martins, 2006).

Regarding the ethic and legal aspects, the Code of Medical Ethics (2010) dictates that it is forbidden for the doctor to shorten a patient's life even if requested by him or his legal representative and, in case of incurable or terminal disease, provide all palliate care available avoiding useless therapies at the same time considering the patient's will or, if that's impaired, his legal representative (Buglione, 2009; CFM, 2010). The right to life, guaranteed by the Federal Constitution of Brazil, is the most fundamental of rights, for it is a prerequisite to enjoy all other rights and that's why the legal framework doesn't provide the citizens with the right to perform euthanasia (Pamplona, 2012).

Brazil is a signatory of the Universal Declaration of Humans Rights and it must obey it. Its 4th article states that 'everyone has the right to life and this right has to be upheld by law, in general, from the moment of birth. Nobody should be deprived of life arbitrarily.' (Pamplona, 2012). So, in the legal criminal aspect, although the national legal framework doesn't address this

issue, it is considered murder. The practice of voluntary or involuntary euthanasia is considered a crime, as well as assisted suicide punishable by 20 years of incarceration. The only form allowed is 'ortotonasia' (Novaes & Trindade, 2007; Nobrega Filho, 2010).

The pending law in its special part of the Penal Code from 1984, which is beeing voted in the Senate , represents a an advance in the discussion surrounding passive euthanasia, by stating in the article 121 paragraph 3 that 'it isn't a crime to stop keeping someone alive by artificial means if previously two doctors conclude that it's inevitable and imminent the death of the patient as long as there is consent given by the patient or if unable to do so, by one of his parents, children, sibling or spouse. When this article is approved, passive euthanasia will be legally performed which will avoid prolonging the suffering of terminal patients.

Conclusion

Most elderly respondents wouldn't allow the practice of any form of euthanasia on a member of their family and the main reason is the sacred status of life. Among those who are in favor of it, the majority would allow double effect euthanasia to be performed, stating the reason that it would minimize the suffering of the patient. Therefore it is clear that the subject needs to be discussed with elderly subjects, specially those in low socioeconomic classes. There is a great need of further studies to investigate the opinion about the subject in the higher socioeconomic classes.

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Received on 20/04/2014
Accepted on 22/05/2014

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