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Neutrality on assisted dying: A personal view

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Introduction

Medical bodies should take a neutral stance on the issue of assisted dying and should not be publicly opposed to or support any change in legislation that may allow assisted dying for terminally ill, mentally competent adults [1]. At the heart of the case of neutrality is the principle that the decriminalization of assisted dying should be a matter for society as a whole to decide, using parliamentary processes. No particular group within it should have a disproportionate influence on this decision. On the other hand, individual healthcare professionals, as responsible citizens, are entitled, perhaps obliged, to express their views about the ethical and clinical case for a law allowing assisted dying for the terminally ill.

Two striking cases, one from UK [2] and one from Italy, were described by Paquita De Zulueta and myself [3] and illustrate both the differences and similarities in the debate about assisted dying in different countries, and illuminate the different visions of what constitutes the Good Life and what it is to be human.

The increasing secularization of British society has not yet let to legalization of voluntary or involuntary euthanasia, despite the greater emphasis on individual autonomy. Conversely, in Italy, where the Church occupies a more influential position, the law enshrines the doctrine of self-determination, but in practice this is hard to implement.

In both cases some kind of legal compromise was reached: in Italy there was an acceptance that individual's prior wishes are determinative, even though arguably that person no longer exists, and in England a subjective quality of life assessment was made that permitted treatment to be discontinued in the full knowledge that death would follow. Both decisions aimed to reflect a compassionate and holistic view of what it means to be fully human [4,5].

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References

- 1. Gerada C. The case for neutrality on assisted dying Br. J Gen Pract. 2012; 62: 650.
- Jewell D. Our debt to those who are dying Br J Gen Pract. 2009;
 59: 809-810.
- 3. De Zulueta P, Carelli F. Permanent vegetative state: comparing the law and ethics of two tragic cases from Italy and England London Journal Primary Care. 2009; 2: 1-5.
- 4. Carelli F. Euthanasia: why a discussion is urgent between GPs Medicinae Doctors. 2006; 9: 10-11.
- Carelli F. Persistent vegetative state Br J Gen Pract. 2012; 60: 132.

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