

DIMENSIUNI ANTROPOLOGICE ȘI BIOETICE ALE RELĂȚIEI MEDIC-PACIENT ÎN CONTEXTUL LEGALIZĂRII EUTANASIEI

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Abstract

The types of assisted death and the practice of euthanasia and its adjacent forms (decriminalized or legalized), such as assisted suicide and medically assisted suicide, are one of the most controversial topics of debate in the academic, (bio)ethical, medical, social and especially legal spheres. The global expansion of these acts and practices in recent decades has transformed assisted dying from an important topic of debate into a legislative and clinical practice and reality in many states. The legalization and/or decriminalization of euthanasia and its surrogates implies legal changes and at the same time a reconfiguration and a new paradigm of the doctor's role, of the doctor-patient relationship and of the perception of illness, pain, suffering, dignity and the end of life. The present study critically analyzes the implications of these paradigmatic shifts and essential transformations, with a focus on the doctor's mission, the doctor-patient relationship, the increasingly broad eligibility criteria, as well as the risk of instrumentalizing palliative care, the alternative to types of assisted dying. The present study brings into discussion relevant examples from international situations, emphasizing the possible ethical, social and professional tensions faced by the actors involved in this context. In short, it highlights the duty and the need for a clear distinction and a re-actualization of what the noble activity of the physician entails, between the medical practice dedicated to the patient's recovery or the alleviation of suffering and the actions (direct, conscious, voluntary, with or without the patient's consent) that intentionally lead to the suppression of life or to the acceleration of the dying process.

Keywords: euthanasia, assisted death, doctor, life, death

„Participarea medicilor la sinuciderea asistată sau la eutanasia poate avea un efect dăunător profund asupra medicilor implicați. Medicii trebuie să își asume responsabilitatea pentru provocarea morții pacientului. Există o povară uriașă asupra conștiinței, emoții încâlcite și un impact psihologic mare asupra medicilor participanți. Mulți medici descriu sentimente de izolare. Dovezile publicate indică faptul că unii pacienți fac presiuni și intimidează medicii pentru a-i ajuta la sinucideri. Unii medici simt că nu au de ales decât să fie implicați în sinucideri asistate.