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THERAPEUTIC MISCONCEPTIONS AS A SYSTEMIC PROBLEM OF CLINICAL TRIALS ON HUMANS

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Relevance. Euthanasia – the administration of a lethal substance by a physician to a patient suffering from a terminal illness, severe genetic disorder, or unbearable psychological condition – remains one of the most controversial issues in modern bioethics. While several countries have legalized voluntary euthanasia and physician-assisted suicide, many others continue to prohibit it entirely. The ethical debate centers on the conflict between respect for patient autonomy (the right to die with dignity) and the fundamental principles of medical ethics, particularly non-maleficence ("do no harm") and beneficence (the duty to preserve life). Furthermore, concerns about undue influence, misdiagnosis, pressure on vulnerable populations, and the potential erosion of trust in the medical profession complicate the issue. Despite growing global discussion, no universal consensus exists. This makes euthanasia a pressing ethical problem requiring careful analysis.

Aim: the aim of this article is to address the ethical issues surrounding euthanasia and to argue why it should not be accepted as a medical practice.

Materials and methods. This study is a theoretical ethical analysis based on a review of scientific literature, legal documents, and international guidelines concerning euthanasia and palliative care. Sources included peer-reviewed articles, WHO reports, and national legislation (with special attention to Sri Lanka). The analysis applies the four principles of biomedical ethics: respect for autonomy, beneficence, non-maleficence, and justice.

Results and their discussion. Proponents of euthanasia argue that respect for patient autonomy requires honoring a competent individual's request to end unbearable suffering, especially when no cure exists. They believe that denying such a request forces patients to endure agony and deprives them of a dignified death. From this perspective, euthanasia is seen as an extension of patient self-determination. However, several ethical arguments speak against euthanasia. First, it violates the principle of non-maleficence, as physicians cannot fully distinguish between physical and psychological pain, both of which may be treatable. Second, it contradicts beneficence: a physician's primary duty is to save lives, not to end them. Third, legalizing euthanasia may reduce incentives for research into cures and palliative treatments, redirecting resources elsewhere. Fourth, vulnerable populations – the elderly, disabled, mentally ill, and economically disadvantaged – may face subtle or overt pressure to request euthanasia due to family burden or financial constraints. It is often impossible to determine whether a request is truly voluntary or influenced by others. The case of Sri Lanka illustrates a complete prohibition: all forms of euthanasia remain illegal. This reflects a legal and moral stance that life must be protected regardless of circumstances. An ethical alternative to euthanasia is palliative care – specialized, person-centered medical care aimed at preventing and relieving suffering, improving quality of life, and supporting both patients and their families. Palliative care does not hasten death but allows patients to remain as active as possible until natural death occurs. It respects both the dignity of the patient and the physician's duty to preserve life.

Conclusions. Under no circumstances is it morally justified for a physician to intentionally end a patient's life, even when requested. Legalizing euthanasia risks creating a society where only "normal" and "productive" lives are valued, increasing suffering among the vulnerable. Instead of accepting euthanasia, global health systems should expand access to palliative care, which respects patient quality of life, allows active living until natural death, and avoids the ethical dangers of intentional killing. As mortal creature we who believe in God or morals must accept the fact that our first and last breathe was never our choice, the only thing we can choose is the way of life.