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LEGAL AND ETHICAL CONSIDERATIONS OF ASSISTED DYING

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Introduction. The right of any adult to choose to end their life is one of the most controversial topics nowadays. The term assisted dying refers to euthanasia as well as to a physician-assisted suicide (PAS). Both practices have ethical considerations and fall under strict legal regulation. In media the terms are often misused leading to a misunderstanding by public. Euthanasia involves a doctor directly administering life-ending interventions, typically at the explicit request of the patient, while PAS allows patients to self-administer lethal substances prescribed by a medical professional or physician.

Aim: to study the differences in legal regulation between euthanasia and physician assisted suicide in certain jurisdictions, to analyze ethical considerations behind those practices, to study the public opinion concerning the autonomous right of patients to end their life.

Materials and methods. This study employs a qualitative comparative analysis to explore the differences between euthanasia and physician-assisted suicide, utilizing a mixed methods approach that includes a literature review and results from a questionnaire. An online questionnaire consisting of 19 questions was developed in a Google Form. 110 participants were involved in the survey. 98 of them were students from the Belarussian State Medical University. Statistica 10.0 software packages were used for statistical data processing, and differences between the groups were considered significant at $p \leq 0.05$.

Results and their discussion. In the Republic of Belarus neither of assisted dying techniques is legal. As long as, it is not legal, it is not considered ethical.

The overall level of support for mandatory requirements for euthanasia among respondents was as follows: mandatory psychiatric evaluation received 82.2%, while strict legal procedures gained 81.3%. The need for a discussion with family was indicated by 60.7%. In contrast, the need for final decision by multiple doctors and conformation of terminal illness was supported by only 0.9%.

The opinions on euthanasia for individuals with mental disorders revealed that 28.4% respondents supported it, while a significant majority 74.3% opposed it. This indicates a clear concern regarding the implications of euthanasia for vulnerable populations.

Regarding the considerations of palliative care as an alternative to euthanasia, 46.8% of respondents agreed, while 56% disagreed. This division suggests a lack of consensus on the understanding of the palliative care effectiveness.

The analysis of open-ended responses highlighted several common themes, including factors influencing the decision to ask for euthanasia, such as suffering and hopelessness; emotional states and regrets related to the choice of euthanasia; and considerations regarding alternatives and mental states prior to the decision.

There were no statistically significant differences in responses based on demographic factors such as age or gender ($p > 0.05$). The responses reflected a complex landscape of opinions and feelings, characterized by multifaceted and deeply personal emotional experiences. Feelings of fear, regret, hopelessness, and isolation coexist with moments of relief and acceptance, illustrating the intricate nature of human emotion in the face of such profound decisions. By understanding these emotional dimensions, we can enhance practices in counseling and care, fostering a more empathetic approach for individuals considering euthanasia.

Conclusion. The findings show strong support for mandatory legal safeguards concerning end-of-life decisions. Responses on palliative care indicate the critical need for compassionate dialogue and robust support systems for those navigating difficult end-of-life choices.