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EUTHANASIA AS A WAY OF EXPERIENCING A GOOD DEATH

Master's Thesis in Philosophy

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Introduction

The thesis statement of this work – voluntary euthanasia can be a good death for terminally ill people with unbearable suffering whose death is impending. Here, I include the criterion of unbearable suffering because unbearable suffering is the main condition that should be satisfied if a person wants to request for voluntary euthanasia. Unbearable suffering means suffering that lasts ceaselessly and without the future prognosis of improvement. A person can experience physical and/or mental unbearable suffering. An impending death means a moment in life when a person is about to die because of the consequences of a terminal illness. It is the duration after a person is officially diagnosed with a terminal illness based on medical results. Voluntary euthanasia means a competent person's wish to ask for death in the country where the medical procedures of euthanasia are available and legalized. A competent person is the person who has not lost his rationality and he is fully aware of the consequences of his actions.

Why is it important to discuss a good death and euthanasia?

A good death should be a part of a good life. The importance of a good life is well established starting from ancient times. Ancient philosophers have been preoccupied with the question of how to lead a good life. For instance, Aristotle has written *Nicomachean Ethics*. The whole book analyzes *eudaimonia* – how to have a happy and flourishing life by living in a moderate lifestyle. A stoic school of philosophy (around 300 B. C.) has taught the practical wisdom of how to live a virtuous life and therefore feel happiness.

The last stage of people's existence can be painful and unpleasant. If people know how to have a good death, a good death should improve people's life at the last stage of their existence in a good manner. The last stage of existence is still a part of life. Therefore, Cicero claims that dying well means 'escaping from the danger of living ill.'[1] This quote should mean that a person can choose if he wants to die well or unwell at the end of his life. Of course, a wise choice would be dying well. It should help to escape from uncomfortable dying condition and a dying person should still manage to live a relatively good life at the end of his life. Hence, a good death should be a rational choice at the end of one's existence for people who are concerned about having a good life.

[1] Seneca Lucius Annaeus, *Seneca's Letters from a Stoic*, trans. by Richard Mott Gummere (Mineola, New York: Dover Publications, Inc., 2016), p. 177.

The problem exists that people are not formally educated to know how to have a good death. I believe the lack of schooling exists of how to have a good death. People are not obligatorily taught about it in high schools or universities. Therefore, I am motivated to discuss the notion of a good death as such and introduce its features. A good death should be a part of having a good life (the last stage of life in a good manner). Thus, the notion of a good death should be an important question for people to analyze in life. At first glance, the words 'good' and 'death' do not seem to go together at all. However, in this thesis, I will seek to introduce the perspective of how it is possible to approach death at the end of one's life in a good manner.

A human being personally experiences death in life only once. Death befalls when a human brain stops functioning irrevocably – consciousness shuts down.[2] If a second chance does not exist to die, Geoffrey Scarre claims that it is important 'to get it right first time.'[3] I believe people should know how to die well in order to get ready for such an important event in life. Preparation is needed because a dying person should clearly know what he would consider the good features of his own death and how he could succeed in achieving these features of a good death.

I think the reflection of a good death is not a prerequisite to have a good death. For instance, a dying person can experience certain features of a good death without thinking about it. I believe hospital workers are trained to help a terminally ill dying person to have a good death. Yet, in this case, a good death is orchestrated based on other people's perspectives. Therefore, I think a dying person should have a personal perspective of a good death too. A personal perspective should strengthen the overall quality of a person's death. Thus, the reflection of a good death is likely to contribute to having a better death.

Euthanasia is one of the possible ways for a terminally ill dying person with unbearable suffering to have a good death. As the result of that, the question of euthanasia is important to analyze further.

To begin with, euthanasia is a relatively novel way to approach death at the hospitalized environment in the modern world. In the beginning of the 21st century, the Netherlands became the first country in the world to legalize human euthanasia at the

[2] Singer Peter, *Rethinking life and death* (Oxford: Oxford University Press, 2008), p. 30.
[3] Scarre Geoffrey, 'Can there be a good death?', *Journal of Evaluation in Clinical Practice*, 18 (5) (2012), 1082-1086 (p. 1082).

hospitalized environment.[4] Legalized euthanasia raises these questions: 1) What should be reasons to choose to die in the hospital voluntarily? 2) How is it good for a person to die voluntarily? These questions are important to discuss and show the positive side of euthanasia. The analysis of the aforementioned questions should prevent euthanasia from being evaluated in an absolutely negative perspective. Considering people's first impressions of the practice of euthanasia, I think euthanasia is understood as a suicide or killing a person (physician-assisted euthanasia). However, I would like to reveal the other side of euthanasia, which can be a good death.

The practice of euthanasia is controversial. Euthanasia is not legal in the world everywhere. Therefore, I am convinced that the evaluation of the arguments in favor of and against euthanasia is significant. This evaluation should help to grasp the notion of euthanasia from different perspectives more clearly. The clearer notion of euthanasia should aid a person in choosing euthanasia or not. If the idea of euthanasia is disregarded in a society, euthanasia is usually treated as an immoral and illegal action. Euthanasia is understood as killing oneself or killing a person (in the case of a physician-assisted euthanasia). However, the clear notion of euthanasia could motivate countries to debate the legalization of euthanasia.

I understand that euthanasia can be wrong because it kills a person against his wish (involuntary euthanasia) or without the knowledge of a person's wish (non-voluntary). Therefore, I do not say that euthanasia (voluntary, involuntary, non-voluntary) is always a way to have a good death. I suggest that voluntary euthanasia can be a way to have a good dying experience under the circumstances that a terminally ill person feels unbearable suffering and he has an impending death. I also stress that I only support non-voluntary euthanasia if it is committed on the basis of the advanced directive. It is the document that allows expressing one's will before a dying person becomes incompetent (irrational or unable to make an opinion).[5]

After presenting the main reasons to discuss the main themes of the thesis topic, I would like to focus on the definition of death. I will focus on a natural death as the result of aging and the dysfunction of organs in the form of a terminal illness. I will not treat euthanasia as the primary cause of the human death in the thesis. In my view, a person is

[4] Wise Jacqui, 'Netherlands, first country to legalize euthanasia', *Bulletin of the World Health Organization*, 79 (6) (2001), p. 580.
[5] McDougall Jennifer Fecio, Gorman Martha, *Euthanasia* (Santa Barbara: ABC-CLIO, Inc., 2008), p. 64.

going to die as the result of a terminal illness inevitably even if euthanasia (voluntary euthanasia) is not committed. A terminal illness is the primary cause of the human death for me. I will particularly argue for voluntary euthanasia as one of the ways to have a good death in the thesis. Voluntary euthanasia is administrated on the basis of a competent person's wish without any pressure from other people. Besides voluntary euthanasia, euthanasia can be also committed involuntarily and non-voluntarily. Involuntary and non-voluntary euthanasia show that euthanasia is not committed respecting a person's will. Physician-assisted euthanasia is committed when a physician administers lethal medicine to unbearably suffering person or he gives lethal medicine to unbearably suffering person and this person uses lethal medicine when he wants. I will explain the precise differences of euthanasia (active/passive, voluntary, involuntary, non-voluntary) later in more detail when I will be focused on clarifying the notion of euthanasia in the second chapter of the thesis.

Death can be grasped as the process of dying; also, death can be grasped as the outcome of the process of dying. Geoffrey Scarre says that the dying process is still a part of life, while death is not still a part of life.[6] This should mean that the outcome of the process of dying refers to the person who is non-existent on Earth consciously and physically. However, the process of dying is still an experience that happens on Earth. This process of dying can be also called a dying experience. For example, a terminally ill person is dying in the hospital and he has an impending death that will befall him in the near future.

I will analyze the dying experience, which is still a part of life on Earth. A terminally ill dying person is still alive, but the outcome of his dying (death) is impending and going to happen very soon. A dying person has a terminal illness. Therefore, a dying person has a limited amount of time before the outcome of his dying (death) on Earth.

The structure of the thesis is the following: firstly, I will present and analyze the philosophical reasoning and empirical findings, which, I think, could try to constitute the essential features of the notion of a good death. Secondly, I will make the concluding analysis about my compiled list of the features of a good death. I will summarize that a good death can be understood as a 'managed' death in a broader sense. It is the notion that I have found in Julie-Maria Strange's text *Historical Approaches to Dying*.[7] The first part of the

[6] Scarre Geoffrey, 'Dying and philosophy', in *The Studying of Dying*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), p. 149.
[7] Strange Julie-Maria, 'Historical approaches to dying', in *The Studying of Dying*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), pp. 123-146.

thesis is going to be constructive. In the second part of the thesis, I will explain the notion of euthanasia. Then, I will discuss how voluntary euthanasia contributes to having a good death. After that, I will answer some of the potential objections against voluntary euthanasia, which could challenge the idea that voluntary euthanasia can be one of the needs/wants dying people wish to satisfy in order to have a good death. At the end, I will draw the conclusion that voluntary euthanasia and the summarized notion of a good death in a broader sense have a common unifying principle, which is the control of a dying experience. I also want to emphasize that the main focus of the thesis is not to justify the practice of euthanasia as such. I only want to show that euthanasia (voluntary euthanasia in particular) can be one of the needs/wants to be satisfied for a dying person in order to have a good dying experience under the specific dying condition (a terminal illness, unbearable suffering and an impending death).

1. The features of a good death

The phrase ‘a good death’ can be understood in various ways. When a person has a good death, it can be said that a person has a good death *qua* death (in general/attributive goodness). For instance, a person had a good death *qua* death because he died very old and he had a long life. Also, a person’s death can be a good thing to happen. For instance, a soldier died because of the heroic actions in a battle in order to save other people. The heroic death was considered to be a good death in ancient times.[8] And a person’s death can be good for him from the perspective of the dying person’s well-being when a dying person’s unpleasant dying experience is alleviated in order to have a good life at the last stage of life. In the thesis, I will focus on this perspective of a good death.

I will present the essential features, which, I think, could constitute the notion of a good death for terminally ill people whose death is impending. By the essential features, I mean needs and wants, which people the most often are likely to satisfy at the end of their life in order to have a good dying experience. I have extrapolated these features from academic medical articles that discuss the features of a good death. I have also looked at the medical empirical research to know what dying people consider to be a good death. Moreover, I have looked at philosophy, bioethics, and medical ethics literature that discusses the question of death and its related topics. The features, which, I think, could constitute the features of a good death encompass such perspectives, like the time of human death, psychological/mental preparation, specific dying people’s needs, proper care in the hospitalized environment. I have named them as follow: Preparedness, Acceptance, Pain free, Wishes, Giving meaning to life, Relationships with people, The whole person. After presenting my compiled list of the features of a good death, I will do the concluding analysis of these features.

Before presenting the features of a good death, I want to clarify that I will be using the phrases like ‘terminally ill people’ or ‘dying people’ in the analysis of the features of a good death. When I use these phrases, I have in mind that terminally ill people or dying people can feel unbearable suffering because of their illness condition. Unbearable suffering means suffering (physical and/or mental) that never finishes, other ways to alleviate

[8] Kastenbaum Robert, 'Good Death, The', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 339.

suffering do not work or they do not exist, and the prognosis of future pain alleviation is non-existent.

a. **Preparedness**

The time of death is important for dying people. People would not like to be shocked with an impending death neither quickly or without any expectations about it.[9] People do not want to be shocked with an impending death quickly because people do not like to be surprised with the negative events in life, whom people do not expect. The expectation of an impending death is needed because people would like to prepare for their death.

Having a sufficient amount of time before an impending death should help to orchestrate a good death. A good death is orchestrated in western culture when 'patients' wants and needs are met.'[10] It is the simplest descriptive definition of a good death, which should mean that people can die in accordance with their certain beliefs, which, people think, could influence their dying experience in a better way. Therefore, the notion of a good death can be said to be subjective. Dying people have different needs and wants at the end of their life because people are individual human beings. Here, I use the words 'needs' and 'wants' in their general meaning. For instance, a patient needs the medicine that would alleviate the feeling of pain. A patient wants to meet with his family for the last time. These examples of needs and wants are clung to the dying person's beliefs, which, he thinks, should support his dying experience in a better way.

If a dying person wants to satisfy certain needs and wants, which are pertaining to his good dying experience, sufficient time is needed. A dying person needs time to grasp what he truly needs and wants for his death. The lack of time before death can result in the inability to satisfy needs and wants, which are pertaining to have a good dying experience. The lack of time before death could be treated as a bad death by taking into consideration the fact that a dying person orchestrates a good death based on satisfying personal needs and wants. These needs and wants are valuable because they should help to improve a dying

[9] Shneidman Edwin, 'Criteria for a Good Death', *Suicide and Life-Threatening Behavior*, 37 (3) (2007), 245-247 (p. 246).
[10] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (p. 99).

experience. Therefore, having a sufficient amount of time is important for people if they know they are facing an impending death.

On the other hand, a reader can object that some people might exist who want to die unexpectedly in order to have a good death. For instance, they want to die when they are sleeping due to the avoidance of pain. If these people are prepared to die unexpectedly because they believe it should entail a good dying experience, I am in favor of this position. Otherwise, a dying person would not spend time to prepare for a good death, which is not the feature of a good death.

Therefore, I argue against an unexpected death. The unexpected death would not allow a person to use the last chance to organize things as a dying person wants and needs before his actual death. An unreasonable choice should be to miss the last chance to make changes in the world. To add, certain needs and wants, which are pertaining to a good dying experience, could not only benefit a dying person but other people too. For instance, a dying person can write a testament as the means to help other people he has loved. Spreading knowledge and helping younger people is also the element of a good death.[11] Therefore, I believe a good choice should be to use the last chance to take care of the people a dying person has loved. A dying person has close relationships with the loved ones. Therefore, he knows their wishes and burdens and how a dying person could help when he is still existing. By helping the loved ones, a dying person could feel morally better and therefore happier at the end of his life. This should prevent the dying person's wish to die unexpectedly. Nevertheless, I do not imply that a dying person should always necessarily arrange his good dying experience for the sake of other people's well-being too.

b. Acceptance

Peacefulness is attributed to the criterion of a good death when a person's dying experience is pleasant and non-violent despite the difficult situation.[12] However, Geoffrey Scarre notices that death causes anxiety. He claims that a dying person cannot accept death peacefully because a dying person becomes aware of the finitude of his dying experience

[11] Shneidman Edwin, 'Criteria for a Good Death', *Suicide and Life-Threatening Behavior*, 37 (3) (2007), 245-247 (p. 246).
[12] Ibid.

too much.[13] A dying person feels anxious because of the awareness that he will not exist anymore. This particular awareness would not allow to reach a gentle dying experience (a peaceful dying experience).

I argue that a dying person should grasp that death is inevitable from the moment a human being is born. I believe the understanding of the inescapability of one's death could help to accept one's death peacefully. Death is the consequence of the stretching human existence. Graham Parkes notices Heidegger's insight on the human existence. Parkes says that Heidegger discerns that the human existence is stretching throughout the time between the beginning of life and the end of life.[14] Heidegger has in mind this: when a human being is living, he is already dying. The existence of a human being is stretching towards death all the time when a human being is alive. In Heidegger's view, the feeling of nothingness after death makes people feel anxious because people do not know what is going to happen after death.

Elisabeth Kübler-Ross says that the acceptance of death is the last stage of the stages of grief from the point of view of a dying person (after denial, anger, bargaining, depression) when a person is not angry and depressed about his fate anymore.[15] This should mean that the final acceptance of one's death should likely to give a little bit more pleasant dying experience. A dying person should escape from the feeling of anxiety about his fate. According to Kübler-Ross, when a person knows he is dying, he denies this fact and he does not want to accept the reality. After that, a person understands that he is dying more and more and he cannot say that nothing is happening to him. A person gets angry because he cannot understand why dying is happening to him. After that, a person tries to bargain with God or life. A dying person says that he might change something about himself or life if he can live in life further. Then, there is a stage of depression when a dying person is sad because he is aware of the fact that he is losing his life and he is going to lose his family. And the last stage is acceptance. A dying person understands that death will be impossible to avoid in any case, and a dying person does what is still in his control in order to prepare for death, which helps to die in peace and with dignity. Even if it is not a joyful stage, a dying person shows that he can still do something about his dying experience.

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[13] Scarre Geoffrey, 'Can there be a good death?', *Journal of Evaluation in Clinical Practice*, 18 (5) (2012), 1082-1086 (pp. 1083-1084).

[14] Parkes Graham, 'Death and Detachment', in *Death and Philosophy*, ed. by J.E Malpas, Robert C. Solomon (New York: Routledge, 2002, Taylor & Francis e-Library edition), p. 82.

[15] Kübler-Ross Elisabeth, *On Death and Dying* (London and New York: Routledge, 2009), p. 91.

To add, the acceptance of one's death should give inner freedom and openness towards others.[16] In this case, a dying person's focus on the individual being as the result of the anxiety of one's death should be shifted to focus on other people when a dying person can arrange social and legal affairs.[17] For example, dying people could consult with lawyers to decide what will happen to their property or dying people could resolve any remaining issues at work or decide with family members what should be done next. Hence, the arrangement of social and legal affairs helps to prepare for a dying person's death. A dying person can organize life as he wants before leaving it and other people.

To conclude, the peaceful acceptance of one's death is important. This should contribute to having a pleasant dying experience (non-violent and gentle). Also, the acceptance of one's death gives inner freedom to do things around other people. These things can be done on the basis of satisfying dying person's needs and wants, which should prepare to have a good dying experience.

c. Pain free

A dying person wants to feel no pain. A good death is considered to be without pain.[18] If a dying person does not feel any pain, it helps to assure peacefulness, which is the characteristic of a good death as I have argued in a previous chapter. People do not want to die in pain because pain physically hurts. This results in an ungentle dying experience.

Also, pain can remove meaning from life.[19] Dying people with unbearable pain lose interest of the world. They become apathetic to other people and their own social life. If pain can take away meaning, dying people might want to leave the world faster.

On the other hand, a reader can claim that pain might be valuable in some sense. He can claim that pain might help a dying person to clearly grasp what his true needs and wants are at the end of life.

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[16] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (p. 101).
[17] Kellehear Allan, 'What the social and behavioural studies say about dying', in The Studying of Dying, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), p. 4.
[18] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (pp. 100-101).
[19] Belshaw Christopher, *10 Good Questions about Life and Death* (Oxford: Blackwell Publishing, 2005), p. 119.

For example, Karl Jaspers speaks about the ultimate situations, which are the deepest sources of philosophy.[20] The ultimate situations, or boundary situations, bring people back to themselves. Jaspers says that people live with the various situations that can be changed. However, the group of situations exists that cannot be changed by people. Jaspers says these situations are essential to human beings because people cannot avoid or transform them. Such a group of situations is the boundary situations.

The boundary situations are the situations of death, suffering, struggle and guilt.[21] People always experience these situations. Jaspers explains that the boundary situations are the extraordinary situations in which a man 'either perceives nothingness or senses a true being.'[22] Hence, the extraordinary situations bring people back to themselves, and people start asking existential questions because they sense a true being, which is the essence of their existence. Suffering and death are treated as the limit situations. Therefore, the experiences of suffering and death should elicit people to think existentially. The existential thinking should also help to grasp something deep about human beings themselves. For instance, what their true needs and wants are at the end of life. Thus, pain might be valuable at the end of one's dying.

I agree with the claim that the boundary situations might help to clearly realize what dying people's true needs and wants are. However, I do not believe that dying people could not understand what their true needs and wants are if they have not felt any pain at the end of their existence. I believe the acceptance of people's impending death should make them think what they truly want and need to do for the last time before people's existence ends on Earth.

In addition to that, pain is physically hurtful. People do not want to feel pain during their dying experience. Accordingly, a peaceful dying experience could not be reached, which is the element of a good death.

[20] Jaspers Karl, *Way to Wisdom*, trans. by Ralph Manheim (New Haven and London: Yale University Press, 1951), p. 20.
[21] Ibid.
[22] Ibid., p. 23.

d. Wishes

Dying people orchestrate a good death based on satisfying their needs and wants, which are pertaining to cause a good dying experience. One of the essential needs dying people wish to satisfy is the accomplishment of the last wishes.[23]

I believe dying people would like to realize their last wishes because the last wishes should give the sense that life has been lived to the fullest extent. Dying people should want to use the last chance to do things that they have truly wanted to do all the time. Because of that, I am convinced dying people should leave the world feeling happier. They should feel the fulfillment that life has been managed to live as fully as possible.

The philosophical position exists that claims that the badness of death depends on how much death stops life happening to a person in the future.[24] If a person loses a lot of the future opportunities because of his death, this kind of death should mean that a person has had a bad death. Therefore, I believe the accomplishment of the last wishes is the means to lose less of the future opportunities for a dying person in life.

I want to stress that Thomas Nagel has the same view. He says that death is the 'abrupt cancellation of indefinitely extensive possible goods.'[25] In his view, a person's gained history and the future non-realized possibilities are attributed to a person's life, which people conceive as the goods. These components are the value that life gives for human beings. People lose this value as the result of death.

I believe the arguments should not be developed, which would say that the realization of the last wishes does not play any role in having a good dying experience. I have shown that the accomplishment of the last wishes does actually make a dying experience better. People can feel that they have lived their life to the fullest extent as possible.

Jeff Malpas claims that life does not have to be ceaseless because the endless life would be boring and meaningless.[26] This view should mean that people would get bored of

[23] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (p. 102).
[24] Belshaw Christopher, *10 Good Questions about Life and Death* (Oxford: Blackwell Publishing, 2005), p. 45.
[25] Nagel Thomas, *Mortal Questions* (New York: Cambridge University Press, 1979), p. 10.
[26] Malpas Jeff, 'Death and The Unity of a Life', in *Death and Philosophy*, ed. by J.E Malpas, Robert C. Solomon (New York: Routledge, 2002, Taylor & Francis e-Library edition), p. 118.

life if they could experience everything endlessly. Malpas argues that people could not ascribe value to things happening in life because people could experience everything multiple times. As the result of that, people will start to not value things.

By accomplishing the last wishes, I believe, dying people could expand their horizon of experiences. This should be equal to the experience of a fuller life – a 'more completed life'. The more dying people experience new things, the further dying people get to the point when life starts becoming meaningless. Taking into consideration that the ceaseless life can become meaningless, dying people could be aware that they are losing less of life by satisfying their last wishes.

In conclusion, the accomplishment of the last wishes should actually contribute to having a good dying experience. A dying person should feel that life has been lived to the fullest extent as possible. Dying people will know that it will be remaining less to experience something new in life, which shows the fuller completion of life.

e. Giving meaning to life

I have shown so far that pain can make a dying person feel that life is meaningless. In addition to that, a dying person might lose his meaning of life because an impending death is going to take away everything from a dying person. Peter Loptson notices that death is an insoluble problem.[27] The satisfactory way to escape from death does not exist. Because of that, I argue a dying person might not see any meaning to continue doing something further in life in the face of an impending death.

Therefore, the awareness that life has been lived meaningfully is the criterion of a good death.[28] Why is it important for a dying person? The awareness of a meaningful life gives the sense that life has been worth living. I believe an impending death should not convey the impression that a dying person's life has instantly become meaningless. A dying person has created the meaning of his life all the time before he is aware of the impending death that is going to take away everything.

[27] Loptson Peter, 'The Antinomy of Death', in *Death and Philosophy*, ed. by J.E Malpas, Robert C. Solomon (New York: Routledge, 2002, Taylor & Francis e-Library edition), p. 121.
[28] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (p. 102).

How could a dying person know his life has had meaning? I am in favor of Viktor Frankl's philosophical ideas about the meaning in life in his book *Man's Search for Meaning*. Frankl argues that people, work, and suffering are the main sources of meaning.[29] The reconsideration of people, work, and suffering should provide the meaning of why a dying person has been living his life. Frankl has created this philosophical view based on his experience in an Auschwitz concentration camp during World War II. Frankl has been among a lot of people who has faced death. Therefore, I think Frankl's philosophical account of meaning could be good to follow in order to grasp that life has had meaning for terminally ill dying people.

Considering Frankl's philosophical account of meaning, I think dying people should revise the people they have met, the deeds they have done, and give meaning to their suffering they cannot avoid. Frankl argues people can find meaning in their suffering. People should change their attitude about the suffering they experience. For example, people might not change anything about their terminal illness. However, they can change the attitude they hold about a terminal illness. People can accept a terminal illness as being the inescapable element of human biology. People might understand that they cannot manage to do much about their terminal illness but they can manage to have a good dying experience. A good dying experience is in the control of dying people's hands.

I believe the arguments should not be arisen that a dying person might not find any meaning after the revision of the sources of meaning. Different sources (people, work, and suffering) carry meaning for people in life. Consequently, dying people should be able to find something at least by looking at the different sources of meaning that life bears.

To summarize, the understanding that life has had meaning is important for a good dying experience. The awareness of a meaningful life should help to reconsider one's existence in a meaningful perspective. Then, a dying person should grasp that death cannot instantly take away the meaning of a person's existence, which he has been creating all the time in life.

[29] Frankl Viktor E., *Man's search for meaning*, trans. by Ilse Lasch (New York: Simon & Schuster, Inc., 1984), p. 115.

f. Relationships with people

A dying person should have a good death if he strives to maintain relationships with close people in his social life. Why is it important for a dying person? A dying person wants to have relationships with family members and doctors because relationships with people give hope and help to escape from the feeling of solitude and the scariness of death, which put people in a hopeless situation.[30] Hence, relationships with people should help a dying person to feel more comfortable. A dying person could feel that he is not left alone at the end of his life. This should increase a dying person's strength because a dying person could feel the moral support. Also, relationships with people should help a dying person to avoid the thoughts of death that are depressing.

If a dying person decides that he wants to die alone without any relationships with close people, I only agree with this standpoint on the following condition: a dying person satisfies his needs and wants that are pertaining to have a good dying experience. It is good for a dying person to die in this way. Otherwise, I do not think a good death should be treated as the dying experience without any relationships with close people.

Dying is the process, which includes the dying person's close people who will be left on Earth. Hence, a dying person's death will be certainly a loss for some people. Therefore, I believe terminally ill people with an impending death should strive to enjoy relationships with close people for the last time. The last time should exist to say such words, like 'Please forgive me', 'I forgive you', 'Thank you', 'I love you'.[31] Ira Byock claims these are the essential messages to communicate at the end of a dying person's life. These messages should cement the established relationships with close people. I also think these messages should show that a dying person cares about the people he has met in life. A dying person could show regret, forgiveness, gratitude and love. In such a manner, a dying person could finalize his relationships with important people in a beautiful and sincere way. Nevertheless, I do not imply that a dying person should necessarily arrange his dying for the sake of other people's well-being too. I just believe that by maintaining relationships with

[30] Mak Mui Hing June, Clinton Michael, 'Promoting a good death: an agenda for outcomes research – a review of the literature', *Nursing Ethics*, 6 (2) (1999), 97-106 (p. 103).
[31] Byock Ira, *The Four Things That Matter Most* (New York: Simon and Schuster, Inc., 2014), pp. 3-5.

loved ones, a dying person should feel happier and morally better at the end of his life. It should benefit a dying person to die in a good way.

In conclusion, I believe relationships with close people should not only elicit a good dying experience, but relationships are also the last moment to show care for the closely related people who will be left on Earth. It should cause a happier dying experience for a terminally dying person.

g. The whole person

If terminally ill people do not die quickly or without any expectations, these people should inevitably have relationships with doctors. The importance exists of how doctors treat patients. I argue that a doctors' empathetic behavior with patients makes a contribution to having a good death.

To begin with, a dying person can feel as the object of medical sciences. Why should this happen? Doctors can only know about dying from the outlook of an illness.[32] An illness is the examining object of doctors, which helps to get a better grasp about the process of an illness and the overall experience of dying person's condition. Hence, the possibility exists that dying people (patients) might be indeed treated as an object (illness) in the hospital. As a result, dying people's needs and wants, feelings and thoughts might not be taken into consideration.

Consequently, if terminally ill people are around empathetic healthcare practitioners, they should have a good death. Empathetic healthcare practitioners are valued by dying patients. Why are they valued? Empathetic healthcare practitioners help a dying person to avoid feeling like an illness.[33] This should mean that empathetic healthcare practitioners ensure that a dying person's needs and wants are taken into consideration. As the result of that, a dying person is treated as the whole person with all his needs and wants,

[32] Kellehear Allan, 'What the social and behavioural studies say about dying', in *The Studying of Dying*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), p. 18.
[33] Steinhause Karen E., Clipp Elizabeth C., McNeilly Maya, Christakis Nicholas A., McIntyre Lauren M., Tulsky James A., 'In search of a good death: observations of patients, families, and providers', *Ann Intern Med*, 132 (10) (2000), 825-832 (p. 828).

feelings and thoughts. A dying person should feel as an autonomous individual then. He is not reduced to an illness.

A reader can claim that the empathy of healthcare practitioners should not contribute to a dying person's good death. These two things (empathy and a good death) are not connected. A dying person orchestrates a good death based on satisfying individual needs and wants, which are pertaining to have a good dying experience. Empathetic doctors cannot force a dying person to satisfy certain needs and wants, whom a dying person does not wish to satisfy. In the opposite scenario, a medical ethics principle of the respect for patient's autonomy would be abused. This principle 'involves acknowledging the value and decision-making rights of persons and enabling them to act autonomously.'[34] Thus, a good dying experience is likely to be in the full control of dying person's hands. By this claim, I mean that a dying person decides in his mind on his own what needs and wants he wishes to satisfy, which are pertaining to elicit a good dying experience. These needs and wants should not be forcefully imposed by other people (including doctors).

In my view, the empathy of healthcare practitioners should be connected with a person's good dying experience. I think healthcare workers are empathetic if they practice the virtue of compassion. Compassion is one of the central moral virtues for medical workers, which is 'expressed in acts of beneficence that attempt to alleviate the misfortune or suffering of another person.'[35] If doctors lack this moral virtue, this might result in a bad doctor's behavior from the patient's point of view. For instance, doctors might not be too much preoccupied with a dying patient's everyday needs that should help to cause a good dying experience for him. For example, the request for specific food, the wish for a better room, and *etc.* are disregarded. In these particular examples, a dying patient can feel that doctors do not acknowledge his needs and wants in the hospital. Consequently, I think the possibility exists that uncompassionate doctors (which also means without empathy) could preclude a dying person to satisfy certain needs and wants, whom a dying person wishes to satisfy in order to have a good death in the hospital. These needs and wants might be mundane, but they still make an actual contribution to having a good dying experience for a terminally ill person with an impending death. Therefore, I believe the empathetic behavior of healthcare practitioners is likely to have a significant impact on a good dying experience.

[34] Beauchamp Tom L., Childress James F., *Principles of Biomedical Ethics* (New York: Oxford University Press, 2009), p. 103.
[35] Ibid., p. 38.

A terminally ill person should feel as fully acknowledged then and therefore happier in the hospital.

1.2. The concluding analysis of the features of a good death

So far, I have argued that a good death is orchestrated based on satisfying needs and wants, which, people believe, should elicit a good dying experience from the point of view of the dying person's well-being. It is the descriptive definition, where the words 'needs' and 'wants' denote their general meaning. A dying person might take other people's well-being into consideration as a part of a good death if a dying person believes it should improve his good dying experience. However, this should not imply that it is always necessary to arrange one's dying experience for the sake of other people's well-being too. I have argued that a good death is subjective because dying people should have different needs and wants, which are pertaining to have a good dying experience. After that, I have presented my compiled list of the criteria of a good death, which is based on what dying people often want and need to satisfy at the end of their impending death. It is the descriptive list of the criteria of a good death. Even if people are subjective, some needs and wants exist at the end of life, which the majority of dying people are most likely inclined to satisfy. I have tried to present them in my compiled list of the features of a good death.

Considering the fact that a good death is orchestrated by fulfilling various needs and wants, which are pertaining to cause a good dying experience, I draw the conclusion that a good death (a good dying experience) could be understood as a 'managed' death. This means that a dying person can take control of his dying experience himself. Doctors can assist in the control of a dying experience, but their assistance should be based on a dying person's wish and consent. Also, doctors' assistance is not necessary in order to have a good death. A dying person should feel autonomous when he manages (controls) his dying experience as he needs or wishes. I have made the aforementioned conclusion based on the notion that a good death can be more clearly conceived as a 'managed' death when a dying person and people around the dying person purposely construct and convey meaning to a dying experience.[36] By doing that, a dying person should assign meaning to his dying

[36] Strange Julie-Maria, 'Historical approaches to dying', in *The Studying of Dying*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), p. 143.

experience on the basis of satisfying various needs and wants at the end of his life. In this way, every dying person can form and give a different meaning to his dying experience at the end of life. I think a dying person should have a good death indeed if he actually uses the chance to control his dying experience at the end of life.

I have not presented the definite list of the features of a good death because a good death is based on satisfying various personal needs and wants, which are pertaining to have a good dying experience. Therefore, the possibility exists that a dying person would like to satisfy some needs and wants, which are not on my compiled list of the features of a good death. For example, a person would like to die alone as I have previously discussed this scenario in the thesis.

Also, I believe the fulfillment of all the features of a good death should not be needed in order to have a good death. For example, a dying person might just want to feel no pain during his dying experience. He might not have any other needs or wants, which are pertaining to elicit a good dying experience. In this case, I argue a dying person will have a good death. Why? Because a dying person could successfully experience the needs and wants he wishes to satisfy at the end of life. As the result of that, a good death will be experienced.

On the other hand, I think the more features of a good death a dying person satisfies, the better quality of a good dying experience he should have. For example, a dying person should have a better death if he says goodbye to family members and he experiences no pain than when he just has a time to say goodbye to family members, but a dying person feels unbearable pain. Therefore, I believe the features of a good death should cumulatively add quality to a good dying experience.

If a dying person lacks the personal vision of a good dying experience, I argue he should follow the criteria of a good death that I have compiled. My compiled criteria of a good death are inclined to reveal what the majority of dying people often need and want to experience in order to consider their dying experience as a good one.

I have clarified that a person can form and give meaning to his dying experience at the end of life in order to have a good death. I think this kind of dying experience could be also called death with dignity. Why do I think in this way? I argue for this idea by referring to the notion of dignity. I will use Hazel Biggs' notion of dignity that he particularly explains in the context of dying. He says: 'a person possessed of dignity at the end of life, might

induce in an observer a sense of tranquility and admiration which inspires images of power and self-assertion through restraint and poised composure.'[37] This definition should reveal that a person can have dignity in his dying experience if a person feels peacefulness and he can take self-control in a dying experience. In this way, a person fights against a dying experience by showing his strength as a human being. By doing that, a dying person takes control of the happening dying experience despite the fact that death is inevitably going to take away everything from a human being. This particular approach of a dying experience can be called death with dignity.

The features of peacefulness, strength, and self-control seem to be attributed to death with dignity. These features overlap with the features of a good death. I have analyzed the importance of peacefulness for a dying person in the acceptance of death and in dealing with pain. I have also argued that a good death can be summarized as a 'managed' (controlling) dying experience. Hence, I can discern the common overlapping elements. Because of that, I believe that a good death can be also understood as death with dignity.

To conclude, I argue that an unreasonable choice should be doing nothing at the end of one's impending death. A dying person would waste the last chance to do something important for himself, which could finalize a dying person's life in a good manner. I believe a person should have a bad death if a dying experience takes control over a dying person's life and, as a result, a dying person gives up doing something about his life and dying experience. As I have argued before, a good death is a 'managed' death when a dying person can take control of his dying experience and give a particular meaning to it by referring to the notion I have found in Julie-Maria Strange's text *Historical Approaches to Dying*. I have also showed that this particular approach of a dying experience should give human dignity to a dying person. This should mean that a dying person could finish his life with honor, respect, and remaining as a human being. By 'remaining as a human being' I mean that a dying person could sustain his human dignity, which is the differentiating characteristic of human beings.

[37] Biggs Hazel, *Euthanasia, Death with Dignity and the Law* (Oxford - Portland Oregon: Hart Publishing, 2001), p. 149.

2. Euthanasia

2.1. Palliative care

In this chapter, I will shortly introduce palliative care and I will show how palliative care can be linked with voluntary euthanasia. After that, I will clarify what euthanasia means in modern medicine. I will show how voluntary euthanasia can contribute to having a good death. I will also discuss the problems of euthanasia and how these problems might challenge the idea of orchestrating a good death by committing voluntary euthanasia. Lastly, I will answer some of the main objections against euthanasia in order to justify my view that voluntary euthanasia can contribute to having a good dying experience.

Dying people's preparation for death can start with palliative care in the medical environment. Palliative care is used for incurably ill people, who are facing death, in order to relieve their symptoms and provide comforting care.[38] Thus, palliative care can help a dying person to face a dying experience in a very pleasant and comfortable manner in the hospital, hospice or home environment. Philosophy of the movement of palliative care is based on the idea that palliative care 'strengthens and educates the living.'[39] A dying person should learn how to approach death in a better way at the last stage of his existence.

Palliative care specialists are in charge of a lot of different responsibilities: 'relief of physical, bodily symptoms and suffering; communication enabling patients to identify their goals, learn about their options, and choose their preferences; attention to and due care for other dimensions of patient meaning'[40] and *etc*. Hence, I believe palliative care specialists can aid a dying person in feeling a fully autonomous individual during his dying experience in the hospital, hospice or home. A terminal illness makes a dying person dependent on a lot of factors, like medicine, medical checkups, specific eating habits, an inability to walk, and *etc*. Palliative care specialists are aware of these factors that cause discomfort for a dying person. Therefore, palliative care specialists respect dying people's needs and wants and help to satisfy them in order to make dying people feel better at the last stage of their existence.

[38] Vanderpool Harold Y., *Palliative Care* (Jefferson, North Carolina: McFarland&Company, Inc., 2015), p. 179.
[39] Kastenbaum Robert, 'Good Death, The', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 339.
[40] Vanderpool Harold Y., *Palliative Care* (Jefferson, North Carolina: McFarland&Company, Inc., 2015), p. 180.

In addition to that, palliative care specialists can advise on the options of available treatments for a dying person. This should mean that palliative care specialists can help a dying person to navigate his dying experience. Palliative care specialists have competencies in treating the patients who have terminal illnesses. For that reason, palliative care specialists should be enough qualified to share knowledge and advise a terminally ill dying person throughout his all dying experience.

Nevertheless, a terminally ill dying person should decide what treatment he wants to select on his own after he has listened to information of palliative care specialists. Medical decisions cannot be imposed on dying people by the influence of palliative care specialists. Palliative care specialists should work following the ethical and legal framework: patient's rights and autonomy are respected, a patient is cured for a patient's best interest.[41] This should mean that palliative care specialists cannot deliberately harm patients. They should also tell all information to terminally ill patients about the possible treatments and future prognoses.

Palliative care seeks to make the quality of the remaining life of a terminally ill dying person to be as good as possible.[42] Therefore, palliative care specialists can assist in the control of the dying experience of a terminally ill person with unbearable suffering and an impending death if this terminally ill person believes and accepts that palliative care specialists can improve his dying experience at the last stage of life in a better way.

In my view, palliative care specialists might be one of the first people who can introduce the possibility of voluntary euthanasia to dying people in the hospital, hospice or home environment in the country where euthanasia is legalized. Voluntary euthanasia could be suggested as one of the approaches of palliative care when a dying person's quality of life is very poor and other ways to reduce unbearable suffering are non-existent. Hence, voluntary euthanasia (active/passive) could be a part of palliative care because palliative care specialists can advise on the options of available treatments. On the other hand, palliative care has the goal to 'affirm life.'[43] Based on this perspective, palliative care might be different from voluntary euthanasia because the voluntary euthanasia terminates life. However, I understand voluntary euthanasia should be a reasonable next choice if the

[41] Ibid., p. 181.
[42] Ibid., p. 180.
[43] Cundiff David, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 7.

approaches of palliative care are not effective to reduce unbearable suffering in the country where euthanasia is legalized.

2.2. Clarification of euthanasia

A good start to begin with the clarification of euthanasia is understanding the primary meaning of the word 'euthanasia'. Etymologically, euthanasia is made from two words: *eu* and *thanatos*. The first word means 'good'. The second word means 'death'. Therefore, euthanasia can be understood as a good death in the sense of being 'a gentle and easy death.'[44] This definition should mean the actions that assist in having a calm and comfortable death, which is not hurtful for a person.

In the modern world, euthanasia is usually associated with the hospitalized environment where a doctor prescribes lethal medicine, which kills a patient on the basis of a patient's will and for a patient's benefit. I particularly stick to this notion of euthanasia in this thesis. Also, different types of euthanasia exist. I will clarify different types of euthanasia below in more detail.

First, active euthanasia and passive euthanasia exist.[45] Active euthanasia means that a doctor prescribes lethal medicine to a patient, which immediately causes a patient's death. Passive euthanasia means that doctors allow a patient to die gradually. Doctors usually withdraw or withhold the patient's treatment that prolongs a dying patient's existence. As the result of that, a patient gradually dies.

To add, three different types of euthanasia exist concerning the human will. There is voluntary, involuntary, and non-voluntary euthanasia.[46] Voluntary euthanasia means that a competent person (who did not lose his rationality) decides that he wants to kill himself and therefore he asks a doctor to commit euthanasia keeping in mind a benefit a competent person is going to experience. Involuntary euthanasia is performed against a competent person's will, however, for a person's benefit. For instance, a soldier is suffering because he has lost a limb in a battle. A doctor commits involuntary euthanasia against the suffering

[44] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 267.
[45] Hope Tony, *Medical Ethics* (New York: Oxford University Press, 2004), p. 11.
[46] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 267.

soldier's wish to live. A doctor acts in this manner because he knows that the suffering soldier is going to die anyway. Therefore, a doctor wants to cause involuntary euthanasia – an easy death without pain. Involuntary euthanasia is also known as a 'mercy killing'. Lastly, non-voluntary euthanasia is committed for a person's benefit when a person is not competent and he cannot express his will at all. For instance, a person is a young baby or a person is in a coma.

In the medical context, a dying person cannot only request for euthanasia on the basis of his will. The specific conditions exist to request for voluntary euthanasia that must be taken into consideration. I will list what are these main conditions to request for voluntary euthanasia in the country where human euthanasia was first legalized – in the Netherlands:

- The request for euthanasia must come from the patient and be completely voluntary, well considered, and persistent.
- The patient must have adequate information about his or her medical condition, the prognosis, and alternative treatments.
- There must be intolerable suffering with no prospect for improvement, although the patient need not be terminally ill.
- Other alternatives to alleviate the suffering must have been considered and found ineffective, unreasonable, and unacceptable to the patient.
- The euthanasia must be performed by a physician who has consulted an independent colleague.
- The physician must exercise due care, and there should be a written record of the case.
- The death must not be reported to the medical examiner as a natural death.[47]

These are the conditions that make voluntary euthanasia legal in the Netherlands. A doctor could not be charged with the claim of killing a person if he follows the written conditions above.

After the outline of the conditions to request for voluntary euthanasia, I would like to emphasize the main points of the conditions: first, a person wants to die on his own will. Pressure does not exist from other people. Second, a person must feel pain that he cannot bear. Pain is ceaselessly felt without the future prognosis of improvement. Pain can be mental and/or physical. Third, a doctor must know that other solutions to relieve suffering are non-existent. Voluntary euthanasia is the best option for a patient's benefit in a given situation. Fourth, a doctor must get other doctor's opinion about the patient's illness condition and the possibility of administrating euthanasia. Fifth, a doctor has to commit euthanasia properly, in a humane way, and following the aforementioned conditions above.

[47] Ibid., p. 271.

To sum up, it seems that all the conditions to request for voluntary euthanasia are in favor of a patient's best benefit.

I would like to stress that I argue a dying person should have a good death if he commits voluntary euthanasia. This should mean that a dying person wants to commit euthanasia on his own will after he has reasoned a lot about it. A dying person is determined about his decision categorically. He is not pressured into committing euthanasia by other people. A dying person is competent (rationally thinking) and he is aware of his actions and the consequences of committing voluntary euthanasia.

I argue against involuntary euthanasia as a way to have a good death. In this way, a person dies against his will even if involuntary euthanasia is committed for a person's benefit. I believe a person should decide himself when he wants to die. A human being should control his life on his own. Therefore, doctors should not decide for a human being when it is time to die for him. A person's autonomy would be undermined in this case. I have shown the respect for autonomy is a highly valued medical ethics principle in medicine. Hence, doctors should not violate this principle. Doctors should allow a person to decide on his own when it is time to die for him.

I would like to stress I only support non-voluntary euthanasia if it is committed on the basis of the advanced directive. It is the document that allows expressing one's will before a dying person becomes incompetent.[48] If a dying person writes in the advanced directive that he wants to request for euthanasia after he has become incompetent (when a dying person does not think rationally anymore), I support non-voluntary euthanasia in this way. Otherwise, I do not support non-voluntary euthanasia in the cases where doctors commit euthanasia without the knowledge of a person's will. If non-voluntary euthanasia is administrated without the knowledge of a person's will, other people (e.g. doctors) take control of a person's life. In this case, I could not assert that a dying person would have a good death. A person's autonomy would be undermined. A dying person could not control his own life, including a dying experience. Accordingly, a person's good death would not be orchestrated on the basis of satisfying personal needs and wants, which, a dying person believes, are pertaining to elicit a good dying experience.

[48] McDougall Jennifer Fecio, Gorman Martha, *Euthanasia* (Santa Barbara: ABC-CLIO, Inc., 2008), p. 64.

2.3. Argument for euthanasia as a good death

Voluntary euthanasia is usually administrated with the help of a physician in the modern world's medical context where euthanasia is legalized. However, this does not mean that a dying person cannot use doctor's given lethal medicine to cause one's death personally. Additionally, I argue that euthanasia is still committed voluntarily if euthanasia is administrated with the help of a physician.

For instance, a dying person is paralyzed and he cannot commit voluntary euthanasia himself. However, a dying person wants voluntary euthanasia and pressure does not exist from other people. In this case, a physician (or a palliative care specialist) could help a dying person to satisfy what he wants – to commit voluntary euthanasia. A physician (or a palliative care specialist) would be acting as the mediator of a dying person's will when a dying person cannot act himself (e.g. a dying person is paralyzed).

If a terminally ill person with an impending death commits voluntary euthanasia, voluntary euthanasia could contribute to having a good death in two main ways. I will separately analyze these two ways in more detail.

1. A dying person relieves never ending unbearable pain.[49] This should mean that a dying person experiences pain (physical and/or mental) all the time from which he cannot escape in any way. Medication does not help, medical procedures are ineffective, and the positive prognosis of pain mitigation does not exist in the future.

Why is it important to relieve never ending pain for a terminally ill dying person? How could it contribute to having a good death? A person, who feels pain, loses his dignity and he feels the need to restore his dignity.[50] Voluntary euthanasia seems to be a good choice for human beings. A dying person can regain human dignity by choosing voluntary euthanasia. A dying person could feel as a human being again because he could escape from unbearable pain by dying in a humane and gentle manner with the procedure of voluntary euthanasia.

[49] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 269.
[50] Gentzler Jyl, 'What is a Death with Dignity?', *Journal of Medicine and Philosophy*, 28 (4) (2003), 461-487 (p. 466).

In the first part of the thesis, I have said the features of peacefulness, strength and self-control can be attributed to human dignity in the context of dying by referring to Hazel Biggs' notion of dignity I have found in the book *Euthanasia, Death with Dignity and the Law*. Thus, death with dignity can be also called a good death. The notion of dignity in the dying context and the notion of a good death summarized in a broader sense have overlapping features. These features can be peacefulness (a non-violent dying experience) and strength/self-control (the ability to control one's dying experience).

Keeping this in mind, I think the relief of unbearable pain (physical and/or mental) makes sense even if a terminally ill dying person could not experience the life without unbearable pain after all. By relieving unbearable pain, a terminally ill person will have death with dignity. If a dying person's life is already determined by the fact of an irrevocable death as the result of a terminal illness, voluntary euthanasia should ease an unbearable dying experience and help to have a good death (death with dignity).

2. A dying person becomes dependent as the result of a terminal illness and unbearable suffering. Consequently, a dying person wants to restore the feeling of human dignity (autonomy) at the end of his life. Dying people are more inclined to request for euthanasia not to escape from suffering but to sustain human dignity – they do not want to be dependent.[51]

If a terminally ill person with an impending death commits voluntary euthanasia, he restores his human dignity. Human dignity can also refer to the self-determination of oneself based on self-made choices.[52] Therefore, a person, who possesses dignity, is not dependent. A person with dignity can create his life on the basis of self-made choices. The self-made choices are not coerced by other people.

People lose dignity when they experience a mental dysfunction, dependency, helplessness.[53] In this case, a dying person could not create his life on the basis of self-made choices anymore. A dying person would be dependent on other people and specific medical treatments. A dying person would lose the differentiating characteristic that makes him a

[51] Biggs Hazel, *Euthanasia, Death with Dignity and the Law* (Oxford - Portland Oregon: Hart Publishing, 2001), p. 148.
[52] Ibid., p. 29.
[53] Gentzler Jyl, 'What is a Death with Dignity?', *Journal of Medicine and Philosophy*, 28 (4) (2003), 461-487 (pp. 461-462).

human being. It is the autonomy that means autonomous determination in creating a personal life.

The full control of a person's dying experience should give the feeling of dignity to a dying person again. Voluntary euthanasia should be grasped as the chance that allows to determine one's life. By choosing voluntary euthanasia, a dying person can determine himself when he wants to die and what exactly he wants to do with his dying experience. By doing that, a dying person can determine himself at the same level as he has determined himself when he is not dying, and it is claimed to be the feature of death with dignity.[54] Hence, voluntary euthanasia allows to regain the same level of autonomy as the level of autonomy a person has had when he is not terminally ill with an impending death.

In addition to that, I believe voluntary euthanasia should not impede to satisfy other criteria of a good death, which a dying person believes could elicit a good dying experience. Why do I argue in this way? Because I believe a dying person should likely to have enough time to satisfy other needs or wants that are pertaining to have a good death before a dying person decides to commit voluntary euthanasia.

In conclusion, a good death can be summarized in a broader sense as a 'managed' death (when one takes control of his dying experience) by referring to the notion I have found in Julie-Maria Strange's text *Historical Approaches to Dying*. I have shown that voluntary euthanasia allows to manage one's dying experience too. This feature of voluntary euthanasia gives human dignity. I have also clarified that death with dignity can be claimed to be a good death too because of the overlapping features. Hence, it seems that voluntary euthanasia can be a good death for a terminally ill dying person with unbearable suffering and an impending death. A good death and voluntary euthanasia have a common overlapping feature – the control of a dying experience. This feature unifies voluntary euthanasia and the notion of a good death.

Should a terminally ill dying person with unbearable suffering have the right of a good death? In the *Universal Declaration of Human Rights*, it is written that 'all human beings are born free and equal in dignity and rights.'[55] I can discern that all human beings have the right of dignity. I have shown that people lose their dignity when they become

[54] Biggs Hazel, *Euthanasia, Death with Dignity and the Law* (Oxford - Portland Oregon: Hart Publishing, 2001), p. 29.
[55] United Nations General Assembly, 'Universal Declaration of Human Rights,' *United Nations*, accessed April 27, 2018, http://www.un.org/en/universal-declaration-human-rights/

terminally ill – dependent. As the result of that, terminally ill people lose their autonomy. If everybody has the right to be equal in dignity (equal in one's autonomy), I believe terminally ill dying people with unbearable suffering should have the right of a good death (death with dignity). Dying people with unbearable suffering should have the right to take control of their dying experience and dying people's autonomy (needs and wants) should be acknowledged at the end of life. In this way, dying people with unbearable suffering should have a dignified death, which is a good death. By dying in a dignified way (by taking control of one's dying experience), terminally ill people with unbearable suffering should restore their dignity and terminally ill people with unbearable suffering should be equal to other people who are not terminally ill. Terminally ill people and non-terminally ill people will be on the same level of dignity (autonomy) again. I believe every dying person should wish to be equally treated at the end of life, and every dying person should wish to die in a dignified way because it is a good death. However, I think the right of a good death should be hard to have in practice in life. This right should raise a lot of difficulties. First of all, legal/political entities should be established in different countries, which should guarantee/enforce that the right of a good death is respected, and every dying person with unbearable suffering could use this right. Second, it might be many different circumstances how people could die with unbearable suffering and this might complicate the right of a good death to work smoothly in practice (the right of a good death might require exceptions and *etc*.). Third, the right of a good death should also involve voluntary euthanasia or physician-assisted suicide. These practices are controversial but they can be also one of the ways how to have a good death (death with dignity) under certain circumstances as I want to show in this thesis. All countries have a different standpoint in the world if they support or not voluntary euthanasia or physician-assisted suicide. There is no one viewpoint on this matter among the countries in the world. Therefore, it seems the right of a good death should be hard to implement in some countries if this right can also involve the procedures of euthanasia. All in all, the right of a good death should raise a lot of complex problems in general as I have wanted to show. Therefore, I believe this right should be difficult to implement in practice in life.

2.4. Objections against euthanasia as a good death

I will explain some of the main arguments against euthanasia. These arguments could challenge the notion of euthanasia (voluntary euthanasia in particular) as a way to have a good death.

1. Euthanasia is a form of killing and therefore it is morally wrong to do.[56] Euthanasia is immoral to do because it causes a person's death. By killing a human being, doctors do not save a human being. Tony Hopes argues that people understand killing as morally wrong because death harms people.[57] When death would not harm people? When would be morally right to kill a person? It seems that it should be a moment in life when death benefits a human being. Death should benefit a human being when he is terminally ill with unbearable suffering and an impending death. In this situation, the prolonged life of a terminally ill person with unbearable pain and an impending death should not benefit a terminally ill person in any way. First, a dying person will feel ceaseless pain that he cannot bear anymore. Pain is hurtful and uncomfortable. Second, a dying person has a terminal illness with an impending death. This should mean that the primary cause of a person's death is going to be a terminal illness. A terminally ill dying person is going to die irrevocably in any way even if he does not commit voluntary euthanasia (which kills a human being too). Voluntary euthanasia should benefit a terminally ill dying person with unbearable suffering to die in a peaceful and gentle way – to have death with dignity. If voluntary euthanasia benefits a human being, it is not morally wrong to administer the voluntary euthanasia as Tony Hopes argues.

2. The harm of patients would go against the Hippocratic Oath.[58] The assistance of physicians is a usual part of the procedure of voluntary euthanasia nowadays. However, doctors should not assist in administrating voluntary euthanasia. This can be grasped as an assistance in killing a person. Doctors cannot defy their professional duties (the Hippocratic Oath) where the paramount duty of doctors is healing – saving human lives.

I do not discern anything wrong about doctors' assistance in administrating voluntary euthanasia if the actions of doctors are justified. Voluntary euthanasia is good to

[56] Hope Tony, *Medical Ethics* (New York: Oxford University Press, 2004), p. 24.
[57] Ibid.
[58] Cundiff David, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 64.

commit if voluntary euthanasia helps to avoid the poor quality of life.[59] The poor quality of life is associated with unbearable suffering as the result of terrible illness condition in the medical context. In such a scenario, I argue a dying person will not somehow benefit if the life-prolonging treatment is just prescribed to a dying person for the sake of maintaining an existence. A dying person will feel suffering that he cannot tolerate in life anymore. If doctors know that a person feels unbearable suffering and he has an impending death, killing seems to be justified by administrating voluntary euthanasia. Doctors would do what is the best for a person's benefit. In this case, doctors help a dying person to finish his unbearable life (the poor quality of life) without pain – in a dignified way. If euthanasia is legalized in a country, doctors would do what is the best option in a given patient's situation with available tools and medical practices. If unbearable suffering is not mitigated based on medication, voluntary euthanasia seems to remain as the only way to terminate unbearable suffering. Hence, doctors want to help human beings in a given patient's unbearable situation with available medical procedures. The intentions of doctors are not bad by causing a person's death. Therefore, doctors do not defy their professional duties because the primary goal of administrating voluntary is to help a dying person with the poor quality of life taking into consideration a person's critical health and life situation. Doctors would not deliberately harm patients against their benefit by the means of administrating euthanasia with a justified reason.

Also, doctors should respect patients' wishes concerning their treatment. If doctors prescribe the life-prolonging treatment despite the patients' wishes for voluntary euthanasia, patients' bodily autonomy is undermined.[60] In this case, doctors' actions would go against medical ethics principles. This would be an immoral action. Therefore, a dying person should have a good death if his autonomy is respected in the hospital; when a dying person's needs and wishes, feelings and thoughts are acknowledged in the hospital.

Should doctors let a patient die or actively kill him by administrating euthanasia? Doctors would have this dilemma if they are asked to administer voluntary euthanasia. Helga Kuhse argues the difference does not exist between active or passive euthanasia if active or passive euthanasia is done for a patient's best benefit and with good intentions in mind.[61] Kuhse argues the administration of passive or active euthanasia depends on particular

[59] Hope Tony, *Medical Ethics* (New York: Oxford University Press, 2004), p. 12.
[60] Ibid., p. 13.
[61] Kuhse Helga, 'Critical Notice: Why Killing Is Not Always Worse—and Is Sometimes Better—Than Letting Die', *Cambridge Quarterly of Healthcare Ethics*, 7 (4) (1998), 371-374 (p. 373).

circumstances. Therefore, doctors should discern which type of euthanasia could mostly benefit a dying person in a given situation and subsequently administer the selected type of euthanasia.

Also, doctors can have a dilemma if they should assist in causing other people's death in the countries where euthanasia is not legalized. There is a notion of double effect.[62] This notion means that doctors can prescribe painkillers to a dying patient to alleviate pain but doctors are consciously aware of the fact that if they prescribe a certain dose of painkillers, they can also kill a person as the result of that – to cause a good death. Consequently, should doctors do that in certain situations? Take control of the dying experience of a dying person? For instance, a doctor could help a patient to have a good death in the country where euthanasia is not legalized (if he gets consent/does not get consent from a dying person) or when a dying person is in a coma. If doctors commit a 'double effect', they can be criminally prosecuted. On the other hand, doctors should respect patient's wishes, for instance, if a dying person asks for help in order to have a good death. If doctors help a dying patient to have a good death in the country where euthanasia is not legalized with the method of a 'double effect', doctors might risk their career. If doctors secretly do a 'double effect' to help unbearably suffering patients who cannot express their wishes, doctors might cause a 'mercy killing' but this kind of gesture can be criminally prosecuted too. Therefore, it would be also risky to do.

Therefore, I believe doctors should not risk their careers even if it is for the sake of helping a dying patient in the country where euthanasia is not legalized. First, doctors should respect medical ethics and legal requirements of their hospital and country in order to maintain the practice of medicine working smoothly. Every country and every hospital determines what are the best practices and methods to treat patients based on their professional experience. Second, if doctors commit a 'double effect' to cause a 'mercy killing', however, without the knowledge of a dying person's wish for that, a patient's autonomy would be undermined. It is against one of the central medical ethics principles – respect for autonomy. All in all, it seems doctors should not take control of the dying experience of a dying person if it is against medical ethics, country's legal requirements or without the knowledge of dying person's consent. It would be immoral and illegal to do. It would also impede to practice medicine smoothly.

[62] McDougall Jennifer Fecio, Gorman Martha, *Euthanasia* (Santa Barbara: ABC-CLIO, Inc., 2008), p. 25.

3. The risk exists that the slippery slope of committing euthanasia will happen in a society.[63] This should mean that other people could also start asking for voluntary euthanasia. However, they are not terminally ill and they do not have an impending death. I will elaborate this problem in more detail below.

Terminally ill people with unbearable suffering have the right to request for voluntary euthanasia/physician-assisted suicide in the country where euthanasia is legalized. For instance, the Netherlands. Unbearable suffering means suffering that ceaselessly lasts and without the future prognosis of improvement. Unbearable suffering can be physical and/or mental. Accordingly, non-terminally ill people with unbearable suffering should have the right of voluntary euthanasia/physician-assisted suicide too. These people are going to feel unbearable suffering longer than a terminally ill person who is about to die shortly.[64] This argument of unbearable suffering is a strong one. One of the main reasons people are willing to commit voluntary euthanasia is escaping from unbearable pain. The escape from unbearable suffering is treated as death with dignity (a good death).

In the Netherlands, non-terminally ill people can request for voluntary euthanasia if they feel unbearable suffering.[65] However, the other conditions to request for voluntary euthanasia have to be also satisfied.

For instance, the condition that other ways to relieve suffering are non-existent, or these ways of relieving suffering do not work.[66] This should mean that if a person is not terminally ill, he might find other ways to alleviate unbearable suffering, which is, for example, only intolerable as the result of depression, disabilities, physical/mental ailments, the boredom of life, loneliness and *etc*. In this scenario, the future prognosis of pain alleviation can exist and voluntary euthanasia could not be administrated.

If doctors assist in administrating voluntary euthanasia for non-terminally ill people with unbearable suffering despite the fact of existing other ways to reduce suffering, I argue doctors actually help to cause those people's death. By 'doctors actually help to cause those people's death', I mean the fact that death will be primarily caused by the means of medicine.

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[63] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), pp. 269-270.
[64] Kamisar Yale, 'Euthanasia', in *Euthanasia: opposing viewpoints*, ed. James D. Torr (New York: Greenhaven Press, 2000), p. 86.
[65] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 271.
[66] Ibid.

The primary reason of a person's death will not be, for example, a terminal illness with unbearable suffering, when dying people with these sort of symptoms are usually inclined to request for voluntary euthanasia. The administration of voluntary euthanasia should not be justified in the case of non-terminally people when they have other ways to reduce unbearable suffering and the possible prognosis of pain mitigation exists. To add, voluntary euthanasia should be administrated with due care – following all the legal requirements to commit voluntary euthanasia.[67] In an opposite scenario, voluntary euthanasia would be administrated immorally and illegally and doctors can be criminally prosecuted for this sort of action.

Hence, unbearable suffering is not sufficient to request for voluntary euthanasia. A person might find other ways to relieve unbearable suffering with the help of specialists (the future prognosis of pain improvement might exist). The conditions to request for voluntary euthanasia are followed seriously. Therefore, the slippery slope of euthanasia should not likely to happen in a society in its most extreme form because voluntary euthanasia can be committed as the only possible solution to escape from unbearable suffering.

4. The prognosis of a terminal illness can be evaluated wrongly for a patient in the hospital.[68] This should mean that doctors do not know exactly how long patients can live when they are diagnosed with a terminal illness.

However, in the Netherlands, The Code of Practice of the Regional Euthanasia Review Committees (RTEs) claims that 'there is no provision in the Act that euthanasia may only be performed in the 'terminal stage'.'[69] The Act refers to the Termination of Life on Request and Assisted Suicide (Review Procedures) Act, which specifies the conditions that make euthanasia legal in the Netherlands. Here, people's life expectancy is not taken into account.

For instance, in the US, California, two doctors have to predict the prognosis of less than 6 months living for a cancer patient if he could be eligible for the Medicare hospice

[67] Ibid.
[68] Cundiff David, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 62.
[69] Swildens-Rozendaal W.J.C., van Wersch P.J.M., *Code Of Practice (*The Hague, 2015), p. 7, https://www.euthanasiecommissie.nl/binaries/euthanasiecommissie/documenten/brochures/brochures/code-of-practice/1/code-of-practice/rte-code-ofpractice-engels-def.pdf

benefit.[70] It is the treatment of palliative care in the hospice when a dying person might be also introduced to the possibility of physician-assisted euthanasia to alleviate unbearable suffering.

I argue the wrong prognoses of life expectancy should not likely to make a huge difference for terminally ill people with unbearable suffering.

First, some conditions of voluntary euthanasia are unbearable suffering and non-existence of other solutions to relieve unbearable suffering.[71] Therefore, voluntary euthanasia is committed for a patient's benefit as the only option to escape from unbearable suffering that will never end in the future.

In addition to that, if a terminally ill dying person with unbearable suffering outlives the prognosed time of his actual death, this will not somehow benefit a dying person. I have argued a person has a good death if he does not feel any pain. Moreover, a terminally ill person with unbearable suffering is going to die anyway even if voluntary euthanasia is not going to be committed for a dying person. Therefore, an unreasonable choice should be to unbearably suffer in life for a prolonged period of time if other needs and wants are already satisfied to have a good dying experience.

Furthermore, voluntary euthanasia can be administrated after consulting a second medical opinion.[72] This should mean that rare cases are likely to exist when a patient outlives the expected prognosis of death. I believe doctors make the scrutinized analysis of patient's unbearable suffering and other alternative treatments. To add, doctors encounter a lot of dying patients with the same symptoms. Because of that, I argue doctors are experienced to evaluate a patient's time on Earth quite precisely considering their illness symptoms, medical checkups, and scientific medical research.

To conclude, voluntary euthanasia is committed for an unbearably suffering person's benefit. A terminally ill person is going to die under any circumstances. Therefore, if the prognosis of life expectancy is wrong, an extra time with unbearable suffering might not benefit a terminally ill person if he has already organized all the affairs in order to have a good death. I am also convinced that the wrong prognoses of life expectancy should rarely

[70] Cundiff David, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 62.
[71] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 271.
[72] Ibid.

happen as two doctors examine a terminally ill dying person for voluntary euthanasia with recurrent terminal illnesses and therefore doctors have experience in evaluating a dying person's life expectancy quite clearly.

5. The law of making euthanasia legal can be breached by doctors who can administer euthanasia for their personal reasons.[73] This should mean that patients can be killed by the doctors, who violate the law of euthanasia, when patients actually do not want to commit voluntary euthanasia at all. Consequently, the promotion of euthanasia can lead to the murder of innocent people. 'Euthanasia' can be the legal way to secretly kill a person in the country where euthanasia is legalized.

I argue against the wrong use of the procedures of euthanasia. I think the wrong use of the procedures of euthanasia is possible to avoid.

First of all, the potentiality of the misuse of euthanasia should not be a problem for a terminally ill dying person with unbearable pain. A terminally ill dying person has an impending death. He should be dead in the near future. Therefore, I believe a good reason should not exist why a terminally ill dying person with unbearable pain should be intentionally killed for doctor's personal interests. Nevertheless, if doctors have reasons to deliberately kill a person by the means of administrating euthanasia, I want to show the difficulty doctors are going to face.

The difficulty would exist to deliberately administer euthanasia to a patient because of the requirements for voluntary euthanasia. Firstly, a doctor has to discuss with other doctor about the fact of euthanasia and, secondly, the evidence of due care must be provided.[74] Due care means that doctors have to administer euthanasia with the care of a competent doctor (who knows how to do euthanasia properly) and following all the legal regulations. If a doctor does not follow all the legal regulations to commit euthanasia, he can be criminally prosecuted. The written evidence of due care should be also provided. How would it be possible to deliberately kill a person with euthanasia if a second medical opinion has to be also obtained? This should mean that the other doctor will be involved in the decision of deliberately administrating euthanasia to a patient. However, I believe doctors would not like to risk their long and well-respected career. Moreover, doctors need to get

[73] Cundiff David, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 61.
[74] Mishara Brian l., 'Euthanasia', in *Macmillan Encyclopedia of Death and Dying*, ed. Robert Kastenbaum (New York: The Gale Group, Inc., 2003), p. 271.

consent from a patient in order to commit voluntary euthanasia. The advanced directive might be also involved. A dying person can clearly write his wishes what he wants to be done with him when he is not rational anymore. In this case, it would be hard, immoral and illegal for doctors to act against the wishes written in the advance directive.

Doctors are carefully monitored under the strict rules of euthanasia in the country where euthanasia is legalized. For instance, the Netherlands has *Regional Euthanasia Review Committees* to guarantee that the procedures of euthanasia that have been administered by doctors are based on the due care. If *Regional Euthanasia Review Committees* notice that something is done disregarding the strict requirements of administrating the procedures of euthanasia, doctors can be criminally prosecuted.

Therefore, I believe the wrong use of the procedures of euthanasia should not be the issue that impedes to have a good death. I believe it would be too risky for doctors to kill a person based on personal mundane reasons, like getting more free space in the hospital, or more vicious reasons, like getting a lot of money. A lot of money might not be enough to live the whole life. Moreover, doctors can be caught for abusing the law of euthanasia. In this case, doctors would go to the prison and the money they have got to deliberately commit euthanasia in order to cause a patient's death might be taken away. Also, the caught doctors would also need to involve the person who has given money to kill a patient based on abusing the law of euthanasia. Therefore, it seems everything is very complicated in general and I do not believe doctors would be inclined to violate the law of euthanasia drastically.

6. People in pain or with a terminal illness might not make rational choices.[75] Accordingly, euthanasia should not be suggested as the way to terminate life for a terminally ill and unbearably suffering (physically and/or mentally) person. This person might succumb to an unreasoned decision to justify the wish to commit voluntary euthanasia.

Because of this problem, a reader can argue that a terminally ill dying person would not have a good death. A person would not have a good death because his decision to die might be influenced by an unreasonable attitude and happening quickly. I have previously claimed that people want to expect their death in order to have enough time to prepare for a good dying experience (the thesis chapter of 'Preparedness').

[75] Ibid., p. 270.

I argue against the position that voluntary euthanasia can be influenced by irrational thoughts or emotions, which would lead to not having a good death. I provide the reasons to justify my objection below:

First, voluntary euthanasia should be only administrated after a person has deeply thought about the decision of euthanasia to alleviate own unbearable suffering, and a person is utterly determined by his decision.[76] Hence, doctors would not administer voluntary euthanasia if they notice that the person's wish for euthanasia is not well reasoned and categorical. Doctors cannot breach the conditions that allow to administer voluntary euthanasia. In an opposite scenario, doctors would be acting immorally, and they can be criminally prosecuted for this sort of behavior. I understand that the procedures of the practice of euthanasia might not completely avoid the requests of euthanasia that are based on an unreasoned decision/attitude. It might be hard for doctors to evaluate clearly if people's decisions to ask for voluntary euthanasia are well reasoned. However, I believe doctors are professionally competent enough to evaluate if there are other ways to alleviate unbearable suffering in a person's given situation or the future prognosis of pain mitigation might exist, which are the conditions that would not allow to administer voluntary euthanasia.[77] Voluntary euthanasia should be only administered as the only option to terminate unbearable suffering, which makes a person lose his dignity. Besides the person's categorical decision to ask for voluntary euthanasia, other conditions to request for voluntary euthanasia are strictly followed too. As a result, it should impede the requests of voluntary euthanasia that might be based on unreasoned attitudes/emotional wishes.

Also, a terminally ill dying person can write in the advanced directive that he wants voluntary euthanasia after he has lost his rationality in pain or with a terminal illness. The advanced directive is the document where a dying person can express his will after he has become incompetent (irrational): what medical procedures should be established then; what should be done with a person's health and body. The advanced directives should help doctors to know clearly if a dying person wants voluntary euthanasia or not when he loses rationality in pain or with a terminal illness. The advanced directive is written when a person is still competent (rational). I believe a person can clearly decide on his own then what would be

[76] Ibid., p. 271.
[77] Ibid.

the best medical option for his well-being after he has lost rationality in unbearable pain without the future prognosis of improvement.

In conclusion, the conditions to ask for voluntary euthanasia prevent a terminally ill dying person to ask for voluntary euthanasia based on irrational attitudes or emotional wishes.

7. Terminally ill people with an impending death might feel a duty to die. People do not want to cause financial and emotional problems for their family as the result of being terribly sick.[78] The treatment of terminally ill patients can be expensive in some circumstances. A publicly funded healthcare system of different countries in the world is not likely to cover all kinds of the medical procedures that a dying person might need to adopt in order to have a good death. Therefore, family members might need to support a dying person financially that he could get the required treatment that helps to have a good dying experience. I believe that a dying person might have own savings to cover his treatment's expenses in the hospital, but I do not believe this would happen all the time in life for every dying person, and every dying person would have enough savings for his treatment's expenses in the hospital in order to have a good death.

Because of the reasons above, a terminally ill dying person might choose to commit voluntary euthanasia as the way to lighten a financial situation and make a family feel better financially and emotionally. I argue this gesture of a dying person is not going to elicit a good dying experience. A dying person wants to commit voluntary euthanasia for the sake of other people. A dying person's primary goal of the request for voluntary euthanasia is not to ease his unbearable suffering – restore dignity – take control of a dying experience considering the fact that a dying experience is going to take control over the dying person himself.

John Hardwig argues dying people are connected with their family and therefore dying people have to make important decisions together with family.[79] Dying people's decisions can influence their family positively or negatively. Consequently, dying people should not be individualistic and they should discuss important issues together with family

[78] David Cundiff, *Euthanasia is not the answer: a hospice physician's view* (New York: Springer Science+Business Media, 1992), p. 62.
[79] Hardwig John, 'Is There a Duty to Die?', *The Hastings Center*, 27 (2) (1997), 34-42 (p. 38).

members in order to decide what would be the best decision for all of the involved parties in the family (including a dying person too).

If a dying person wants to commit voluntary euthanasia for the sake of other people (the decision of voluntary euthanasia involves family members), I think the other people should definitely express their position on this dying person's decision too. Otherwise, if the decision to commit voluntary euthanasia has been made without the debate with family members (the other people), a dying person can misinterpret a family's financial and emotional situation. As a result, a dying person can terminate his life too early. In this case, a terminally ill dying person might not have had enough time to satisfy other needs/wants, which are related to cause a good dying experience. I have argued a dying person wants to have enough time to prepare for his death. It is the feature of a good death.

Therefore, I would only support the view that a terminally ill dying person should feel a duty to die if all of the family members agree in a discussion (including a dying person) that it would be the best decision for a dying person. The dying person thinks himself that this decision should elicit a good dying experience for him taking into consideration his impending death, terminal illness, and unbearable suffering.

Conclusion

People are concerned about having a good life. A good death should constitute the part that makes a person's life good at the last stage of his existence. Therefore, people should be personally interested in knowing how to have a good death in order to avoid an uncomfortable dying experience that might happen at the end of life. I have focused on a terminally ill people's dying experience with unbearable suffering and an impending death. A good death refers to a good dying experience before an impending death befalls.

I have argued that people orchestrate a good death by satisfying individual needs and wants at the end of life, which, dying people believe, should elicit a good dying experience. Every dying person can have different needs and wants that contribute to having a good death. Nevertheless, I have emphasized seven needs/wants that people most often wish to satisfy at the end of their life in order to have a good dying experience. I have called these needs/wants the features of a good death. In my view, these needs/wants should strive to present the notion of a good death.

My compiled list of the features of a good death go as follow: enough time to prepare for death, the peaceful acceptance of one's death, pain free, the realization of the last wishes, rethinking the meaning of one's existence, relationships with beloveds, one's acceptance as an autonomous individual in the medical environment.

I have concluded a good death can be grasped as a 'managed' death in a broader sense by referring to the notion I have found in Julie-Maria Strange's text *Historical Approaches to Dying*. This notion should reveal that a dying person can take control of his dying experience and give meaning to it. In my view, terminally ill dying people should control their dying experience by satisfying needs and wants, which are pertaining to cause a good dying experience. By satisfying the aforementioned needs and wants, dying people should create meaning of their dying existence. Dying people could organize life as they wish before an impending death befalls. My compiled list of the features of a good death should have revealed what a dying person is going to want/need most likely if he wishes to take control of his dying experience.

I have also shown that peacefulness, strength and self-control are attributed to dignity in the dying context by referring to the notion of dignity I have found in Hazel

Biggs' book *Euthanasia, Death with Dignity and the Law*. As a result, I have made the conclusion that a good death can be called death with dignity because of the overlapping elements: the aspect of the control of a dying experience and the aspect of the peacefulness of a dying experience. These two aspects overlap between the notion of a good death and the notion of dignity.

In the second part of the thesis, I have argued that voluntary euthanasia can be a way to have a good death. First of all, voluntary euthanasia helps to escape from unbearable suffering when other means to alleviate suffering are ineffective or non-existent. Second, voluntary euthanasia allows to control one's dying experience. A dying person can choose a time and a means to end one's life. This particular chance, which is given by the procedure of voluntary euthanasia, makes a dying person feeling that he can take control of his life, including a dying experience. I have argued that dignity can be also grasped from the dimension of a person's determination based on self-made choices. It is the notion of dignity, which I have also found in Hazel Biggs' book *Euthanasia, Death with Dignity and the Law*. Hence, if a dying person chooses voluntary euthanasia, he can feel like an autonomous individual again. Why? Because I have shown that pain and dependency (as the result of a terminal illness) make a dying person lose his autonomy and therefore dignity too.

The notion of a good death can be summarized as a 'managed' death in a broader sense when a dying person can take control of his dying experience. Voluntary euthanasia allows to control one's dying experience too. Therefore, the notion of a good death and voluntary euthanasia have the same unifying element, which is the ability to take control one's dying experience. I have argued that this particular ability should give human dignity to people. In addition to that, I have also argued that a good death can be called death with dignity. Death with dignity and a good death have also overlapping elements, which can be peacefulness and the control of a dying experience. Therefore, I believe voluntary euthanasia can be a way to have a good death because of the existing overlapping features between the notions of a good death, death with dignity, and voluntary euthanasia.

Abstract

The thesis shows that euthanasia (voluntary euthanasia in particular) can be a way to have a good dying experience before an impending death befalls terminally ill people experiencing unbearable suffering. It also strives to present the notion of a good death, which constitutes the needs and wants that people most often aim to satisfy at the end of their life in order to have a good dying experience. This thesis reveals that the notion of a good death can be summarized in a broader sense as a ‘managed’ death and voluntary euthanasia, which allows to control one’s dying experience, have a common overlapping element (the control of one’s dying experience) that unifies the notion of a good death and voluntary euthanasia.

Title in Estonian: Eutanaasia kui hea surma kogemise viis

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