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АафагИбрахим
КОГДА ИСЦЕЛЕНИЕ НЕВОЗМОЖНО: ДИСТАНАЗИЯ ПРОТИВ
ЭВТАНАЗИИ

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WHEN CURE IS IMPOSSIBLE: DYSTHANASIA VERSUS EUTHANASIA

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Аннотация. В статье предпринята попытка рассмотреть сущность и содержание понятия дистаназии, как антипода эвтаназии, а также проанализировать мнения студентов-медиков по вопросу легализации эвтаназии в мировом масштабе.

Annotation. The article deals with the concept of dysthanasia as an antipode of euthanasia. The medical students' viewpoints of the problem of the legalization of euthanasia in the global scale have been analyzed.

Ключевые слова: эвтаназия, дистаназия, пациент, легкая смерть, бесполезное лечение.

Key words: euthanasia, distanasia, patient, good death, futile treatment.

Introduction

Euthanasia is one of the most controversial and most discussed matters in Bioethics. What is euthanasia? If we analyze the etymological origin of the term “euthanasia” where “eu” means good and “thanatos” stands for death on the one hand we can assume that this procedure is done for a patient’s benefit. According to the Oxford Dictionary, euthanasia is defined as *“the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma.”* The word “killing” makes us stop and think: can doctors kill? Does not it contradict the main motto of medicine: *“Primum non nocere?”* If doctors can kill then who has the right to decide at what point a patient can be “killed” or granted with the right to good death?

On the morning of May 18th, 2015 the patient died due to pneumonia complications in the medical intensive care unit. The patient had been suffering in a vegetative state for 37 years. Who was that person? It was an Indian nurse Aruna Shanbaug, she was raped and choked by a watchman in the hospital where she was working. The caused injuries lead to severe problems with her brain, total blindness and deafness. Not once an Indian writer and journalist Pinki Virani pleaded the Supreme Court for Aruna’s passive euthanasia, every time her claim was rejected. P. Virani pleaded the Court to legalize euthanasia in the cases like Aruna’s one. The Court was adamant, moreover, the nurses and the doctors were fighting for Aruna’s life in the Court. Even when the relatives had given up on Aruna, the medical workers did not have enough courage to stop taking care of her as they were from the culture where people believed in destiny and could not disturb the timing of the cycle of death and rebirth [3].

Nothing happens in vain. The case of that patient led to the legalization of passive euthanasia in India but a reasonable question arises: were the doctors who were watching the patients’ prolonged sufferings humane? Do we have the right to let people suffer in such a way?

The statement that doctors do not have such a right as to give up on patients, for instance, to stop the process of treatment even if they understand that it is useless and will not bring positive results will be the hypothesis of the research work.

The aim of the research –to analyze the concepts of euthanasia and distanasia; to carried out a questionnaire survey among the students of the Kursk state medical university to study their viewpoints on euthanasia.

Methods and materials of the research

The research was based on the theoretical background. To achieve the goals of the survey the analytical method was used with the application of a questionnaire.

The results and the discussion of the research findings

The phenomenon of euthanasia is associated with the concept of “distanasia” that in the etymological sense stands for the denial of death.

In the illustrated dictionary of medical terms by Alvaro Galiano, dysthanasia is interpreted as a painful and prolonged death, a slow agony.

Thus, dysthanasia implies the involvement of all possible therapeutic agents to delay the onset of death, even though there is no hope for cure. In the universal Spanish encyclopedia, dysthanasia is interpreted as a form of therapeutic cruelty, since the

patient's sufferings are not taken into account, and his right to a dignified, painless death is denied. Therefore, we can conclude that dysthanasia is a phenomenon that is opposite to euthanasia that implies a set of therapeutic measures aimed at maintaining a patient's life in a dying body [1].

50 students of the Kursk state medical university (18-23 years old) have participated in the questionnaire survey. 85% of the participants were female, 15% – male. The results of the survey have shown that 50% of the respondents treated euthanasia as ethical, and 50% thought it was unethical. In comparison, a slight majority of 52.4% believed that euthanasia should not be legalized in the whole world. The students who were against the world wide legalization of euthanasia were not supportive of any type of it. 47.6% of the respondents were for the legalization of the passive euthanasia. The participants who were for the legalization of euthanasia, added that it should be legalized for a wide variety of reasons.

In terms of dysthanasia all the instruments that are usually used for treatment and care are transformed into the “instruments of tortures”. The term “resuscitation” has a negative connotation: a patient who is admitted to an intensive care unit is a “prisoner” whose life depends on devices which help the doctors to maintain his life artificially and prolong the painful process of dying. The pathetic efforts to prolong one's life can be compared with the attempts to “cure death”. We must not forget that death is another dimension of our existence; death is an integral part of life and that there should be a reasonable limit to investments in the end-of-life treatment.

The participants who have expressed the opposition to euthanasia suggested palliative care as an alternative to “mercy killing”. From their viewpoints the concept of dysthanasia is associated with the concept of a hopeless treatment: when healthcare professionals cannot be completely sure that medical intervention and treatment will be unsuccessful. Presuming that the treatment will be futile the doctor can stop intensive treatment in cases where it can and should be replaced by supportive therapy. In this case, palliative medicine is of paramount importance.

Though the participants of the research were medical students, the essential factor that generally determines whether a doctor is “for” or “against” euthanasia is a specialty. There has been a correlation that doctors who constantly see patients' sufferings are more likely to find euthanasia admissible. For example, an oncologist who sees deaths every day is expected to accept euthanasia, but those who do not see death daily are unlikely to accept euthanasia. If we analyze the statistic data of CDC we will see that heart diseases and strokes followed by cancer along with the Alzheimer's occupy the leading positions in the top ten list of the causes of death.

It is obvious the doctors who are working in these fields might have a bias towards the legalization of euthanasia. It is because the doctors cannot watch their patients' sufferings. It is stated that it is possible to prolong for one year the lives of less than 15% of patients suffering from cancer. Another disease with such a high mortality rate is that a patient suffering from a stroke usually faces life-long issues. In this regard a question arises: is it ethically correct to ask a patient about the date of the termination of life? The people who support euthanasia give an affirmative answer.

According to the text of the WMA Declaration of Lisbon of the Rights of the Patient everyone has the right to self-determination [5] it means a person should be given the right to decide whether to continue his life or terminate it; a patient must be protected from cruel and inhumane treatment; and the last but not the least, long-term diseases are associated with moral and financial issues, and a patient can have the right to be altruistic, take pity on the beloved ones and stop being a burden to them.

It goes without saying a patient must be mentally capable to take a decision on euthanasia but where are the limits of the mental capacity that may change under the influence of superpotent drugs and it is not a secret that in the majority of cases terminally ill people who are tired of endless treatment see death as the last resort.

On the other hand, if we look at the effect of religion on this, many religions condemn euthanasia because it is considered as murder or suicide, which are unacceptable because a human life is a God's gift: it is sacred, and it is unique and no one has the right to take it [4]. The people who are against euthanasia also give solid reasons such as: 1) euthanasia is a violation of the right to live; 2) doctors can make diagnostic and prognostic mistakes; 3) doctors can be unaware of the new medicines and treatments; 4) it is possible to sustain life and relieve pain; and the final argument that is used more often than others is that euthanasia will be practiced by doctors not in the interests of the patients but under other less humane circumstances [2].

Conclusion

Thus, the arguments for and against are very strong. Medical staff working in a country that permits euthanasia has to turn a blind eye to the arguments against it and vice versa. I am in favor of euthanasia solely because I believe that no human should suffer for years or decades. Since every person has a right to life, why do so many countries deprive the people of the right to die? Euthanasia is a form of freedom of choice for people doomed to painful death. A good death will be a kind of a relief for a patient as well as his relatives.

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СЕМАНТИЧЕСКАЯ ЭВОЛЮЦИЯ СЛОВ-СИНОНИМОВ В
АНАТОМИЧЕСКОЙ ТЕРМИНОЛОГИИ**

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SEMANTIC EVOLUTION OF SYNONYM WORDS IN ANATOMICAL
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Аннотация. В статье рассмотрены латинские синонимичные термины анатомического модуля, проведен их семантический анализ. Авторы выявляют некоторые закономерности образования вторичных значений, приводят примеры влияния происхождения терминов на особенности их употребления.

Annotation. The article considers Latin synonymous terms of the anatomical module, their semantic analysis is carried out. The authors reveal some patterns in the formation of secondary meanings, give examples of the influence of the origin of terms on the features of their use.

Ключевые слова: синонимы, терминология, этимология, анатомия.

Key words: synonyms, terminology, etymology, anatomy.

Введение

В медицине широко используется латинская терминология – международный язык общения медицинских работников. Однако трудности возникают при переводе, так как встречается большое количество синонимичных терминов – лексических единиц, характеризующихся близостью значений.