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Death and moral life.

الموت والحياة الأخلاقية

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Abstract:

The right to die, or the right to death, is an ethical and legal concept that legitimizes a person's act of ending their life or submitting to voluntary euthanasia. Regardless of the causes, this phenomenon, commonly known in Western countries in the contemporary era, gives rise to major debates surrounding the law that permits this act, and requires knowledge of the circumstances in which it is performed and authorized, and the choice of the best option in those circumstances (as desired by Stoics or utilitarians).

Keywords: End of life, decision-making process, ethics, religion, problems and collegial procedure.

ملخص:

الحق في الموت، أو الحق في الانتحار، مفهوم أخلاقي وقانوني يُشرعان قيام الشخص بإنهاء حياته أو الخضوع للقتل الرحيم الطوعي. وبغض النظر عن أسبابه، فإن هذه الظاهرة، المعروفة على نطاق واسع في الدول الغربية في العصر الحديث والمعاصر، تُثير جدلاً واسعاً حول القانون الذي يُجيز هذا الفعل، ويتطلب معرفة الظروف التي يُمارس فيها ويُرخص بها، واختيار الموقف الأمثل في تلك الظروف (كما يرغب الرواقيون أو النفعيون).

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1.Introduction

Death is defined as the complete and definitive cessation of life of a human being or animal. According to the traditional conception, dating back at least to Plato and various Judeo-Christian or Eastern traditions, death marks the separation of the soul and the body. At the moment of death, only our body dies; our soul is immortal. It can occur at any time following an illness or an unforeseen accident, or it is a consequence of a voluntary act such as suicide, which can be a result of increasing or recurring suffering. ....

Among these debates, the bioethics debate focuses on whether the right to die is universal or applicable only in certain circumstances (such as a terminal illness). The answer proposed in this debate raises several questions: What are the arguments that support or reject this right? Each country has a different answer, which complicates the present study.

Our work focuses on the ethical dimensions of those who voluntarily take their own lives.

2.Development

Addressing this problem calls upon principles or laws that operate in a society, either with or against it. Religion and science are thus placed back to back. The age-old fear of death must therefore be dismissed along with the strategies that allowed us to cope with it. Life and death will be reconciled through the rediscovery of the "true and natural meaning" of death: "being the last phase of a continuity with life"(J.M. Robine. 1994. p23)

3.The Law and the Problem of the Right to Death

The right to death is a contemporary concept that has raised many issues, such as: can we claim a right to die? If we answer this question with a "yes," we face the intolerable consequence of suicide. The "Leonetti" (La loi de Claeys-Leonetti, 2016)law of April 22, 2005, allows for the cessation of treatment but does not enshrine the right to die, which would go beyond the right to die. Let's take a look at the consequences of a right to assisted suicide... (Pierre, 2014, n° 89) Despite the clarity of this concept, many people have misunderstood it and interpreted it as they see fit, resulting in a catastrophe. Implementing decrees are often misunderstood and misused to resolve many problems. This is because any law enacted cannot address all cases, especially specific ones. And whatever it's content, individuals implement it, and it is up to the courts to assess compliance or non-compliance with the legislative provisions. Generally, the law governs everything, and leaves the matter up to the judge in the event of silence in the law. "It is therefore wrong to say, as we sometimes hear, that there is a legal vacuum, a supplement to be provided, a gap to be filled.

To begin with, it is important to remember a very important distinction: that of care and treatment. We still sometimes speak, wrongly, of "refusal of care," when in fact it is a question of "limitation" or "cessation of treatment." Care, normally, never stops. Moreover, the law of April 22, 2005 (France) sets out both the conditions for limiting or stopping treatment and the need to develop palliative care. Care should not be stopped for a patient

whose treatment is being limited. Regarding the limitation of the latter (treatment), we must distinguish between two situations:

- It concerns the patient: the patient requests a treatment limitation.

- The patient is subject to a decision to limit treatment.

In the first case, the "Leonetti" law provides *for letting die* but does not enshrine *a right to die.* It recognizes the patient's essential right, that of any treatment (including artificial feeding) if the patient has expressed the wish ((Pierre, 2014, n^{o} 89).

The philosophical thesis of this phenomenon of death, as a stage, that ends life in ways different from what was known in the distant past. About death, seen today, medical technology has been the origin of ethical and legal questions from those who wish to benefit from it. How can positive law allow a desperate patient to end his life, that is, a gentle death? And how can we rely on ethical standards to end someone's suffering, or to use them ourselves? Generally, these are questions that upset our scale of acquired values. "Yet, human beings know deep down that no technological substitute will allow them to avoid their natural purpose" (Jean Louis, 1993, p 22). "At all times [...], human have beings erected beliefs and symbols to tame their purpose and appease their fear" ((Jean Louis, 1993, p63).

4.The Different Rights: Credentials and Freedoms

To understand the issues, we will focus on the difference between credential rights and freedom rights.

4.1 .Credential rights: grant each citizen a right to certain things‹ and the ability to claim something in the event that they cannot obtain it on their own.

4.2 .Freedom rights: enshrine a capacity to enjoy something they already possess‹ such as the freedom to come and go‹ which is linked to the fact that I have the ability to move(Jean Louis, 1993, pp48-49). These are rights "to" do something. If we frame the question of limiting treatment in terms of the right "to" die, that is, the right to freedom, this means that it involves allowing a person to end their life if they wish. Everyone already has this right, as long as we do not punish the act of attempting suicide. However, this faculty is not

exactly a right, since not only does it not promote access to the means of suicide, but it penalizes the provocation of suicide and the failure to assist a person in danger, which makes any approach to "assisted suicide" complex (Jean Louis, 1993, pp 48-49).

5.The difficulties that arise:

- It would be difficult to reserve this right only for terminally ill patients, because it is difficult to see how to justify respecting only certain wishes to die.

-The desire to die and to exercise this freedom, if suicide is considered a true freedom of action recognized by the legal system, then the currently systematic decisions to resuscitate people who have attempted suicide, having thus clearly expressed their desire to die and to exercise this freedom, become difficult to accept.(Jean Louis, 1993, p 49).

-Regardless of the issue of suicide, it must be recognized that the practice is not always in accordance with the law.

The application of the law to patients or other individuals raises questions without clear answers:

- First, a problem of medical ethics: what status should healthcare personnel have? How much trust could patients have in the face of professionals whom the law recognizes as capable of killing without criminal liability?

- Second, a problem of proof: how can the expression of will be established beyond doubt? Should patients be required to complete documents attesting to their request for death? Authenticated by a notary or a bailiff ?

- Third, given that this option is open, and given that it is psychologically somewhat easier to ask a doctor to perform euthanasia than to end one's life through one's own actions, isn't there a risk of dangerous pressure on those who do not want to die in this way? The above questions explain the impossibility of dying voluntarily, and of establishing a right to death.

6. Ethics and Professional Conduct and the Issues of the Right to Die

We have addressed the issues of death by referring to the law, to answer the long-standing question: do we have the right to end our lives, and under what circumstances? In

this part of the presentation, we will focus on ethics. In asking this question, are there norms that guide us in our decisions, especially those that directly affect our lives? Can we listen to and obey the obligations of our conscience, do well and steer clear of evil?

The distinction between good and evil is clear: law refers to the regulation of behavior by law, while ethics refers more broadly to the distinction between good and evil. Ethics is distinguished by its famous principles:

- Principle of Autonomy: This principle consists of ensuring that the patient has had their say, that is, that they participated in the decision. The patient, who requests to die, or to be kept alive, is undoubtedly free to speak.

- Principle of Beneficence: Human beings do not just want to live, but to live well, which explains why situations of artificial life support raise metaphysical as well as ethical questions. The intended good is that which the patient presents to himself and not as conceived by one of his relatives or the healthcare team. "The good can be better estimated in terms of quality of life rather than months or years of life."

- Principle of Non-Maleficence: In care, suffering is sometimes necessary, when doctors announce bad news to the sick, but this announcement seems necessary for the patient to understand the planned treatment.

- Principle of justice: Deliberation must be informed by the principle of justice so that healthcare teams commit to providing access to the best care for all patients (age, gender, skin color, etc.), cultural affiliation, and religion. This principle requires the virtue of impartiality so as not to favor some over others, "each according to their needs." Equality is a form of justice; to be just is to be fair.

Ethical benchmarks for irreversible medical decisions

In most cases, the tension between conflicting values can lead to disagreements within the healthcare team, due to being faced with a crucial, serious, and irreversible choice. Ethics are no longer sufficient. If we are in a situation of scarcity of goods, then we must establish priorities. Since everything is not possible for everyone at the same time, we will subordinate justice in the sense of equality to justice in the sense of equity.

During this exercise of “multi-thinking,” the arguments are weighed up. It is up to the doctor to know when to end the discussion and decide by opting for the solution that he sees emerging at the end of the deliberation. But the risk of an error in decision must not be used as a pretext for delaying it because a deliberation that lasts longer than necessary is only an alibi for “indecision,” which is “the mark of weak minds.”

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8.Ethical issues in emergency decisions.

8.1 .Key points:

• Ethical questioning arises when the decision to be made is no longer self-evident.

• The four principles of ethics are autonomy, beneficence, non-maleficence, and justice. They provide a methodological framework that helps structure staff discussions.

• the caregiver's responsibility here lies in their way of being within the group.

• Following the collective deliberation, the decision is made and assumed by the physician.

8.2. Countries **Euthanasia Is legal as of 2024**

Active Euthanasia	**Passive Euthanasia**
Australia and New South Wals	Australia
Belgium	Belgium
Canada	Canada
Colombia	Chile
Chile	Colombia
Luxembourg	Finland
Netherlands	Germany
New Zealand	India
South Korea	Ireland
Portugal	Luxembourg
Spain	Mexico

https://www.google.com/search?q=countries+euthanasia+is+legal

9.Conclusion

The right to die is an act that continues to confront major legal and ethical problems. To authorize someone to end their life is

The right to die is an act that continues to face major legal and ethical problems. Authorizing someone to end their life, or even demanding that society allow them to end their life, in specific cases such as unbearable illness becomes a sociological and psychological problem and goes against the rules of religion. Therefore, it remains a difficult problem to resolve. Telling someone to end their life is an unbearable act. In every way.

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