Reflection Article

Disease, euthanasia and abortion: a reflection from bioethics

Yelson Alejandro Picón Jaimes [a]; Javier Esteban Orozco Chinome [b]; Iván David Lozada Martínez [c]; Luis Rafael Moscote Salazar [d]

[a] MD. Specialist in bioethics applied to the clinical and experimental field. Master in Bioethics. ORCID: https://orcid.org/0000-0002-7498-5346, ypicon@unab.edu.co; [b] MD. Master in Regenerative and Anti-Aging Medicine. ORCID: https://orcid.org/0000-0001-6013-3997, efeso17@yahoo.es; [c] Medical Student. Researcher. Universidad de Cartagena. ORCID: https://orcid.org/0000-0002-1960-7334, ivandavidloma@gmail.com; [d] MD. Neurosurgeon. Researcher at Universidad de Cartagena. ORCID: https://orcid.org/0000-0002-4180-6962, rafaelmoscote21@gmail.com
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Abstract

This manuscript aims to reflect on the disease, euthanasia, and abortion from bioethics, reviewing the legal implications in Colombia and comparing with the vision of health sciences professionals in different parts of the world. Chronic diseases are a major cause of functional limitation, suffering, and mortality. Some pathologies considerably compromise the state of consciousness in people, to the point of affecting the ability to decide, so it is important to look for alternatives to guarantee the autonomy of patients. Euthanasia is accepted in only a few countries, but it has difficulties with access due to red tape or lack of regulation. Finally, abortion is judged by religious and social groups, which has led to the stigmatization of women who wish to access it.

Enfermedad, eutanasia y aborto: una reflexión desde la bioética

Resumen

El objetivo de este manuscrito es reflexionar sobre la enfermedad, la eutanasia y el aborto desde la bioética, considerando las implicaciones legales en Colombia y la visión al respecto de profesionales dedicados a las ciencias de la salud en diferentes lugares del mundo. Las enfermedades crónicas son causa importante de limitación funcional, sufrimiento y mortalidad; algunas patologías comprometen tanto el estado de conciencia en las personas que afectan la capacidad de decidir, por lo cual, es importante buscar alternativas para garantizar la autonomía de los pacientes. La eutanasia es aceptada solo en algunos países, pero cuenta con dificultades para el acceso, debido a trámites burocráticos o falta de reglamentación. Finalmente, el aborto es un procedimiento altamente cuestionado por colectivos sociales y religiosos, lo cual ha llevado a la estigmatización de las mujeres que desean acceder a él.

Introduction

Decision-making consists of a complex thought process that seeks to choose a way to act in a given situation, and uses two methods well described in the literature, the first of which is intuitive thinking, which is fast, automated, composed of emotions and effortless; the second is deliberate thinking, which is slow, controlled, detailed, meticulous and neutral in terms of emotions (1), (2). In clinical practice, decision-making has become an activity of great importance, therefore, areas such as bioethics emerged to accompany the process of choice in situations that put the integrity of human beings at risk, in moments where there is the need to choose a path that respects life as a superior good compared to the possibilities given by the development of medical science (3).

At present, there are many situations that require a decisive effort, since humans are as diverse as the thoughts that circulate in their minds, always with the possibility of having different ideas in the face of the scenarios that arise in daily life.

This manuscript is aimed at health professionals, who during the development of their work see the need to accompany patients and participate in their decisions, framed in the field of the health-patient relationship.

Initially, the issue of chronic disease will be addressed. According to data from the world health organization WHO, every year in the world 30 million people die from chronic non-transmissible diseases, and in Colombia, the figure

reaches 110 thousand deaths from diseases such as cancer, cardiovascular disorders and pulmonary pathology (4). Regarding Colombian legislation, the law 1355 of 2009 stands out, by means of which obesity is established as a chronic disease of importance for public health, being a direct cause of disorders such as cardiovascular diseases, depression, diabetes and of musculoskeletal disorders, which increase national mortality rates (5). Another important law is 1733 of 2014, through which palliative care services are regulated for the comprehensive management of patients with terminal, chronic, degenerative and irreversible diseases in any phase, with the aim of mitigating the high impact on the quality of life (6).

Continuing with the proposed theme, it is necessary to ground the euthanasia argument; taking into account that only 5 countries worldwide have regulated it, among which is Colombia, and four more have established assisted suicide for people with incurable pathologies. The issue at the national level has been supported since 1997 by the constitutional court, being regulated in 2015 and urging health promoting entities to guarantee access to this treatment, and it has even been allowed for minors; However, the bill has not passed the debates in the Congress of the Republic, therefore there is no law that regulates this practice (7).

The third topuc that will be reflected on is abortion, which is regulated under the premise of voluntary interruption of pregnancy, through the ruling of the constitutional court C-355 of 2006 on three grounds: 1) when pregnancy involves danger to life or the health of the woman, 2) when there are serious fetal malformations, incompatible with life and 3) when the pregnancy is not consented by the woman, as in the case of violent carnal access or the use of uninformed assisted reproductive techniques (8).

The objective of this manuscript is to critically reflect on chronic disease, euthanasia and abortion from bioethics, reviewing the legal implications in Colombia and making a comparison with the vision of professionals dedicated to the health sciences in different places in the world.

Chronic illness

Disease is defined as an opposition against the health concept. For some government sectors, health is an equilibrium of ideal and optimum conditions, discriminated from the disease situation, definition that starts a dichotomy between wellness and unwellness. On the other hand, the authors consider the health-disease process as dynamic and not necessarily discriminating (9).

Tenjo-Cogollo (10), who considers the theological vision of health, mentions that in the oldest texts such as the Gospel of Luke "passion and death of Jesus", there is evidence of a clear struggle of people against suffering and the search for an explanation for this (10). For the author, disease is an entity way feared worldwide by humans and is usually fought against, even provoking the emergence of such extreme treatments to preserve life, or even people who assume the idea of death from the beginning of the diagnosis of the disease (10).

The medical literature reveals important research carried out by scientists in all corners of the world, and this is how chronic diseases with great affectation for individuals are known, such as Amyotrophic Lateral Sclerosis (ALS), to cite an example. It consists of a rapidly progressive neurodegenerative entity that can end in a total functional limitation for the sufferer, causing decision-making for the health professional and for the patient to begin to be conflicted. Is it enough to put the individual in the category of "incurable" and let nature take its course? Or should efforts be made to maintain life, recalling the case of the great scientist Stephen Hawking, who suffered from this disease and lived until the 76 years. Scull-Torres, (11) in 2019, published a qualitative work entitled "the observance of bioethics in the palliative care of patients with ALS", where he concluded that the universality of bioethical principles that are widely disseminated today is limited by the legislation of each country and depends practically on what can be considered suitable or not in each region, therefore, the universality of the principles of bioethics was questioned. Additionally, he mentioned the importance of educating, rather than informing the patient about the disease process, which achieves morally better accepted decisions between the individual, his family and his treating person, allowing as far as possible the exercise of responsible autonomy. Lastly, when it can no longer be exercised by the subject, care must be taken to ensure that substitution decisions reflect the values of the sick person (11).

For Toro-Flores et al (12), the completion of an advance decision form is a process little known by patients, but that ultimately facilitates decision-making in health, especially in cases in which the pathologies end up affecting the functions higher cognitive functions of the subjects.

In summary, chronic diseases can compromise the well-being of the individual at levels that even in many situations violate the dignity of the person, therefore, it is important to look for instruments that guarantee the mitigation of damage to the essence of the individual. They depend on each country's current legislation.

In a Colombian case, a good maneuver is the preparation of the advance directive document that is legally governed through Resolution 2665 of 2018 in which the parameters are established. For the preparation of the aforementioned document, which can be, in writing, audio or video, in front of a notary, two witnesses or expressed to the treating physician; although it is an accessible document, raised from many perspectives to be practical, and it can even be revoked; there is great ignorance among users of health services about its existence. The invitation is that respecting a fundamental pillar for bioethics such as dignity, respect for the will of the individual and autonomy should be strengthened in health professionals, the competence to expose patients to the existence of the documents of Advance directives, in order to facilitate decision-making, always ensuring respect for the dignity of the person.

Euthanasia

The end of life is another of those processes that generate fear and discomfort, especially among older adults, since chronic diseases are an important cause of disruption of the health-disease process that is accompanied by pain and suffering (13). It is important to address the controversial term “Euthanasia”, which is defined by Malespina (14), as the act of killing another person at his request to alleviate their suffering; But, its text is not limited to that crude definition, it also mentions that in positive law, the states that regulate this procedure such as Belgium, Holland and Luxembourg, require the process to be carried out by a doctor, who must be convinced that theindividual’s suffering is unbearable and without any options for improvement (14).

At this point, values such as freedom, autonomy and dignity come into play, which are widely defended by positive law in the international arena, but which in their definition can fall on a purely utilitarian level, allowing to exercise these values thinking only in consequence and leaving aside the very essence of being (14). Once again, the crossroads arises around the decision, which in order not to dwell on the matter should be the best morally accepted, according to the context, according to the patient, their relatives, their beliefs, but limited by the collective notion of the state and the ruling political models in each region.

In Latin America, regarding the legislation on euthanasia, countries like Argentina have more and more judicial processes related to the medical intervention of death and the decisions in this regard. Alonso (15), in 2016 published a manuscript that reviewed the judicial decisions in this country, produced between 1975 and 2015, finding multiple cases in which health personnel have gone to court to request euthanasia (15). Showing that in principle the proposal was not even considered by the patients themselves, for reasons of creed and culture. But, when the users have requested it, the courts have ruled in favor, allowing the withdrawal to carry out medical interventions, even when doing so would lead to death.

In Chile, as reported in 2016 by Espinoza et al (16), among palliative care nurses in the public health system, a series of positive attitudes towards end-of-life monitoring and support of patients has been spreading, which indicates a process of assimilation of death as something natural. The process requires more knowledge everytime, so that it is carried out with the greatest possible dignity. In this regard, Castejón et al (17) consider the training of health personnel to be essential in everything related to the end of life, as it indicates that it is an ethical obligation to be prepared to face various situations, accompany the family and avoid cruelty therapeutic exercises.

In the case of Colombia, the only Latin American country that decriminalized euthanasia since the 1990s, patients still continue to face difficulties when opting for this procedure, since initially they must be evaluated by an ethics committee, who is the one that determines if the patient is eligible for this purpose. Within the legal guidelines, in 2015 it was decreed that health promoting entities must have a multidisciplinary team for this purpose, and it has even been approved that minors can access euthanasia, as long as their condition medica meets the stipulated criteria (18).

Additionally, the emergence of the current pain clinics in the country has offered the option of palliative sedation for those patients who, despite their medical condition, do not decide to opt for euthanasia, but who, through pain medications, can have less suffering in the outcome of their terminal pathologies; without being exempt from criticism, rejection and sanction by some social and religious groups (18).

To recapitulate, the people who can opt for this procedure in Colombia are patients of legal age or minors (in specific cases) with terminal diseases and with clinical criteria of poor prognosis; as well as patients in the terminal phase of oncological pathologies and very important, who are in decision-making capacity, and who can express their autonomy verbally or in writing.

The recommendation for health professionals is that they land the term euthanasia in their work environments, do not fear the concept and even if their personal opinion conflicts with the meaning; consider it an ethical duty

to mention it to their patients and instruct them, since the best way to attend to a user is by setting aside the paternalistic paradigm and showing them their rights, even when these conflict with the professional's personal vision; Well, if you really want not to harm someone, you have to respect the freedoms of others and the decision-making capacity of the person.

Abortion

Abortion is one of the most controversial issues among creeds, political parties and even among social movements, since there are authors who consider it to be an experience that dehumanizes those who live it, and there are those who are in favor of the choice of women on their own body (19).

Many states have legislated and created policies with precise guidelines to access abortion, even so, there are still counterparts as noted in the work of Valenzuela et al (20), where the nursing school of the Catholic University of Chile, gives its position stating that despite the bills that partially decriminalized abortion in that country, in 2017, the nursing professionals of that school refrain from participating in said procedures, since they state that it goes against the ultimate goal of their profession (20).

Another complex scenario that involves and intertwines the situations described. above is that reported by Menezes et al (21), who in their writing mentions three cases in which the decision has focused on whether or not to maintain the vital functions of pregnant women with decreed brain death, to allow fetal development (21). Along its lines, it shows that the cases were approached in a different way, depending largely on the legislation of the countries where the events occurred; obtaining as a result in some places the cessation of support measures despite the dispute between doctors and relatives, reducing to the legal context of whether or not the fetus is considered a subject of law.

In Colombia, as previously mentioned, it is ruling C-355 of 2006 that allows access to the voluntary interruption of pregnancy in the three causes. The new projects that have sought to completely decriminalize abortion have not prospered in the national executive. However, it is important to remember that, legally, it is the health promoting entities and the institutions that provide health services, regardless of whether they belong to the contributory or subsidized regime, which are obliged to comply with the decision of the Colombian constitutional court being responsible the health professionals, who must redirect their users, who meet the requirements for this purpose and refer them to the relevant specialist within the same center.

It should be noted that conscientious objection is a legal measure for the professional who considers it, to limit his action in a certain situation, but this mechanism is individual and transversal, therefore, a professional objector will be so in all places where he exercises his action and is limited by the emergency appeal, where if there is no one else to perform the procedure, it is the responsibility of the available professional, even if he is a conscientious objector.

In summary, it is the duty of health professionals to know the referral flows in the event of a possible voluntary interruption of pregnancy, in order to reduce the waiting time for its evaluation and eventual performance, reducing the presentation of advanced pregnancies interruption, because in the event that they occur, current legislation supports the interruption as long as it fits within the three causes.

Conclusions

The disease continues to be assumed as a catastrophic process that generates great concern in the population and that leads to desperate measures in an attempt to preserve health. Advance directive documents are little known to people and can become an important tool in decision-making when faced with a disease process with great functional limitation, which could facilitate decisions for family members and health professionals. Euthanasia, despite being accepted or decriminalized in Colombia, is not entirely accessible and is seen as an act that violates the beliefs and customs of some social groups, therefore, it is important to continue the processes that lead to its regulation, so that can be offered with justice, and always guaranteeing respect for the autonomy and dignity of the person. Finally, abortion in Colombia is allowed as the interruption is contemplated in the three causes ruled by the constitutional court. Regarding this respect, women should be supported on the decisions taken about her body, for this, it is mandatory for the medical personnel to be aware of the state regulations, which priority must be given to these users so that they reduce the overtiring time of bureaucratics until the procedure.

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