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INSTITUTIONAL ASPECTS OF THE ETHICAL DEBATE ON EUTHANASIA.
A COMMUNICATIONAL PERSPECTIVE

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Abstract: Although euthanasia is seen as the problem of the individual will and as one's right to privacy, to a better quality of life or to a dignified death, it has major institutional implications. They are closely related to the juridical system, to the way of understanding state involvement in protecting the individuals and respecting their freedoms, to the institutional system of health care, to the government rules that establish social, political or professional practices. The public debate around the topics related to the human condition, like euthanasia, grants a special force to public communication, to organizational communication, to communication in professional environments, to physician-patient communication and, more generally, to interpersonal communication. In this text we emphasize the importance of public debate on euthanasia from the perspective of organizational ethics, of medical deontology, of patients' rights, but especially of elaborating public policies and national programs, and we underline the importance of the need to establish protocols for health care, as well as to build a framework of democratic communication.

Key Words: euthanasia, public debate, public communication, public policies, state intervention, church intervention, dignity of death, quality of life, medical ethics, religious ethics

Euthanasia and public agenda

We are witnessing today, in an age of abundant media communication, the way in which public communication is generated.¹ It is no longer led by traditional institutions but rather by the format imposed by the means of communication and by the complexity and the abundance of the different ways in which people receive their public and political messages on a competitive market shaped by communication experts.² The development of communication tools determines public communication to use a great part of the communication instruments. Thus, it must become a repetitive practice which will manifest itself as strategic communication offering exciting tools of public management from an academic point of view as well as from a managerial point of view.³

For the development of this strategic communication, it is required that the state should involve in its quality as a whole, as the sum of all the institutions, and as an organization that acts as a specific global entity, following the similar pattern of other organizations. Placing the state in the field of organizational culture does not elude the fact that there are theorists who observe that unlike the private sector, public communication conducted by the government faces a series of specificities of practiced communication patterns due to the fact that the state, unlike the private sector, more intensively generates the interference of mass media, the influence of political factors, the importance of cultivating democratic communication, budgetary constraints etc.⁴ As regards the topics of public debate having also moral or religious implications – such as the problem of euthanasia – the communication performed by various state institutions is often accompanied or sometimes limited by the communication made on behalf of religious institutions or on behalf of official or representative voices of the Church. In many democratic states, such as Romania, institutions are harmonized at the level of state action as social state, whose values are grounded on principles that include the respect for private life, social solidarity, quality of life, individual freedom, equality of rights etc. These values are enshrined in the Constitution, without attempting to conflict with the sacred values of religious institutions.⁵ At the same time, we have to acknowledge the fact that even in the secularized societies, among the important actors that got involved in public debates one can find the religious organizations or the religious leaders. In times of economic crisis, such as the current period, we notice that the state-Church relation has a new dynamic. Thus, we note that:

“the Church is confronted both with the stronger offer of partnership from the State in order to cope with the crisis, and with the request of the people

hit by the effects of the crisis, for spiritual and material support. In this shift of situations, the Church strengthened its role in the society and in the community, and the diversification of the adopted measures fits within a specific plan for the revival of this institution – the building of new churches, initiation and development of social assistance programs, presence in the poor communities”.⁶

This presence of the Church in the social and political space has often influenced the decisions adopted by the state as an organization concerning issues related to internal organization or to the problems relevant for its presence as an organization in the global framework.

In the new global context, the state clearly has a double purpose, one that manifests itself at the level of inland communication, and another one that implies a transnational manifestation. The participation in the public debate as subject of an organizational culture minimizes even the danger underlined by some authors when they discuss the subordination of public communication (and implicitly of the public sphere) in relation with marketing communication (and implicitly of the interest of multinational companies).⁷

The state must act in order to protect the interest of individuals and of the community. The state, in its effort to obtain public welfare, to reinforce the general circumstances capable of increasing the welfare, to assure security, peace, prosperity and economic safety, must involve its public employees who are the main device through which the state consolidates its advancement and its efficiency in inter-organizational communication as well as in the communication and the complex relations it has with its subjects. Public employees are given the privilege of being the bearers of the task of completing the most important responsibilities of the state in relation with its citizens. The state has the obligation to intervene and support the individuals during harsh times, when they are in situations of disadvantage in relation with other citizens and cannot overcome this disadvantage but only with the help provided by the state for them and their families. Taking into consideration the fact that the state relies on the contribution that people make for the development and the maintenance of the function of institutions, it must offer them support when needed.⁸ This is why “the intervention field of the state must be discussed in a sensible way and without inhibitions.”⁹

The state has to intervene actively with explicit regulations established through ethical or judicial means in order to manage the controversies that could affect, from a symbolic point of view, the public space. The debate concerning euthanasia is one of these issues. It is necessary to mention here the point of view of different authors that

demonstrate the fact that throughout time the pro's and con's concerning euthanasia are approximately the same.

They mainly discuss several elements wrapped up by E. J. Emanuel:

“public interest in euthanasia 1) is not linked with advances in biomedical technology; 2) it flourishes in times of economic recession, in which individualism and social Darwinism are invoked to justify public policy; 3) it arises when physician authority over medical decision making is challenged; and 4) it occurs when terminating life-sustaining medical interventions become standard medical practice and interest develops in extending such practices to include euthanasia”.¹⁰

Although it mostly involves issues related to privacy, euthanasia has an important dimension related to institutional decision and public agenda. Even though it concerns the persons engaged in the issue, the personal aspects blend with the public aspects of the matter at least in that it raises a number of issues that should be pointed out to the ones that are involved in establishing the frameworks for decision and public action and in the settlement of the problems that might occur.¹¹

The problems occur when we must decide the limits of state's intervention. From a philosophical point of view, euthanasia should remain a personal option. Because patients in terminal conditions most frequently claim medical assistance for the completion of euthanasia, it is more than obvious that an institutional aspect is implied, which overcomes the mere individual personal choice.

Euthanasia has become a subject of public debate not because it has been a public subject – it being rather a personal subject concerning the ones that are directly involved in this matter, or a subject concerning the group of professionals involved in the medical development of the issue, or concerning the persons working in juridical fields or the field of applied ethics – but because it has been interesting for the public. Mass media played an important part in the gradual overlap of what is interesting to the public with what is in the public interest in this debate. The media coverage makes these issues of public interest, thus more interesting to the public, although they concern issues of personal interest and issues related to privacy. However, as the 20th century political thought has revealed, when we discuss an important personal matter we immediately perceive it as an important matter from a political point of view which immediately implies its importance for public interest.

Sometimes, public authorities criticize the media for their lack of support when it comes to promoting public health governmental policies and programs. Researchers of this phenomenon consider that in order to solve this problem, mass media should gain more authority and

independence rather than use manipulative and persuasive means for sensitizing it and using it in public debate. When mass media start acting according to the ethical principles that govern media communications – during news broadcasting and during segments destined for commentary and analysis – it will start approaching public health issues that are relevant for the sake of public interest.¹² In order for this to happen, to debate public issues that concern the public goods, an ongoing communicational effort from public authorities, a coherent governmental action, and a constant and noticeable concernment from the state's part is necessary.

Actually, we must analyze the conjunction of different elements that constitute the public space. Thus, from the perspective of public communication theoreticians, we realize that:

“the last three-four decades have brought about fundamental changes in the involvement of publics in public management issues. Some consider this as a certain emancipation of the stakeholders that takes the shape of a much more independent attitude of the individuals towards the government. Others see the emancipation as an effect, with the cause residing somewhere between education and development. The new media require the transformation and reframing of the democracy, by relocating the government from the ivory tower of power – a position legitimated by elections – in the arena of public debate and participation where everything is filtered by the interest of the citizen. In other words we are witnessing a horizontalization of the power relations, of the relations between governments and the governed, a process that accumulates tension in the absence of meaningful and open exchange of ideas and opinions based on dialog among the actors involved”.¹³

Thus, Remus Pricopie shows the necessity of a new way of exercising power and of performing public communication. Due especially to the development of communication instruments and of the new media, today each individual is able to become involved in a process of generalized communication. Individuals cannot escape from an ethics of communication where the topics of public concern must serve public interest. In this regard, one also needs a development of managerial ethics, of the ethics of the relations between individuals and those that govern, of an ethics of participation, of dialogue and decision that combine public interest with the satisfaction of the legitimate

expectations of each individuals participating in the formation of a community of equals manifested in the public space.

Ethics, religion, and decision-making

The importance of such a topic is revealed not only through the effort made by philosophers, theologians or scientists in field of socio-human sciences in their reflexive activities, in their counseling activities or in the elaboration of theoretical models. Bioethical issues are important from the point of view of public policies and public debates that should accompany the enunciation of public policies and the process of their deployment. Especially in the case in which they embody legislative stipulations, public debate should be used as a preliminary procedure of public accession, of public communication understood as part of the democratic process. Oftentimes in this process of public communication, the theological and philosophical perspective, the moral and ethical perspective, more precisely the religious and secular perspective are inconsistent with their endeavors and with the resolutions that they want to implement. What should lead the entire development of this action, in the elaboration phase as well as in the phase of implementation and abidance of legal provision or of ethical norms of conduct, should be the spirit of a communicational ethics in which every individual voice takes part in the public debate. Also, in modern times we are faced with the secularization of public space, of judicial and administrative decisions, and especially of political decisions. Therefore, when facing the promotion of public decisions or of public welfare, be it a political decision or public policies, what must prevail is the secular foundation of the fabric of public space. At the same time, we cannot ignore the increasing importance of action in the local or global public sphere of religious organizations as well as the existence of religious conscience of individuals operating on different platforms of public action. The more important ethics becomes in its deontological development, the more we realize that, in the public space, we cannot continue to focus only on the conformation to laws and conventions, but we must also value the existence of individual conscience and of the complex values it implies. This aspect is noticeable in the ethics that governs public administration. The employees must be motivated through the mechanisms of communication ethics in such a way that the solving of the issues regarding the action in coherence with the obligations and responsibilities arising from the legal provision should be in accordance with the rules applied in the professional activity. It is true that it is difficult to state that in the professional life of these individuals, religious values are not important or they do not influence sometimes the decisions that are to be taken. However, it is important that professionalism be combined with a professional ethics that can be acquired through education, through increasing one's competence and

through actual professional practice. In this respect, an important role may be played by the educational programs in the field of public management or applied ethics that can be organized in universities.¹⁴ By participating in such programs, civil servants “can maximize the experience, competences, knowledge and resources in order to better satisfy the citizens’ needs”.¹⁵

We can see a special version of organizational ethics inside medical organizations. Inside, as well as outside them, nuanced debates take place, on matters such as patients’ rights, the physician-patient relation, the right to care, as well as the right to have a dignified death. A particular place is occupied by the reflections on the ethical dilemmas provoked by individual requests to be euthanized.

In this situation, the ethical and responsible attitude is in conflict with common sense and everyday life’s ethics. We presume that ethics asks us to act according to the patient’s desire to be granted the right to a dignifying death. Helga Kushe has pointed out extremely well a paradoxical aspect of this matter: in the case of euthanasia we must accept the fact that the one who chooses to help the patient to die, after obtaining the legal right to perform euthanasia, acts in a more ethical nature than the one that decides, in relation to the need of intervention on the terminal patient, to let the patient passively die.¹⁶

When the patient decides to turn to euthanasia, a personalized counseling is needed. In this complex process of communication, the doctor should inform the patient about his critical condition and help him understand what is happening to him. The doctor should involve the patient in the decisions that concern him.¹⁷ In the end, the decisional process is not entirely conditioned by the patient, just as the general decision in this case is not only the result of the contribution of the patient’s opinions. A number of factors and numerous filters take part in the decisional process. This is why the opinions of medical staff should be taken into consideration when discussing euthanasia as a subject of public debate¹⁸, as well as the opinions of doctors and the way in which different experts relate to this matter.¹⁹ The general framework of the debate is also important, and in this context, the cultural traditions and the way in which the relationship between state and religion is perceived have major implications.²⁰ One should not neglect, in this respect, an option such as the one from Mircea Leabu: “Let’s do a moral science”.²¹

Such ethical reflections should not be interpreted as a defense in favor of euthanasia, but as an assertion of the importance raised by philosophical issues in public debates, in the attempt to answer the existential issues confronted by human beings in the public sphere. They are important from the point of view of public debates because, even if in a small number of states, the practice of active euthanasia is legal, it is permitted in strictly monitored conditions in the Netherlands, Luxembourg, Belgium and in some American states such as Washington,

Oregon and Montana. In Switzerland, controlled medically assisted suicide is in force. As a result, there are situations in which doctors can perform medical acts that result in cessation of life. Usually in these cases, a series of procedures are needed in order to prove that the patient's decision is a voluntary one, that he is correctly informed on the consequences and the existing alternatives, the doctor makes sure that there is no cure for that particular disease, that the illness and his physical state cannot be improved by maintaining a certain life quality, that the patient's psychological state cannot determine the course of action. Complex aspects regarding attitudes, knowledge, psychological counseling, patient's life experiences and expectancies are taken into consideration. Euthanasia is accepted as an option only after complex procedures regarding researches and institutional and interpersonal communication. However, in most countries, active euthanasia is associated with murder, it does not have simple ethical implications, and it is followed by legal sanction.²²

Two attitudes on euthanasia

From an institutional perspective, one can find two types of legislative dilemmas connected to euthanasia. On the one hand, there are states that have not legalized euthanasia yet. They must justify the condemnation/ criminalization of euthanasia in their own legislation and eventually confront the pro-euthanasia campaigns. In the event that these campaigns are well-sustained, those states might be faced with the situation to change their policies concerning euthanasia. On the other hand, there are states that have already legalized euthanasia, in a strictly controlled framework. They have to justify the limits imposed to euthanasia and eventually explain the exceeding of limits. Pro-euthanasia public policies and generally contested by various groups either because of the limits imposed to euthanasia or because of the relaxing of those limits.

For the first case, we can examine the situation of France. The legal framework is provided by the Law Leonetti, in force since 2005, which regulates the issues connected to the end of life. The law allows patients to refuse futile treatments, it allows physicians to stop or to refrain from starting those types of treatments, it emphasizes the importance of palliative care, it allows patients to plan some advance directives in which to specify their wishes concerning end-of-life treatments, but it does not, however, allow active euthanasia. The physicians' obligation according to the law is "to safeguard the patient's dignity and to maintain his/her quality of life".²³

Still, France has periodically been confronted with media scandals that have pointed out the limits of the current legislation²⁴. A pro-euthanasia campaign has used images of former French presidential

candidates who openly declared themselves against euthanasia. The campaign portrayed them in situations similar to those of terminal patients, with the purpose of raising public awareness²⁵. The public debates of the French media have often centered on the topic of end-of-life care, bringing into attention cases of patients whose requests for euthanasia have been turned down. These debates are echoed in the academic literature, where we can find interrogations related to how to handle euthanasia requests and palliative care in French health care institutions²⁶ and how the patients' autonomy is respected, who could benefit from these procedures²⁷.

In public surveys, the French population seems open towards euthanasia, which is favorably regarded by more than half of the population. This fact could seem paradoxical, having in view the fact that France is a predominantly Catholic country, and empirical studies have proved that Catholic populations are less permissive towards euthanasia than Protestant ones²⁸. However, the same authors add that the states who emphasize individual autonomy are more permissive towards euthanasia than those in which autonomy does not play such an important role. Therefore, even if Catholicism remains the dominant religion in France, there is an important part of the population that declares to be areligious, and this fact, combined with the importance of individual autonomy, may contribute to a more favorable attitude towards euthanasia.

Even if in 2011 the French Senate rejected a bill designed to introduce euthanasia, a year later, the newly elected president, Francois Hollande, requested a report concerning the end-of-life care in France. This report, prepared by the Commission for the reflection of the end-of-life in France, still against active euthanasia, proposes, in the chapter of recommendations, the possibility of "an act performed by a physician that would *accelerate* the occurrence of death"²⁹ for terminal patients, an act that can take the form of deep sedation. The motivation of accepting such an act (that is performed by the physician, not by the patient, but that can take place even if the patient is unconscious, provided that he requested that in an advance directive) is the following: if the patient has requested the end of treatment, it is too cruel to be left dying, without being properly accompanied in this process.

Nevertheless, in literature, deep sedation is considered and discussed as "euthanasia in disguise" or "a compromise with euthanasia"³⁰. Even if the above mentioned recommendation is made on the background of an opposition towards euthanasia, it represents a form of acceptance of a particular type of euthanasia. In addition, the recommendations favorably consider assisted suicide for well delimited cases and after following some procedural steps carefully designed³¹.

As a conclusion, even if the opposition towards euthanasia is formally stated, in fact the French institutional model has all the elements of a model that remains open to this alternative for the future, getting closer

to it with small steps. If this report is to become official in the format of a new bill, if it becomes widely publicized, it will permit the existence of several solutions for terminal patients that are in the proximity of active euthanasia.

For the second model, of a state that already adopted active euthanasia procedures, we will examine several instances of the Belgian model, where active euthanasia has been in force since 2002. The acting law accepts euthanasia for patients of age or for emancipated minors who are conscious and “who find themselves in a hopeless medical situation and who experience constant and unbearable physical or psychical suffering, that cannot be relieved and that results from a serious affection, accidental or pathological and incurable”.³² At the same time, the law allows to assume the decision of euthanasia via an advance directive, for the situation in which the person would become unconscious at the moment of decision.

In Belgium, euthanasia represents around 1% of all death causes, for others 1.9%³³, being practiced on a large scale by physicians (one in five doctors has performed at least one euthanasia). However, studies picture significant differences between the physicians’ attitude towards euthanasia, provided that those physicians are also religiously oriented. Thus, Catholic doctors seem to prefer deep sedation over active euthanasia procedures and are less permissive for extending euthanasia to cases in which the patient becomes unconscious and has not formulated an advance decision³⁴. The same correlations are confirmed in qualitative studies concerning Belgian nurses, with religious nurses displaying reticence towards euthanasia³⁵.

Some authors note that around half of the euthanasia cases from Belgium are not reported according to the law and these unreported cases do not comply with law requirements³⁶. This opens the possibility for abuses towards the law and towards the patients whose opinions are not respected. In addition, the current legislation seems to be less permissive than needed, because at the end of 2012 a bill was submitted to the Parliament, attempting to make euthanasia available for minors and patients with Alzheimer³⁷. Also at the end of 2012, a very unusual euthanasia case took place in Belgium, where two deaf-born twins solicited to be euthanized because they discovered they suffered from a disease that would result in permanent blindness. Being unable to tolerate the idea of not seeing each other after a life spent together, the two brothers have been euthanized by request³⁸. The case is unusual because the reason for obtaining euthanasia was a prospective suffering (presumed to arrive in the future) and it did not endanger the lives of the two brothers.

In conclusion, a state that has adopted open public policies towards active euthanasia may face difficulties in maintaining the initial limits of the legislation and it may be confronted with the request of relaxing those

limits. This should not be interpreted in terms of the *slippery slope* argument, but it illustrates the difficulty in imposing some strict limitations for active euthanasia.

Instead of conclusions

When individuals invoke the desire to cease one's existence in an institutionalized framework of a state, when they face terminal illness, when suffering cannot be improved while maintaining life quality at an acceptable level, the state should intervene, at least theoretically. The most desirable level of intervention is that of a precise settlement as to how to intervene in favor of the suffering person. At the same time, we can ask ourselves from an institutional point of view: to which extent do individuals have the right to request medical institutions to perform such an intervention and why should the state intervene in the process of mediation between the individuals and the organizations? At the same time, to what extent should the medical staff or an employee of the state assume, professionally, the responsibility of fulfilling the request of a terminally ill patient to be assisted in the disruption of life? There are studies which show that patients find it hard to talk about their decision. Thus, the question of who should initiate the discussion arises. Should the physician wait for the patient to initiate the discussion and only then to lead the discussion towards the patient's interest and the best solution for such a situation, or should he/she wait for the patient to initiate the discussion?³⁹ We can state that "although death is still traumatic for all those involved, adequate information and communication may bring more peace and less turbulence".⁴⁰ Relying on the respect for autonomy and the respect for the patient's legitimate interest, we should resort to the democratic patterns of interpersonal communication and of organizational communication. The debate concerning the politics of the ethics of euthanasia is not only a theoretical issue, which maintains the democratic framework of dialogue and communication inside organizations and in the public sector. The public policies regarding euthanasia should offer a frame and a guideline for doctors and medical personnel that are faced with such demands as euthanasia.⁴¹ In a democratic state, we should develop public policies and protocols for such situations. This presupposes the implementation of ethical communication in the public space.

The public debate of public issues is a common activity in democratic communication based Western societies. Euthanasia-related issues strongly interfere with religion and ethics, as well as culture and politics. Diverse aspects concerning the human condition, the purpose of life, ethical or religious dilemmas, the quality of life, as well as the level of dignity concerning the relationship with other individuals or the right to a dignified death, constitute important aspects in the discussion concerning

euthanasia. The projection of public policies regarding euthanasia must take into account the factors related to interpersonal communication, corporate communication, and communication between experts and between experts from multidisciplinary fields, as well as the valences ushered in by the results of public communication. Of all the elements involved in this debate, ethical reflection must be the basis for public policies and institutional actions.

Notes:

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² J. G. Blumler, D. Kavanagh, "The third age of political communication: Influences and features", *Political Communication*, Vol. 16 Issue 3 (1999): 209-230

³ Mario Riorda, "Good Governance and Bad Communication": Analysis of the Governmental Communication Routines", *Revista Del Clad Reforma Y Democracia*, Issue 40 (2008): 25.

⁴ Dave Gelders, Geert Bouckaert, Betteke van Ruler, "Communication management in the public sector: Consequences for public communication about policy intentions", *Tijdschrift Voor Communicatiewetenschap*, Vol. 35 Issue 1 (2007): 23-36.

⁵ Elena Toader, Tudorel Toader, "Ethical and Constitutional Values Reflected in Medical Law", *Revista Română de Bioetică*, Vol. 10, Nr. 3 (2012): 6-10.

⁶ Corina Căce, Sorin Căce, Victor Nicolăescu, "The Social Programs Run by the Romanian Orthodox Church During the Period of the Economic Crisis", *Revista de cercetare și intervenție socială*, vol. 35 (2011): 29. Here we need to emphasize the importance of the church understood as community, because there are authors who note a close relation between religious support and religious coping. Individuals belonging to a religious community show the tendency of positively using religious coping on the background of the spiritual support from church members; see N. Krause, C. G. Ellison, B. A. Shaw, J. P. Marcum, J. D. Boardman, "Church-based social support and religious coping", *Journal for the Scientific Study of Religion*, Vol. 40 Issue 4 (2001): 637-656.

⁷ D. Sinha, "Public communication in information age - Time for a requiem?", *Economic and Political Weekly*, Vol. 32 Issue 37 (Sep 13 1997): 2326-2329.

⁸ Patrick J. Sheeran, *Ethics in public administration: a philosophical approach*, (Westport, CT: Praeger Publishers, 1993), 109.

⁹ Vasile Sebastian Dăncu, *Mitologii, fantasme și idolatrie. Meditații și flashmob-uri* (București: Editura Rao, 2011), 207.

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¹² Wendy Lipworth, Ian Kerridge, Bronwen Morrell, Catriona Bonfiglioli, Rowena Forsyth, "Medicine, the media and political interests", *Journal of Medical Ethics*, Vol. 38 Issue 12 (2012): 768-770.

¹³ Remus Pricopie, "Policy Dialog: The Missing Link in the 2008 Romanian Human Papillomavirus (HPV) Vaccination Program", *Transylvanian Review of Administrative Sciences*, 25E (2009): 106-107.

¹⁴ Viorel Stănică, "Universities and the Training of Local Officials", *Transylvanian Review of Administrative Sciences*, Special Issue, (2012): 137-144.

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¹⁶ Kushe, Helga, "Euthanasia" in Peter Singer (ed.), *Tratat de etică*, transl. coord. by Vasile Boari and Raluca Mărincean, Foreword by Vasile Boari (Iași: Polirom, 2006), 327.

¹⁷ Laura Mazilu, Zizi Niculescu, Andra-Iulia Suceveanu, Adrian-Paul Suceveanu, Doina Tofolean, Tatiana Adam, "Ethical Aspects of Communication with Cancer Patients", *Revista Română de Bioetică*, Vol. 8 Issue 3 (2010): 181-188.

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¹⁹ R. S. Shapiro, A. R. Derse, M. Gottlieb, D. Schiedermayer, "Willingness to Perform Euthanasia – A Survey of Physician Attitudes", *Archives of Internal Medicine*, Vol. 154 Issue 5 (MAR 14, 1994): 575-584.

²⁰ Michal Neubauer-Shani, "The dynamics of state-religion issues on the agenda in Israel: the case of the right to die with dignity (passive euthanasia)", *Israel Affairs*, Vol. 17 Issue 2 (2011): 208-223. The fact that a discourse where religious and secular morals are not in a conflictual relation in a programmatic way may be imagined is providing us with reasons for optimism, like as in Vojin Rakic, "From cognitive to moral enhancement: A possible reconciliation of religious outlooks and the biotechnological creation of a better human", *Journal for the Study of Religions and Ideologies*, vol. 11 issue 31 (Spring 2012): 124.

²¹ Mircea Leabu, "Christianity and bioethics. Seeking arguments for stem cell research in Genesis", *Journal for the Study of Religions and Ideologies*, vol. 11 issue 31 (Spring 2012): 81. See also Nicolae Ovidiu Grad, Ionel Ciprian Pop, Ion Aurel Mironiuc, "Stem Cells Therapy and Research. Benefits and Ethical Challenges", *Journal for the Study of Religions and Ideologies*, vol. 11 issue 32 (2012): 190-205.

²² Kushe, Helga, "Euthanasia" in Peter Singer (ed.), *Tratat de etică*, 324.

²³ "LOI no 2005-370 du 22 avril 2005 relative aux droits des malades et à la fin de vie (1)", *Journal officiel de la République Française*, 23 avril 2005, http://www.legifrance.gouv.fr/affichTexte.do?sessionId=21605C40F3E9ACE11685EEA16045A9DC.tpdjo04v_1?cidTexte=JORFTEXT000000446240&dateTexte=29990101

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²⁷ Ruth Horn, "Euthanasia and end-of-life practices in France and Germany. A comparative study", *Medicine, Health Care and Philosophy* (2011): 1-13.

²⁸ Ellen Verbakel, Eva Jaspers, "A Comparative Study on Permissiveness Toward Euthanasia Religiosity, Slippery Slope, Autonomy, and Death with Dignity", *Public Opinion Quarterly* 74, no. 1 (2010): 109-139.

²⁹ Commission de reflexion sur la fin de vie en France, *Penser solidairement la fin de vie. Rapport a Francois Hollande, President de la Republique Francaise*, 18 decembre 2012, p. 93 <http://www.elysee.fr/assets/pdf/Rapport-de-la-commission-de-reflexion-sur-la-fin-de-vie-en-France.pdf>

³⁰ See for example the study of Torbjörn Tännsjö (ed.), *Terminal Sedation: Euthanasia in Disguise?* (Springer, 2004).

³¹ Commission de reflexion sur la fin de vie en France, *Penser solidairement la fin de vie. Rapport a Francois Hollande, President de la Republique Francaise*, 18 decembre 2012, 94-95 <http://www.elysee.fr/assets/pdf/Rapport-de-la-commission-de-reflexion-sur-la-fin-de-vie-en-France.pdf>

^{32***} *Loi relative a l'euthanasie*, (28 mai 2002)

http://www.health.belgium.be/internet2Prd/groups/public/@public/@dg1/@acutecare/documents/ie2law/7458419_fr.pdf

³³ Tinne Smets, Johan Bilsen, Joachim Cohen, Mette L. Rurup, Freddy Mortier, and Luc Deliens, "Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases", *BMJ: British Medical Journal*, 341 (2010): c 5174.

³⁴ Tinne Smets, Joachim Cohen, Johan Bilsen, Yanna Van Wesemael, Mette L. Rurup, Luc Deliens, "Attitudes and experiences of Belgian physicians regarding euthanasia practice and the euthanasia law", *Journal of pain and symptom management*, 41, no. 3 (2011): 580-593.

³⁵ B. de Casterlé, C. Dierckx, Nele De Bal Verpoort, Chris Gastmans, "Nurses' views on their involvement in euthanasia: a qualitative study in Flanders (Belgium)", *Journal of medical ethics*, 32, no. 4 (2006): 187-192.

³⁶ Tinne Smets, Johan Bilsen, Joachim Cohen, Mette L. Rurup, Freddy Mortier, Luc Deliens, "Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases", *BMJ: British Medical Journal*, 341 (2010): c 5174.

^{37 ***} "Belgium looks at euthanasia for minors, Alzheimer's sufferers", *France 24*, 18 December 2012, <http://www.france24.com/en/20121218-belgium-looks-euthanasia-minors-alzheimers-sufferers>

³⁸ James Rush, Damien Gayle, "Deaf twins who discovered they were going blind and would never see each other again are euthanized in Belgian hospital", *Daily Mail* (14 January 2013), <http://www.dailymail.co.uk/news/article-2261985/Belgian-twin-brothers-killed-doctors-choosing-euthanasia-able-again.html>

³⁹ Sander D. Borgsteede, Luc Deliens, Corrie Graafland-Riedstra, Anneke L. Francke, Gerrit van der Wal, Dick L. Willems, "Communication about euthanasia in general practice: Opinions and experiences of patients and their general practitioners", *Patient Education and Counseling*, Vol. 66 Issue 2 (2007): 156-161.

⁴⁰ Diana Moldovan, Ioan Moldovan, Crina Rusu, Ina Kacso, Liliana Pârvu, Mirela Gherman – Căprioară, "End of Life Ethical Issues in Patients with End - Stage Renal Disease", *Revista Română de Bioetică*, Vol. 10, No. 1 (2012): 131. Even among patients with various religious options we can see a variety of attitudes, according to their affiliation, as we can see in A. M. Burdette, T. D. Hill, B. E. Moulton, "Religion and attitudes toward physician-assisted suicide and terminal palliative care", *Journal for the Scientific Study of Religion*, Vol. 44 Issue 1 (2005): 79-93.

⁴¹ Joke Lemiengre, Bernadette Dierckx de Casterle, Yvonne, Denier, Paul Schotsmans, Chris Gastmans, "How do hospitals deal with euthanasia requests in Flanders (Belgium)? A content analysis of policy documents", *Patient Education and Counseling*, Vol. 71 Issue 2 (2008): 293-301.

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