ARTÍCULO DE REFLEXIÓN

Critical Analysis of the Consequences of the Legalization of Euthanasia for Society

Análisis crítico sobre las consecuencias de la legalización de la eutanasia en la sociedad

Análise crítica das consequências da legalização da eutanásia na sociedade

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Abstract
This article aims to present a clear bioethical analysis of the consequences of euthanasia legalization for three sectors: society, patients, and health personnel. To achieve this, we provide a critical analysis based on a recent widely known case and an extensive literature review on the subject. Thus, the impact of euthanasia legalization is discussed in a practical and accessible manner. It is argued and concluded that the path to a dignified death is not euthanasia, but rather active and comprehensive patient assistance.
Keywords (Source: DeCS): Euthanasia; dignity; death; health personnel; autonomy; pain.

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Resumen

Este artículo tiene como objetivo presentar un análisis bioético claro de las consecuencias que tiene la legalización de la eutanasia sobre tres sectores: la sociedad, los enfermos y el personal médico. Para plasmarlo se desarrolla un análisis crítico a partir de un caso reciente de público conocimiento, además de una amplia revisión bibliográfica en torno a la temática. Así, se presenta de manera práctica y cercana el impacto de la legalización de la eutanasia. Se argumenta y concluye que el camino hacia una muerte digna no es la eutanasia, sino un acompañamiento activo e integral del paciente.

Palabras clave (Fuente DeCS): Eutanasia; dignidad; muerte; personal de salud; autonomía; dolor.

Resumo

Este artigo tem como objetivo apresentar uma análise bioética clara das consequências que a legalização da eutanásia tem sobre três setores: a sociedade, os pacientes e a equipe médica. Para isso, desenvolve-se uma análise crítica baseada em um caso recente de amplo conhecimento público, além de uma extensa revisão bibliográfica sobre o tema. Assim, o impacto da legalização da eutanásia é apresentado de maneira prática e acessível. Argumenta-se e conclui-se que o caminho para uma morte digna não é a eutanásia, mas sim um acompanhamento ativo e integral do paciente.

Palavras-chave (Fonte: DeCS): Eutanásia; dignidade; morte; pessoal de saúde; autonomia; dor.

INTRODUCTION: PRESENTATION OF THE CASE AND OBJECTIVES

This paper aims to present a clear bioethical outline of the legalization of euthanasia on the basis of a recent case. The analysis carried out based on the case presented does not represent an attempt to elaborate a particular value judgment but rather to expose the impact of the legalization of euthanasia on three sectors: society, the sick and medical personnel.

The case raised is public knowledge, since it had a significant impact on the international media. It occurred in May 2022 in Belgium, where the State authorized the euthanasia request of Shanti de Corte, a 23-year-old Belgian girl.

In 2016, Shanti de Corte was at the Brussels airport when a terrorist group carried out an attack that left many victims. Shanti survived, but after this event, she began to present with posttraumatic stress syndrome, for which she received medical treatment and stayed multiple times at a psychiatric hospital. In 2020, Shanti tried to commit suicide but failed to carry out her mission. Faced with this situation, the patient appealed to the Belgian State, requesting euthanasia because of what she described as unchanging mental suffering. Although euthanasia was legalized in Belgium in 2002, this first request from the young woman was rejected. Consequently, Shanti turned to the Life End Information Forum (LEIF), a pro-euthanasia body. In April 2022, with the support of this body, Shanti asked the Belgian State for the authorization of euthanasia for the last time, and the request was finally accepted and executed on May 7.

Knowledge of this case leads inevitably to numerous questions. The response of the state and the medical team was to offer Shanti death via euthanasia. However, were there not reasonable alternatives of comfort, accompaniment and health?

EUTHANASIA AS A CONCEPT

We begin this work by emphasizing the importance of calling each thing by its name and, in this case, understanding and defining what euthanasia is (1). Currently, when its legalization is considered, multiple meanings and widely divergent interpretations emerge, which creates confusion around the issue (2). It is essential to determine what we mean by euthanasia to correctly frame the bioethical analysis that we propose.

Regarding its etymology, the word euthanasia (from the Greek *eu*: 'good', and *thanatos*: 'death') means 'good death'. However, we must delve deeper and ask ourselves: what do we mean in the present when we talk about euthanasia?

Currently, in the social debate, a certain manipulation of words that distorts the reality of euthanasia is evident (3). Supporters use this term in different ways. Accordingly, they can be divided into three groups, which are widely different from each other. Briefly, first, some support euthanasia in search of a guarantee to prevent medical cruelty. Second, some defend it with the aim to prevent a devastating death, surrounded by doctors and unknown people. Third, there are those who favor a painless death, which is programmed, by request or otherwise, of those who are condemned to die to prevent future suffering (4). Although this is a very limited description, the differences between these groups are evident. The

first group defends the practice of euthanasia against medical cruelty; the second, against loneliness; and the third, against a death of natural and unpredictable arrival (as is common to the great majority of human beings).

In the dictionary of the Royal Spanish Academy, the following definitions of *euthanasia* are given: 1) "Deliberate intervention to end the life of a patient with no prospect of cure" and 2) "death without physical suffering" (5). There is a notable difference between the two definitions offered by the dictionary. If we relied solely on the second, we would ignore the true intention of euthanasia. We could say, thus, that anyone who defended euthanasia following this second definition would defend any type of death without suffering, such as a sudden and traumatic accident that ends the life of a victim or an unexpected murder in a night assault, sudden death or death that follows palliative sedation: all are radically different situations from an ethical point of view, but all are covered under the same definition. If, on the other hand, we rely on the first meaning, we are faced with an interventionist procedure (euthanasia) in which one person ends the life of another due to illness. This is a clear example of the ease with which confusion can be introduced owing to the ambiguous meanings assigned to the same word.

Despite this confusion, euthanasia continues to gain ground in terms of popularity and legalization. Here, the need to stir up critical thinking and clearly define the theme to be developed, that is, to call a thing by its name, is evidenced.

We take as a basis for this writing the descriptive definition presented by Ciccone in his paper "Ethics and the end of human life" (4). According to Ciccone, euthanasia can be understood to be

> The painless death inflicted on a human person, conscious or not conscious, who suffers abundantly because of serious and incurable diseases or because of their handicapped condition, be these congenital or acquired ailments, carried out by health personnel, or at least with their help, through drugs or with the suspension of ordinary vital cures, because it is considered irrational to continue a life that, under such conditions, is valued as no longer worth living. (4)

This definition does not need further clarification; it covers each component of euthanasia and is unlikely to be rejected by any supporters or opponents of this practice.

We complement this definition with a more concise definition drawn up by the Spanish Society of Palliative Care (Secpal), which defines euthanasia as "conduct (action or omission) intentionally aimed at ending the life of a person who has a serious and irreversible disease, for compassionate reasons and in a medical context" (6). This definition responds to what, how and for what in the context of euthanasia and follows the essential elements that give rise to this practice. First, it is very important to note that the end sought via euthanasia is the death of the patient, which distinguishes this practice from palliative sedation. This end can be achieved by "action or omission", that is, by concrete actions, such as administering lethal substances, or by the omission of basic medical assistance. Second, it is important to emphasize the reasons that motivate this procedure, which may be as follows: in response to the request of

the patient, with the aim to prevent suffering or because it is considered that the patient's life lacks the minimum quality to be considered worthy.

When defining euthanasia, the important requirement of the subjective feeling of eliminating pain cannot be ignored, as it is a necessary and distinctive element of this practice. Otherwise, we would clearly be facing another form of homicide.

According to the preceding paragraphs, we can conclude that it is essential to clearly define the concept of euthanasia before placing ourselves in favor of or against its legalization. Depending on the meaning of the term, the practice of euthanasia may appear to be an inhuman crime or an act of merciful solidarity.

DISCUSSION: CRITICAL ASSESSMENT OF THE THREE ACTORS INVOLVED IN THE LEGALIZATION OF EUTHANASIA

Those in favor of euthanasia frequently affirm that this practice defends the dignity of man, guaranteeing him a good and dignified death. However, what is the dignity of man to which so great an appeal is made?

According to the current classical thought, we know that human life is valuable by itself, for the simple fact of *being* a person. The dignity of the human person appears at the moment of the conception and constitution of each human being and lies in their original and unrepeatable individuality, that is, in the act of *being* (7).

Human dignity is an intrinsic and nonnegotiable form of dignity: it is possessed by each and every human person. Nordenfelt explains, "It is a type of dignity that humans possess as humans: it cannot be lost, nor does it admit of any gradation" (8). From this derives the ethical requirement to treat every human being with dignity, that is, as a subject and not as an object (9). Otherwise, as Elio Sgreccia explains, "if human life is not worthwhile by itself, anyone can implement it in order to serve some contingent purpose" (10).

In the present, the sophism that human life is valuable not by itself but only when it is endowed with health and efficiency has become popular. We are faced with a very dangerous theory of "quality of life" (4). Most of the arguments for the legalization of euthanasia are based on this theory. It is not a distant theory, but it is immersed in our day-to-day (1). It is common to hear phrases such as "that life no longer deserves to be lived" or "it is not worth living like this, enduring that disease." In the same way, we are surprised when we hear from health professionals and international associations that qualify certain human lives as *unworthy* of being lived due to suffering from some disease or disability.

The current situation of the legal practice of euthanasia in many countries and the social debate around its legalization have different effects on three sectors: the patient, health professionals and society (11). Next, how this situation impacts each of these groups and what challenges and responsibilities it entails are explained.

The patient

First, we will explore the effects that the legalization of euthanasia has on the most vulnerable and impacted actor in this situation, the one who comes to ask for help and who should receive the most dignified and comprehensive treatment: the sick person.

The two reasons that have led to the social approval of euthanasia are the real presence of suffering and the exaltation of the patient's autonomy (11, 12). In them lie the main arguments in favor of the practice of euthanasia.

Real presence of suffering

The expression *dignified death* has been used frequently in the public debate around the legalization of euthanasia, having been manipulated many times to sensitize the public and achieve the legitimization of this practice. Euthanasia, as the best way to achieve a *dignified death*, is an idea proponents have attempted to establish in the current mentality, although it is in fact a fallacy (13). It is essential to clarify that the expression *to die with dignity* expresses a truth of man that *must* be respected; it is an ethically acceptable and mandatory indication. However, this truth is notably different from the practice of euthanasia.

Every human person deserves to die with dignity. However, a dignified death consists not only of the absence of external difficulties or suffering but also of a sincere accompaniment and holistic comfort that encompasses the three spheres of the person: the corporal, the psychic and the spiritual. These aspects include, on the one hand, the necessary medical treatment, the required analgesics and comprehensive care and importantly, on the other hand, moral comfort, the company of family and friends, and spiritual help.

Death and pain (and their subjective aspect, suffering) are part of all human life. This is demonstrated by the personal experience of each one of us. It is human and natural not to want to die in suffering. Pain and death will be dignified if they are accepted and experienced by a person, but not if someone makes use of them to attack the person. In this context, the words of Sgreccia are enlightening: "Regardless of the dignity that must be recognized regarding the pain of the patient and the value of solidarity that the presence of innocent suffering arouses, can pain and suffering be cured with the violence of anticipated death? " (10).

The question of suffering unmasks euthanasia because if there is something certain in this life, it is that death comes to every human being. As a general rule, no one is truly interested in advancing the date of their death, but no one wants to suffer when the moment of death comes. This element reveals where medical care should truly be directed: not to hasten death but to maintain the treatment and monitoring of pain and suffering. Medical treatment should be aimed at ending the suffering of the person, not the person who suffers.

Although pain is not the central theme of this writing, it should be noted, with respect to those in favor of euthanasia in pursuit of a painless death, that the necessary treatments to alleviate and accompany this symptom, whether total or crippling, are currently available. It is clear that the question of pain has not been completely solved: there is a wide field of research in this regard.

A true attitude of respect toward the other translates into positive action, an attitude of help and care. A genuine interest in the good of the patient and his physical, mental and spiritual health demands diligent action, often creative and always human. We refer not only to pharmacological or invasive therapies but also to palliative care, accompaniment and comfort. Discovering the meaning of one's life, considering human transcendence, finding a personal order and being able

to experience love are substantial elements of life that, at such a critical moment as a high degree of suffering or imminent death, require all the care of health personnel. Carrying out comprehensive care of this type requires great effort, as it is clearly much easier to apply euthanasia than to address such intimate deficiencies of the human being, although these deficiencies may be the real problem of the patient, who, in his extreme experience, asks for help (14).

If the true desire is to help the patient, how can the therapeutic option of ending their existence be offered? In this way, Pastor argues that "choosing death is not one option among many, but the way to eliminate all options" (11).

Surprisingly, the legalization of euthanasia also increases feelings of fear and helplessness in patients (15). Fear? Exactly. A sick patient living in a society where euthanasia is accepted and promoted cannot truly trust that doctors are doing everything to defend his life. Patients feel a justified fear because they do not know to what extent their lives will be considered dignified and inviolable. This generates the distrust that the health professional is not going to provide help for the patient's life, but, paradoxically, be the executor of his death. Clearly, these two feelings of fear and mistrust are not companions of a good and dignified death.

Let us now place ourselves in the context of a society that has legalized and accepted euthanasia, a society where those who suffer from a certain disease no longer consider their lives worth living and ask to end it. What would happen then to the other patients who suffer from those same or similar diseases that came to be considered unworthy? Would these people be led to question the dignity and worth of their own lives? Certainly, they would question their right to stay alive, since there are those who, in very similar conditions, request that their lives be ended, and there are those who, in an act of false benevolence, allow it.

The legalization of euthanasia, instead of caring for and comforting the sick, leads to greater vulnerability. Patients experience doubts that, although they are natural in certain situations, intensify in a disorderly way. An example of this is the patient's consideration that her existence may be an economic, moral or psychological burden for her relatives or even for the whole of society. The patient reaches a state of helplessness such that she questions whether it is right or even legitimate for her to stay alive, making others so *uncomfortable*. This was expressed by a group of sick adults from Amersfoort when the legalization of euthanasia was debated in the Netherlands: "We feel that our lives are threatened. We realize that we represent a very large expense for the community. Many people think that we are useless. We often find that we are being persuaded to wish for death. It is dangerous and frightening to think that the new medical legislation could include euthanasia" (12). Considering these issues, we can say with certainty that legalizing euthanasia does not imply better care of the sick but rather, paradoxically, generates greater distrust and unease in them, as Gamboa Bernal maintains (13).

Exaltation of autonomy

Next, we analyze the second main argument in defense of the legalization of euthanasia: greater autonomy and the triumph of the advancement of the individual freedom of the patient (16). The goodness or legitimacy of euthanasia is usually justified under the thesis of

autonomy, the control of one's own life and the freedom to do anything, at least with our body (17).

Autonomy is an essential principle in bioethics, but this term must be linked to dignity from a comprehensive anthropological perspective. The autonomy of the patient is not infinite but is regulated by higher ethical principles, mainly under the very clear and ancient principle of "doing good and avoiding evil" (18).

Today, those in favor of the exaltation of the autonomy of the patient defend that the maximum humanity lies in the maximum freedom. Thus, the dignity of the person is pigeonholed and reduced to his capacity for freedom of choice. This autonomist perspective has a basic dualistic anthropology, where corporeality is something other than oneself and has a merely useful character for the subject. Thus, an erroneous conclusion is reached in that the dignity of man depends on his unity and corporeal functionality insofar as it allows him freedom of choice. Breaking down the line of thought of those in favor of the exaltation of autonomy, if greater freedom leads to greater humanity, less freedom leads to less humanity (humanity being understood as a quality of life that makes it worthy). This is a serious error that leads society to justify an ethic of quality, in which human dignity lies in possessing certain physical properties or attributes, which, by absenting oneself, limit the freedom of man, thus diminishing his dignity. In this way, patients who suffer from a disability or limitation have less freedom of choice; therefore, they are considered less worthy and less useful and more dispensable. Similarly, it is also postulated that the autonomy of the patient has an absolute value, such that health professionals must respect this autonomy above all else and do whatever their patient asks for.

Faced with this exaltation of the patient's autonomy, a good health professional must know how to distinguish between good and bad actions and thus do good and avoid evil. Some patient requests are not correct; therefore, it is not correct for the doctor to execute them, regardless of the circumstances. In his enlightening text "Beyond Autonomy", Pardo writes:

Although he is a good doctor […] there comes a point when he considers that he cannot accompany the patient's autonomous decisions with his technical help and will refuse to attend to them. It is the professionally conscientious objection, […] reluctantly admitted within the bioethics of the exaltation of autonomy. (18)

Now, reviewing the case of the young Belgian, it is worth asking: did this young woman receive comprehensive treatment, correct support and comfort in her suffering? Was her life less worthy due to the posttraumatic stress caused by a truly disturbing experience? To what extent should her autonomy be respected, even to the point of ending her life?

Society

Second, we delve into the role of society in general and the impact that the legalization of euthanasia has on society. We could ask ourselves: is this not an individual issue, which challenges only the patient or, at most, the patient–doctor dyad? No, it is not. Man is, by nature, a social being who lives and grows in society. Euthanasia is not an exclusively private or individual matter but has a significant social impact.

It is necessary to understand this social repercussion both by considering the practical evidence—that is, events

that have occurred in countries where euthanasia has already been legalized, for example, the Netherlands and Colombia—and by engaging in ordered, logical reasoning (19). We insist on the latter because it is a deception, very frequently made in the present, to establish a debate with the exclusion of rational arguments and instead extol the sentimental and the subjective and appeal to the extreme and minority examples that have the greatest emotional impact on society (20). This results in false *compassion*, which leads to the distortion of the concepts of benevolence and justice.

To understand the social impact of the legalization of euthanasia, three central themes will be developed. First, the role of the rulers in the defense of life and the common good; second, the concept of the slippery slope; and, finally, the practical application of voluntary euthanasia.

In defense of life

The legalization of euthanasia has generated drastic social changes in the ethical valuation of human life and an important (possibly irrevocable) rupture in the social fabric. With the approval of this practice, it is admitted that in society, someone can legally dispose of the life of another person. This make it appear that human life is *not* inviolable or unconditionally dignified and would indicate that there are human lives that are less so and that they do not deserve to be lived. It would be understood that self-destruction is a good and humanly worthy thing when, in essence, it goes completely against the dignity and value of human life.

Legalizing euthanasia in response to the request of a part of society would impose an axiological change on the whole of society, on the sick and on health professionals, about what human life is and how we should respect it. The ethical–social distortion could reach such a point that, in the final stages, it would be assumed an act of unquestionable benevolence and justice to put another human being to death. Under certain conditions, it would be third parties who would determine the patient's ability to be happy and who would evaluate his dignity. This would culminate, as Luis Miguel Pastor maintains, in "the perversion of one of the most human passions that we have: compassion for the pain of others. This human attitude leads us to help and surrender by sharing their suffering with others in order, as far as possible, to alleviate it" (11).

It is a deception to say that legalizing euthanasia is *only* about respecting an action that someone performs "because it is what they want" or "because they feel like it", popular phrases today in the public debate around the issue (21). The impact of the legalization of this practice falls on the entire society. In a statement from the Spanish Association of Bioethics and Medical Ethics (AEBI) on euthanasia, reference is made to this idea, with the statement that

A specific situation, no matter how dramatic, cannot be raised as a norm, especially if it also entails negative consequences for the common good: weakening of the attitude of defense of life toward the weakest and the impoverishment of health work. A personal option cannot be universalized as an alleged right that obliges others to kill (22).

From the previous paragraphs, we can conclude that euthanasia has a very important and evident sociopolitical component. The welfare of a community is something that must be protected and promoted by the rulers,

both in the individual aspect of each person and in the aspects of the whole and the collective. Therefore, the ethical perspective of the rulers when making decisions should entail the consideration of the good of not only an individual but also all involved sectors and people of society (11).

Empirically, a slippery slope

Euthanasia destroys in society the legal barriers that defend human life and devastates the consideration of the life of others as something inviolable. From the legalization of this practice, other evils inevitably arise, following the well-known *theory of the slippery slope* o *the inclined plane* .

The theory of the slippery slope is not simply an abstract concept that stands only on a theoretical level, but it has been empirically proven, for example, in the emblematic case of the Netherlands (23, 24).

The evident phenomenon of descent down the slippery slope shows that the initial preventive measures that seek to prevent this succession always fail. After a while, the authorities no longer persecute the violators of the law, but they are increasingly permissive, adapting the exceptions to the initial law.

The case of Shanti de Corte, in Belgium, also supports the slippery slope argument, since the Belgian state accepted euthanasia for psychological suffering, a ground for euthanasia not contemplated in the original law.

On the basis of this evidence, we can conclude that, faced with the legalization of euthanasia, it is very difficult, if not impossible, to maintain clear legal barriers in society that protect human life. Admitting exceptions to the universal "do not kill" causes an expansion of these exceptions and generates an undervaluation in society of the most vulnerable, who should be the most protected.

Health professionals

Even within the medical profession, there is much confusion about the correct definition of euthanasia and the difference between it and morally acceptable medical practices (1). As mentioned in the first paragraphs, it is necessary to assign a clear and precise meaning to these words. Health professionals must understand this terminology to overcome their confusion and correctly guide their professional practice.

First, it is necessary to remember that, upon graduation, doctors take the Hippocratic Oath, after which they are admitted among the members of the profession. The set of rules outlined in the oath is currently in full force as a model to be followed by physicians in all their specialties. In this oath, it is said, "Do you solemnly commit yourself to consecrate your life to the service of humanity? And you swear: to make the health and life of your patient the first of your concerns? Yes, I swear. […] Have absolute respect for human life from the moment of conception? Yes, I swear". When beginning their professional practice, physicians vow to protect human life and its dignity from the beginning to the end. Their mission consists primarily of protecting the life of each of their patients, which is their essential legal and ethical duty (25).

The legalization of euthanasia obliges the doctor to break this oath and directly undermines the ethical integrity of health professionals, since killing is not a therapeutic medical act (26). Health personnel must selflessly care

for others, attend to their vulnerability and dependence, and guard human life until its natural fulfillment; thus, they take charge of the other through accompaniment and promote the renewal of the meaning of existence when it is marked by suffering and illness (25).

Breakdown of the doctor-patient relationship

The patient goes to the doctor seeking assistance, advice and therapy. We all approach the doctor with the conviction and confidence that he will relieve or cure us. With the legalization of euthanasia, the doctor is given a new role and social function: the ability to dispose of human life. This new role destroys the doctor–patient relationship, dismantling the all-important therapeutic alliance built on trust from the first interview.

The integrity of the doctor–patient relationship is important not only from a theoretical point of view but also from a practical point of view. Experience shows that a good doctor–patient relationship and the trust generated in it directly influence the adherence and response of the patient to the prescribed treatment. Therefore, the care and treatment of patients are significantly impaired by the weakening of this relationship.

Faced with the legalization of euthanasia, on the one hand, the patient cannot trust that the doctor truly watches over her life in every situation, and on the other hand, the doctor cannot, faced with the absolute exaltation of the patient's autonomy, take confidence in freely fulfilling the oath made.

Mechanical Executor Doctor

The legalization of euthanasia reduces the doctor to a simple technical executor. The error of exalting the autonomy of the patient turns health personnel, particularly doctors, into simple mechanical executors who must fulfill the requests of the patient.

If, in the same way, the doctor can save life as well as destroy it, a substantial change is generated in the nature and identity of the medical profession. Faced with this role of mere executor, the necessary creativity and humanity of health professionals are reduced in the search for different therapeutic options that relieve the patient. The physician assumes the role of amoral executor, who, in his practice, can both save a life and put an end to it.

The purpose of health professionals is to care for and treat patients to alleviate their pain as much as possible. Intentionally ending the life of a patient violates the practice of good medicine. In this way, we can argue and say that euthanasia is an anti-medical practice (21).

Another important aspect to consider is that, by admitting euthanasia as a rapid and economical therapeutic possibility, the efforts and advances involved in medical innovation in the fields of chronic and terminal diseases, pain treatments and palliative care are halted (21). A concrete and studied case that supports this argument is the legal practice of euthanasia in the Netherlands, which has caused a clear delay in the development and extension of palliative care with respect to the rest of the European countries (22).

In the case of the doctors who treated Shanti, were they released from fulfilling the oath made? Were they truly able to offer the best therapies or did they simply comply with the order of the patient, the LEIF body and the Belgian State? Was there a good doctor–patient relationship? And, since then, have there been attempts

to advance in the field of research on psychological and/or pharmacological therapies with respect to posttraumatic stress to help other patients?

PALLIATIVE CARE AND CARE OF SOCIETY

After ethical reflection is carried out, the need arises to answer the following question: what should and can we do? Possible responses can be synthesized in the clear need to rehumanize death (4). Cicely Saunders started the *hospice* movement in London in response to the need to accompany and treat the sick with dignity at the end of their lives. His conviction was the following: "You matter for who you are. You matter until the last moment of your life, and we will do everything in our power, not only so that you die peacefully but also so that while you live, you do so with dignity" (27).

Palliative care, also called comprehensive care, is active, interdisciplinary and comprehensive care for people of all ages with severe health-related suffering due to a serious illness, especially (but not exclusively) patients who are near the end of life. These efforts are not intended to hasten or postpone death but rather demonstrate that the right to live with dignity also includes (true) dying with dignity; death is recognized as a natural event that must be adequately experienced by every person. Palliative care is, as Zurriaráin writes, "the option most in keeping with the dignity of the human being at the end of his life" (21) and constitutes a valid medical and ethical response, as opposed to euthanasia (28).

Since man is not an isolated being, society requires care that alleviates suffering and unblocks the euthanasia requests that may arise, since these demands end when patients receive adequate palliative treatment. What patients truly ask for is to be valued and secure in the face of the uncertainty of death and to receive professional treatment and care (22).

In addition to palliative care, which is part of the response to suffering that is offered mainly by health personnel, it is necessary to include the entire society in the support of the person who suffers. Society cannot be indifferent to the pain of a human being but, on the contrary, must be challenged and translate that experience into concrete actions. It is essential to promote a change in the group that includes social solidarity, especially with the most vulnerable individuals (29).

Care on the part of society must begin in the way of thinking that rejects a eugenic mentality and cultivates a culture of solidarity in which individuals seek to accompany, protect, welcome, support and love those who suffer, with rulers and educators holding special responsibility in this regard.

In various countries, different kinds of initiatives have been formulated by society, including the creation of foundations for the care of patients at the end of life and the realization of different forms of volunteering for the accompaniment of chronically or terminally ill patients. For example, in Argentina, Hospice Buen Samaritano provides free care to people without financial resources who are experiencing the last stage of a serious illness. Health professionals work there, together with many volunteers from different professions who participate in all kinds of tasks for the comprehensive care of patients and their families. This is a concrete example showing that the active collaboration of society in palliative care is possible and that it is of great help and comfort for the patient who is passing through this stage (30).

CONCLUSION

First, emphasis is placed on the importance of clearly defining the concept of euthanasia to prevent confusion with other morally acceptable medical practices and to be able to frame the subsequent bioethical analysis. In the current social context, in which such confusion abounds, it is essential to awaken common sense and critical thinking, especially around the issues that put human life at stake.

The practice of euthanasia does not offer a true, dignified death, and its legalization causes irreversible damage to patients, society and health professionals.

Care for the patient is an active and comprehensive action, mainly at the end of his life, given his greater fragility. The patient needs health personnel not only to try to alleviate his suffering through their technical knowledge but also, above all, to help him feel accompanied, comforted, loved and respected in his last days. Palliative care can offer this comprehensive and personal accompaniment to patients in this stage, and the collaboration of society as a whole is essential.

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