

Euthanasia, orthothanasia and dysthanasia

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ABSTRACT

The knowledge of bioethics allows for reflections, when, as doctors and health professionals, we are faced with care and decision-making that involve patients at the end of life. The medical student has doubts, even at the end of graduation, on how to proceed in these cases of difficult conduct. The conceptual differentiation between euthanasia, orthothanasia, and dysthanasia, which are directly related to the palliative care given to end of life patients such as those facing cancer and degenerative diseases, becomes important. This article is a literary review whose bibliographic analysis covered the period from January to March 2021. The descriptors euthanasia, orthothanasia and dysthanasia were used. The articles were selected from the Scientific Electronic Library Online (SciELO), PubMed, and Latin American and Caribbean Literature in Health Sciences (LILACS) databases. The study was carried out between January to March 2021. Initially 25 articles were selected with 10 articles being excluded for not directly relating to the studied descriptors. It was concluded that the conduct towards patients at the end of life and without the possibility of clinical improvement proves to be very difficult; however, the principle of beneficence, one of the precepts of bioethics, should be adopted, always seeking to relieve the suffering those who find themselves in this period of life, which, inexorably, approaches death.

Keywords: euthanasia; orthothanasia; dysthanasia.

RESUMO

Eutanásia, ortotanásia e distanásia

O conhecimento da bioética permite reflexões, quando, como médicos e profissionais da saúde, nos encontramos diante do cuidado e tomada de decisões que envolvem pacientes no fim da vida. Existem dúvidas do acadêmico de medicina, mesmo no final da graduação, de como proceder nestes casos de difícil conduta. Torna-se importante a diferenciação conceitual entre eutanásia, ortotanásia e distanásia, que se relacionam diretamente com os cuidados paliativos administrados aos pacientes na fase final da vida, tais como aqueles acometidos pelo câncer ou doenças degenerativas. Trata-se de uma revisão literária cuja análise bibliográfica abrangeu o período de janeiro a março de 2021. Foram utilizados os descritores *euthanasia* (eutanásia), *dysthanasia* (distanásia) e *orthothanasia* (ortotanásia). Os artigos foram selecionados nas bases de dados Scientific Electronic Library Online (SciELO), PubMed e Latin American and Caribbean Literature in Health Sciences (LILACS). O estudo foi realizado no período de janeiro a março de 2021. Foram selecionados inicialmente 25 artigos, sendo excluídos 10 que não estavam diretamente relacionados com os descritores estudados. Conclui-se que a conduta diante de pacientes no fim da vida e sem a possibilidade de melhora clínica mostra-se muito difícil, porém o princípio da beneficência, um dos preceitos da bioética, deve ser adotado, procurando sempre aliviar o sofrimento daqueles que se encontram neste período, que, inexoravelmente, se aproxima da morte.

Palavras-chave: eutanásia; ortotanásia; distanásia.

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Introduction

Bioethics is the science that aims to indicate limits and purposes of human intervention in life. Therefore, palliative care for patients at the end of life becomes the objective of the study in this area.

Knowledge of bioethics allows for reflection¹, when, as physicians² and health professionals³, we are faced with care and decision-making that involve patients at the end of life⁴. Even at the end of graduation, medical students have doubts about how to proceed in these difficult cases⁴.

The conceptual differentiation between euthanasia, orthothanasia and dysthanasia becomes important, which is directly related to palliative care administered to patients, such as those affected by cancer and degenerative diseases.

Methodology

This is a literary review carried out from January to March 2021, whose bibliographic analysis covered the aforementioned period. The descriptors euthanasia, dysthanasia and orthothanasia were used. The articles were selected from the Scientific Electronic Library Online (SciELO), PubMed and Latin American and Caribbean Literature in Health Sciences (LILACS) databases.

Results

Number of selected articles

Initially, 25 articles were selected, being discarded 10 that were not directly related to the descriptors studied, and selected 15 articles, considered referring to the descriptors studied and that appear in the bibliographic references of the present study. The selected articles were published from 2011 to 2020, with two published in 2011, one in 2013, two in 2014, three in 2019 and seven in 2020.

Theoretical References

Euthanasia

Euthanasia refers to the active acceleration of an individual's death process, consisting of the act of purposefully causing the death of a patient in intense suffering⁵. The Houaiss dictionary defines it as "the act of providing death without suffering to a patient affected by an incurable condition that produces intolerable pain"⁶.

Euthanasia is considered active or passive, depending on how it is performed to terminate life. The active occurs when there is assistance or the participation of a third party. A person intentionally interrupts the sick person's life by means of a device that forces the cessation of his vital activities.

Orthothanasia

Orthothanasia is considered passive euthanasia, which is characterized by the act of not performing resuscitation procedures or those aimed at prolonging life, such as drugs aimed at resuscitating the sick or life support machines, such as artificial ventilation.

Dysthanasia

Dysthanasia is the disproportionate attempt to maintain a patient's life, inflicting suffering on the patient and his family. It is the attempt to maintain life at any cost, with disproportionate medical acts, which make death more difficult, inflicting more afflictions on the sick without a real prospect of their recovery⁷.

Gomes and Menezes state that “dysthanasia is associated with the use of unnecessary and excessive resources, which could benefit other patients”⁸, since it is a disproportionate attempt to maintain life, but with no prospects of improvement, due to an incurable disease at the end of evolution.

Dysthanasia is not intended to prolong life, but to postpone death with methods that will not bring any success. Also called therapeutic obstinacy, dysthanasia does not prolong life with quality, employing methods that would momentarily remedy the cause of the patient's death, and that would not properly characterize the treatment of illness or suffering, serving only to prolong biological life and, consequently, suffering⁷.

Discussion

Palliative care promotes the quality of life of patients and their families through the prevention and relief of suffering, early identification of situations that can be treated, careful and thorough assessment and treatment of pain and other physical, social, psychological and spiritual symptoms. According to the National Cancer Institute (INCA), “it is active and comprehensive health care provided to people with a serious, progressive disease that threatens the continuity of their life”⁹.

The knowledge of the concepts of euthanasia⁵, orthothanasia⁶ and dysthanasia¹⁰ become important during the graduation of health professionals, given the attention to the sick who walk irreversibly towards the end of life.

The contact with death is a dilemma for everyone, especially for undergraduate students in the areas of health. The limits established by the patient, who for various reasons, such as degenerative diseases, cancer and situations of impossibility of treatment, are in a situation of palliative care, reinforce the importance of knowledge of the topics addressed for students.

The goal would be, then, the broad discussion of the themes and dilemmas attributed to them during the graduation of health professionals. A good understanding of the concepts of euthanasia, orthothanasia, dysthanasia and palliative care will contribute to an integrative care for the patient in the final stage of life, who walks irreversibly towards death.

Palliative care becomes more evident when the principle of beneficence, the action of doing everything to save someone, becomes ineffective^{9,10}. Faced with the situation of palliative care and the ethical dilemmas^{11,12} related to the situation, it is important for health professionals to reflect, in order to avoid the use of excessive therapeutic methods that do not bring benefits, as they do not alleviate the symptoms and suffering of the patient^{13,14,15,16,17}.

Conclusion

The conduct towards patients at the end of life and without the possibility of clinical improvement is very difficult, but the principle of beneficence, one of the precepts of bioethics, must be adopted, always seeking to alleviate the suffering of patients who are in this period, which inexorably approaches death.

References

1. Santos DA, Almeida, ERP, Silva FF, Andrade LHC, Azevêdo LA, Neves NMBC. Reflexões bioéticas sobre a eutanásia a partir de caso paradigmático. *Rev Bioét* [Internet]. 2014 [acesso 4 jan 2021];22(2):367-72. doi:10.1590/1983-80422014222018
2. Vane MF, Posso IP. Opinião dos médicos das Unidades de Terapia Intensiva do Complexo Hospital das Clínicas sobre a ortotanásia. *Rev Dor*. 2011;12(1):39-45.
3. Santos, LRG, Menezes MP, Gradwohl, SMO. Conhecimento, envolvimento e sentimentos de concluintes dos cursos de medicina, enfermagem e psicologia sobre ortotanásia. *Cienc. saúde coletiva* [Internet]. 2013 [acesso 4 jan 2021];18(9):2645-51. doi: 10.1590/S1413-81232013000900019

4. Pinheiro A, Nakazone MA, Leal FS, Pinhel MAS, Souza DRS, Cipullo JP. Conhecimento de estudantes de medicina sobre tomada de decisão no fim da vida. *Rev bras educ med* [Internet]. 2011 [acesso 4 jan 2021];35(2):171-76. doi: 10.1590/s0100-55022011000200005
5. Costa TNM, Caldato MCF, Furlaneto IP. Percepção de formandos de medicina sobre a terminalidade da vida. *Rev Bioét* [Internet]. 2019 [acesso 4 jan 2021];27(4):661-73. doi: 10.1590/1983-80422019274349
6. Dicionário Houaiss [Internet]. São Paulo: Editora Objetiva; 2009. Eutanásia.
7. Cano CWA, Silva ALC, Barboza AF, Bazzo BF, Martins CP, Júnior DI, et al. Finitude da vida: compreensão conceitual da eutanásia, distanásia e ortotanásia. *Rev Bioét* [Internet]. 2020 [acesso 4 jan 2021];28(2):376-83. doi: 10.1590/1983-80422020282399
8. Menezes RA, Gomes, EC. De médio ordinários y extraordinários. La iglesia católica y los debates sobre la "muerte digna" en Argentina. *Relig soc* [Internet]. 2014 [acesso 4 jan 2021];34(1):122-45. doi: 10.1590/S0100-85872014000100006.
9. Instituto Nacional do Câncer (BR). Cuidados Paliativos [Internet]. 2021. Disponível: <https://www.inca.gov.br/tratamento/cuidados-paliativos>
10. Pereira EAL, Rangel AB, Giffoni JCG. Identificação do Nível de Conhecimento em Cuidados Paliativos na Formação Médica em uma Escola de Medicina de Goiás. *Rev bras educ med* [Internet]. 2019 [acesso 4 jan 2021];43(4):65-71. doi: 10.1590/1981-52712015v43n4RB20180116
11. Almeida HRA, Melo CF. Orthothanasia and dignified death in cancer patients: the perception of health professionals. *Psicooncología* 2019;16(1):143-160.
12. Oliveira ASV, Machado JC, Dadalto L. Cuidados paliativos e autonomia de idosos expostos à covid-19. *Rev Bioét* [Internet]. 2020 [acesso 4 jan 2021]; 28(4):595-603. doi: 10/1590/1983-80422020284422
13. Alcântara FA. Dilemas éticos em cuidados paliativos: revisão da literatura. *Rev Bioét* [Internet]. 2020 [acesso: 4 jan 2021];28(4):704-9. doi: 10.1590/1983-80422020284434
14. Bedrikow R. Eutanásia sob a perspectiva da bioética e clínica ampliada. *Rev Bioét* [Internet]. 2020 [acesso: 4 jan 2021];28(3):449-54. doi: 10.1590/1983-80422020283406
15. Silva AAA, Pestana FKM, Rocha FC, Rios BRM, Aquino AA, Sobrinho JFG. Percepção dos profissionais de saúde sobre eutanásia. *Rev Bioét* [Internet]. 2020 [acesso: 4 jan 2021];28(1):111-8. doi: 10.1590/1983-80422020281373.
16. Medeiros MOSF, Meira MV, Fraga FMR, Sobrinho CLN, Rosa DOS, Silva RS. Conflitos bioéticos nos cuidados de fim de vida. *Rev Bioét* [Internet]. 2020 [acesso: 4 jan 2021];28(1):128-34. doi: 10.1590/1983-80422020281375.
17. Maingué PCPM, Sganzerla A, Guirro UBP, Perini CC. Discussão bioética sobre o paciente em cuidados de fim de vida. *Rev Bioét* [Internet]. 2020 [acesso: 4 jan 2021];28(1):135-46. doi: 10.1590/1983-80422020281376.

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