Euthanasia is the shortening of the life of a patient to death to relieve the pain of an impending intruder to an incurable illness (Boudreau and Somerville). Euthanasia is divided into two types: passive and active euthanasia. Passive euthanasia does not provide the patient with the nutrients they need or remove the life extension without taking medical action. Active euthanasia is killing through drug administration. According to *The Guardian*, Jack Kevorkian, who is the pathologist known as Dr. Death, became famous in the 1990s led to a national debate on assisted suicide (Rushe). Kevorkian built a suicide machine and helped 130 people commit suicide when they are terminally ill. In the article, “Kevorkian provocatively likened himself to Martin Luther King of Mahatma Gandhi, but the American Medical Association called him “a reckless instrument of death” who posed a great threat to the public” (Rushe). Kevorkian claims that euthanasia is not murder but mercy act. Euthanasia should be legalized when people are suffering to continue their life. Patients suffering from a terminal illness that does not get better have the right to choose their death, and those who are suffering from incurable illness are a great economic burden. Patient’s families are also having a hard time not only financially but also mentally. Furthermore, people who donate organs through euthanasia can save another life. Humans have not only the right to be happy but also to stop the pain and choose to die.

The quality of life of patients who are dependent on life support systems, including ventilators, is very low, and it is wrong if patients are deprived their right to choose death from
human life is important. According to Boudreau and Somerville from *Medicolegal and Bioethics*, “Intentionally taking a human life, other than to save innocent human life, is inherently wrong and a violation of a universal moral code” (Boudreau and Somerville 8). A human right to life is above all else, and euthanasia is a medical murder, not a dignity, but an act of suicide, and this form of self-determination conflicts with the constitutional value of "protection of the life's rights." However, euthanasia has the right to self-determination of dignity, value, and the right to pursue one's happiness. The pain of the patient cannot be known unless it happens to you. Every day is a painful day for a patient who is suffering. According to *The Life Resources Charitable Trust*, euthanasia is called “comfort care.” in Oregon where assisted suicide is legal (The Life Resources Charitable Trust). Lifetime treatments for incurable patients are nothing more than a painful postponement of death, not an increase in quality of life. For the patients, the only escape from severe pain is the right to die. Treatment of surgery to prolong life may rather damage the quality of life. If the patient is not satisfied with his or her life because of an indefinite life extension due to medication, such treatment can no longer be helpful. It is more appropriate to let patients who are waiting for the day of death die through euthanasia if they are confident, rather than to live in pain. There is a right to choose decent death if there is no other way out of the terrible suffering and if the patient's choice and belief in death are confident. Life is important, but it can only take a place when the person has self-determination. In a state where recovery is impossible, it is difficult to maintain self-identity as a person since they are stuck in a situation which they have no control over. People should have the right to decide how, where, and when they are going to die (Boudreau and Somerville 8). Life is in itself finite. Efforts to force life to be kept indefinitely result in a loss of dignity.
The expense that is used for meaningless medical treatment gives the patient an economic burden. According to New Public, Care Not Killing, a British anti-euthanasia group, said most countries want the law to ban euthanasia because they want to protect the poor, the disabled, the elderly and the sick from being forced to die (Bruenig). Because of euthanasia, if the society becomes inhumane that does not feel the importance of life, it puts pressure on vulnerable classes or incurable patients. However, continuing medical care for incurable patients results in tremendous economic losses not only for the family, but also for medical staff, hospitals, and even society as a whole (Bruenig 13). Not only money but also time is invested in the patient, there is a problem that family members should continue to have no future if they are caregivers. Furthermore, if the patient is in a vegetative state, it is more difficult to cover the cost of life extension. Older people and people with disabilities choose to die rather than live in fear of imposing a financial burden on their loved ones (The Life Resources Charitable Trust). If the patient and his family want it, they should relieve the pain and burden. From The Life Resources Charitable Trust’s website, “due to the cost-effective nature of euthanasia, in the future, more and more people will be led to believe this is their best or only option” (The Life Resources Charitable Trust). Until the last moment of life, there are many patients who had to pay large medical expenses for medical treatment that has no practical outcomes.

If the patient has expressed his or her intention to donate organs in his or her life or if the family's consent follows, the number of patients dying from not receiving organ transplantation will decrease through organ donations. There are quite a few patients who die without hope because there is no organ to transplant (Ball, Sibbald and D). Usually, organ donation is done in case of an accident, death from natural causes, brain death, and it is not known when it will happen. However, if euthanasia is allowed, patients with a vegetative state or with some organs
that are normal can have organ transplants for many other patients who need a transplant right away. According to *The New England Journal of Medicine*,

> “patients who want rapid, painless and peaceful death while optimizing the number of organs they can donate can be fully anesthetized in the surgical setting and support optimal long-term procurement. Patients who want to donate organs according to rules after death can be more flexible about where euthanasia can be done” (Ball, Sibbald and D).

For patients who are waiting for donating their organs, patients will have the decision when they are going to stop their heart through euthanasia.

Family members also suffer while they see the patients although there have been a few instances in which a patient has been woken up for a long period of time in a vegetative state and has also recovered from terminal cancer. Reed Karaim, who is an author from CQ Researcher by CQ Press, talks about whether doctors should be allowed to help terminally ill patients die. Lee Johnson, who had a brain cancer, wanted to extend his life even though the pain was killing him, but it didn’t last that long. However, as the pain got worse, he and his family wanted assisted suicide (Karaim). According to *Markkula Center for Applied Ethics*, “Humphry would be asking his wife, who is ill, to help him to die if he was sitting in that hospital bed with two years of pain and agony, faced an imminent death, and was losing control of his bowels as his wife suffers (Humphry and Richard)”. He would be helping his wife to die because he loves his wife. Families do not want to see the pain of the patient, so they go to a country where euthanasia is legal and help the patient die (Chand). However, many people are being put in jail for helping their loved ones die (Chand). This clause also adds to the burden on families who respect the wishes of their family member. In order to alleviate the suffering of incurable patients, the family should support the patient’s right to die.
For patients with no options for recovery, euthanasia should be allowed. Is it really beneficial for them to have those who are not medically resuscitated, who run toward death alone, and who wait only for the day when they live in the lowest quality of life? A person who cannot pursue happiness, which is the purpose of life, may be suffering. Therefore, the patient should be given the right to decide life. If you have a patient in the house, the patient is in pain and difficulty, then the families struggle mentally and financially. Patients who die through euthanasia through organ donation can save another patient. Some people claim that the standard of patients who need euthanasia, such as an impending death patient, a patient who is not likely to recover consciousness, or an early stage of unrecoverable illness, is clear-cut because there is no way to know if doctors made a correct decision, which eventually leads to a situation where the patient's life is determined by a third party. Despite these status, the choice of a comfortable death rather than an extension of meaningless and painful lives is not only to enhance the quality of life but also to protect human dignity. When there is no meaning to the patient’s own life, and the quality of life of the individual cannot be discussed, there must be a choice of closing the life.
Works Cited


