Perspective on assisted suicide and euthanasia: systematic review

Perspectiva sobre el suicidio asistido y la eutanasia: revisión sistemática

Paola Gabriela Tenesaca Cabrera[1], Andrés Alexis Ramírez-Coronel[1,2,3,4,5], Isabel Cristina Mesa-Cano[1,2]*, Lilia Carina Jaya Vásquez[2]
[1]Master's Degree in Postgraduate Care Management of the Catholic University of Cuenca, Ecuador.
[2]Nursing Career of the Catholic University of Cuenca, Ecuador.
[3]Laboratory of Psychometry, Comparative Psychology and Ethology (LABPPCE).
[4]Center for Research, Innovation and Technology Transfer (CIITT).
[5]Health and Behavior Research Group (HBR).
*Correspondence: Mesa-Cano IC Email: imesac@ucacue.edu.ec
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Abstract

Medicine, despite its scientific advances, continues to be a task that cannot guarantee the outcome of life, even so, health care is still in a process of humanization, especially the care of pain and suffering. In this area, caring for the autonomy of the terminally ill patient is vital, as well as his or her decision to continue living in the same conditions or to die with dignity. Therefore, euthanasia and assisted suicide are presented as options in some countries, however, they are issues that cause great controversy because of their bioethical implications. **General objective:** To examine the scientific literature on the perception of euthanasia and assisted suicide in health professionals. **Methodology:** A systematic review of the literature was carried out, following the recommendations of the PRISMA declaration, researching in scientific databases such as: SCOPUS, Pubmed, Taylor & Francis, Scielo, Google Scholar and Web of Science; during the period 2005-2021, including information in Spanish, English, and Portuguese. **Results:** The perception of these terms depends on everyone, seeing that there are multiple factors that tip the balance in favor or against, however, all health professionals are inclined to respect one of the bioethical principles which is patient autonomy. **Conclusion:** Euthanasia and assisted suicide are a bioethical dilemma, since on the one hand there is respect for patient autonomy and on the other hand the fact of killing or helping another human being to die. The perception of these practices will always be influenced by the biopsychosocial characteristics of everyone.

Keywords: Euthanasia, assisted suicide, nursing, health personnel, perception, terminal patient, dignified death.

Resumen

La medicina a pesar de sus avances científicos continúa siendo una labor que no puede garantizar los resultados finales de la vida; aun así, los cuidados de la salud están aún en un proceso de humanización, sobre todo el cuidado del dolor y del sufrimiento. En este ámbito el cuidar la autonomía del paciente en estadio terminal es vital, así como su decisión a continuar viviendo en las mismas condiciones o morir dignamente. Es por esto que la eutanasia y suicidio asistido se presentan como opciones en algunos países, sin embargo, son temas que causan gran controversia por su implicación bioética. **Objetivo general:** Examinar la literatura científica sobre la percepción de la eutanasia y suicidio asistido en profesionales de salud. **Metodología:** Se realizó una revisión sistemática de la literatura; para lo cual se siguieron las recomendaciones de la declaración PRISMA, investigando en bases científicas como: SCOPUS, Pubmed, Taylor & Francis, Scielo, Google Académico y Web of Science; durante el periodo 2005- 2021, incluyendo información en español, inglés y portugués. **Resultados:** La percepción de estos términos depende de cada individuo, viendo que existen múltiples factores que hacen que la balanza se incline a favor o en contra, sin embargo, todos los profesionales de la salud se inclinan por el respeto a uno de los principios bioéticos que es la autonomía del paciente. **Conclusión:** La eutanasia y el suicidio asistido son un dilema bioético, ya que por un lado está el respeto a la autonomía del paciente y por otro el hecho de matar o ayudar a morir a otro ser humano. Siempre va a estar de por medio la percepción sobre estas prácticas influenciada por las características biopsicosociales de cada individuo.

Palabras Clave: Eutanasia, suicidio asistido, enfermería, personal de salud, percepción, paciente terminal, muerte digna.

Introduction

Euthanasia and assisted suicide are controversial issues that can be analyzed from different perspectives such as legal, ethical, medical, bioethical, among others. In most cases they are difficult to address because few countries include them in their legislation and because of the need for some patients to have access to them without any major repercussions for them, their families and health personnel[1,2].

The United Kingdom's National Health System defines assisted suicide as the act of deliberately assisting another person to commit suicide. In the Netherlands, euthanasia is defined as a premeditated act to end one's life at one's request[1].

Health professionals traditionally strive to understand the pain of each patient and to treat it; however, sometimes they do not pay much attention to understanding suffering. Some authors have analyzed the meaning and significance of suffering. And in recent years they have begun to investigate when suffering becomes unbearable for a person, and therefore asks for help to die with dignity[2].

The term "euthanasia" has an etymological origin in Greek: eu (good) and thanatos (death), shown by Francis Bacon as a noble medical duty that consists of alleviating the suffering of the terminally ill as part of health care. From the 20th century onwards, he clarified the markedly negative relationship of the concept, deforming its definition of "good death" and using a new semantic thesis, which refers to the practice that aims at death caused by a health care provider[3].

In a study conducted at the Santa Terezinha University Hospital in Brazil, a survey was applied to 354 health professionals in 2016. Eleven percent had received a request for help to hasten the death of a patient while 89% never received such a request[4].

The general objective is to carry out a systematic review of the perspective on assisted suicide and euthanasia, for which the specific objectives are to describe the generalities of euthanasia and assisted suicide found in the different studies reviewed, to analyze the perspectives from the point of view of different professions on these terms, to identify the pros and cons of both practices and to analyze whether a particular religion or belief influences the perception of these practices.

Methodology

Type of research

A systematic review of the published scientific literature was carried out following the recommendations of the PRISMA statement.

Search strategies

The research was carried out by searching for information in scientific databases such as PubMed, SciELO, SCOPUS, Taylor and Francis, Google Scholar and Web of Science.

For the search, keywords related to the expected objectives were used, according to the terms Mesh and DeCs: "perception", "nursing", "euthanasia", "assisted suicide", "dignified death", "terminal patient", "health personnel", "nursing", "perception", "euthanasia" and "assisted suicide", "terminal patient", "dignified death", "health personnel". The intersection between these descriptors, using Boolean AND and OR connections, will be considered. Observational reports (cross-sectional, retrospective and prospective studies) on the perception of health personnel in intensive care units with critically ill patients will also be considered.

Inclusion and exclusion criteria

To select the sample, the following inclusion criteria were used: languages: Spanish, English and Portuguese, articles published from 2005 to 2021, original research or review articles, qualitative or mixed studies, and articles published from 2005 to 2021.

Articles and duplicate or repository publications, articles that do not have the expected scientific quality, articles with impossibility to retrieve the full text of the article and articles that cannot be downloaded were excluded.

Procedure

For the first stage, the topic and the formulation of the research question in the acronym PICO (Population, Intervention, Control and Outcome) format were identified: "What are the generalities about euthanasia and assisted suicide?", "What is the perception of health professionals about these practices?", "What are the pros and cons regarding these practices?" and "What is the influence of religion and beliefs on these issues?"

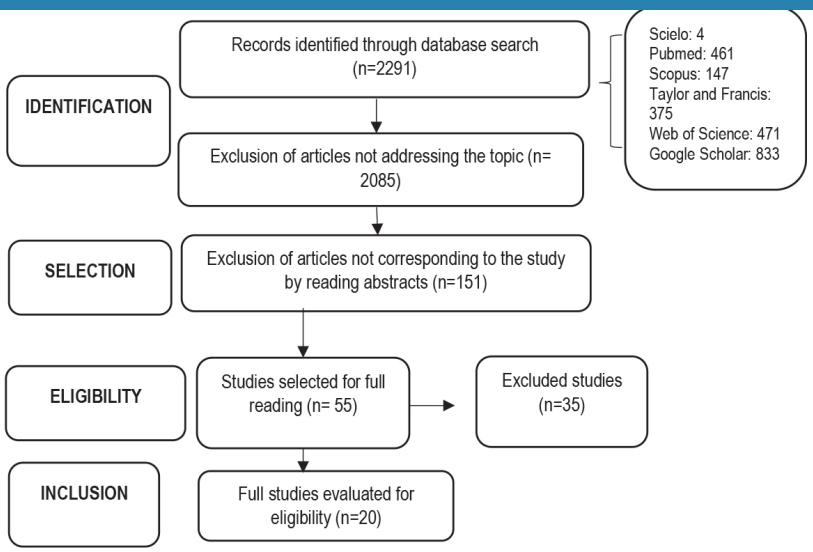
For the second stage, original articles and reviews related to the perception of nursing personnel on euthanasia and assisted suicide, published in Spanish, English and Portuguese with a full text and online, were established as inclusion criteria. In the exclusion criteria, thesis-type studies (undergraduate, graduate and doctoral), monographs and argumentative essays will be added.

Then, for the third stage, perform the primary selection of publications by verifying the reading of the title and abstract. For the fourth and fifth stages, the studies were evaluated with more criteria (according to my objectives), and the interpretation of the results achieved.

For the sixth stage I formed the discussion and synthesis of knowledge. We tried to offer a systematic review with inexorable and exhaustive scientific information with studies with more and better timely information, without introducing information or publication bias, in such a way as to contribute to the scientific community.

Results

Figure 1. Flow diagram.



Prepared by the authors.

Table 1. Articles selected by the systematic review.

No.	Base	Journal	Language	Title	Author and year
1	Scopus	Journal of oncology pharmacy practice	English	When is it acceptable to allow a terminally ill patient to die? Views of pharmacy students at a London university.	Clayton et al, [13]2020
2	Scopus	Journal of holistic nursing	English	Nurses' perceptions and attitudes about euthanasia: a scoping review.	Cayetano-Penman et al, [15]2020
3	Scopus	Palliative and Supportive Care	English	"An indelible mark" The response to participation in euthanasia and physician-assisted suicide among physicians: a review of research findings	Kelly et al[17] 2019
4	Scopus	Omega—journal of death and dying	Ingles	UK Public's Views and Perceptions About the Legalisation of Assisted Dying and Assisted Suicide	Panagiotis et al[5] 2020
5	Scielo	Bioethics Journal	Spanish, English and Portuguese	Assisted suicide and euthanasia in the perspective of professionals and students of a university hospital	Brandalise et al[4] 2018
6	Google academic	UNIANDES Digital Journal of Legal Sciences	Spanish	Euthanasia and dignified death in the Ecuadorian legal system	Betancourt et al[12] 2019
7	Scielo	Rev. Medical Sciences	Spanish	Euthanasia and legislation	Padovani et al[3] 2008
8	Pubmed	Palliative medicine	Ingles	A qualitative study of physicians' conscientious objections to medical aid in dying	Bouthillier et al[16] 2019
9	Google academic	Scientific Journal of the Association for the History and Anthropology of Care	Spanish	Unbearable suffering, mental health and euthanasia. Notes for nurses	Ramos S[2] 2019
10	Pubmed	The linacre quarterly	Ingles	Non-faith-based arguments against physician- assisted suicide and euthanasia	Sulmasy et al[1] 2016
11	Google academic	Palliative medicine	Spanish	Euthanasia and assisted suicide: general concepts,legal situation in Europe, Oregon and Australia (i)	Sánchez et al[8] 2006
12	Scielo	Bioethics Journal	Spanish	Perception of Intensivist Nurses in a Regional Hospital on regional hospital on distanasia, euthanasia and orthothanasia	Souza da Silva et al[11] 2016
13	Google academic	Culture of Care Journal.	Spanish	Euthanasia today: precisions and doubts	Aristizábal[7] 2015
14	Scielo	Rev. Public Health	Spanish	Problems and decisions at the end of life in terminally ill patients	Sarmiento et al[14] 2012.
15	Scielo	Bioethics Journal	Spanish, English and Portuguese	Perception of euthanasia by healthcare professionals	Alves et al[6] 2020
16	Scielo	Medical journal of chile	English	Notes on euthanasia	Goic[19] 2005
17	Scielo	Mem. Research Inst. Sci. Health. 2018	Spanish	Knowledge and perception about euthanasia in medical students from seventeen Latin American countries, 2017	Ríos et al[18] 2018
18	Google academic	Med. Clin. Soc.	Spanish	Knowledge and attitudes about euthanasia and assisted suicide in students and professionals of the health area of the hospital of clinics, san lorenzo, Paraguay	Bogado[9] 2020
19	Google academic	Rev. Esp. Anesthesiol. Reanim.	Spanish	Limitation of therapeutic effort and euthanasia: decision making and conflict resolution in the critically ill patient	Monedero[20] 2010
20	Scielo	Trends psychol., ribeirão preto,	Ingles	Social representations on euthanasia between students of law and medicine: a comparative analysis	França et al[10] 2019

Discussion

Based on the systematic review, 20 articles were selected that respond to these objectives: to describe generalities of euthanasia and assisted suicide, to analyze the perspectives from the point of view of health personnel on these terms, to identify the pros and cons of both practices, and to analyze whether a certain religion or belief influences their perception.

The practices of euthanasia and assisted suicide lack a universal definition, however they always generate emotional debates due to their ethical implications[5]. It is based on the bioethical principle of autonomy, according to which the patient has the right to decide how and when to die[4].

Euthanasia was presented by Francis Bacon as a noble medical duty that consists of alleviating suffering in people in terminal processes[6] referring to ending life in an effective, quick and painless way[7] in people who suffer physical or psychological suffering as a result of a terminal disease and live in an unacceptable way[8,9].

This can be active, which implies the action of another who is the one causing death, while passive refers to the omission of resources such as: medication or devices to cause death. It can also be voluntary when the patient must give consent and involuntary when it is not necessary[10].

However, in recent years the concept of euthanasia has been evolving, making it clear that what is required is a limitation of therapeutic effort or respect for the patient's decision not to receive any treatment[8], thus detracting from the practice whose purpose is death caused by a health professional[11].

In contrast, assisted suicide is used when a mentally competent adult with a terminal or irreversible illness expresses his or her will to end his or her life, then takes medication prescribed by a physician, always after meeting strict legal safeguards[1,12].

In the United Kingdom, if a family member helps a loved one to end his or her life, he or she can be punished with up to 14 years in prison, and if this practice is performed by a physician, he or she can be charged with involuntary manslaughter or even murder, which is punishable with life imprisonment[13].

Likewise, the Code of Ethics of Nursing Professionals prohibits promoting euthanasia or participating in the practice, in bioethics it is discussed whether it is possible to have a "good death" from resources of therapeutic adequacy, without abbreviation of life[11].

On the other hand, organizations such as Dignity in Dying campaign to allow mentally competent adults who are terminally ill to have the option of an assisted death[5]. Dignitas, a Swiss organization, ensures a dignified life and death for its members and accepts terminally ill people from all over the world[13]. However, there are doubts as to whether this practice can be abused when the motivation is other than altruism to reduce the patient's suffering[7].

Currently assisted suicide is legal in four European countries. In Holland, Luxembourg, Colombia and Canada these practices are legal in patients in an irreversible condition[4]. On the other hand, Belgium is the only country in the world where child euthanasia is legal, provided that the child understands the implications and actively requests this practice[6,13].

For example, in a survey on euthanasia carried out by the Spanish Sociological Research Center in 2002, 7% of physicians agreed with the practice [8]. However, their role and desire to participate vary from individual to individual, from country to country and from the context of their practice[12].

Perception about something is a recognition and interpretation of sensory information, not attitudes, which are general evaluations that people have regarding a subject[12]. Thus, health personnel believe that euthanasia is a right since it is a procedure that aims to protect the will of the patient, in a terminal state, to die with dignity[7].

Now, it is of vital importance the concept that health professionals have about a terminal patient, which must meet these characteristics: being a carrier of a serious diagnosed disease, the same must be progressive and irreversible and fatal[14], at the time of diagnosis there must be no cure for it[7].

Such is the case that, in a survey carried out by the Official College of Physicians of Barcelona in 1988 among its members, 82% expressed the need for a cure for the disease. Eighty-two percent expressed the need for a law regulating the practice of euthanasia, while 17% were opposed to the drafting of such a law[8].

However, there is no consensus among nurses about euthanasia or assisted suicide and the factors that may influence their participation in this process[12]. The question to be resolved in these cases is whether the patient decides to live or die, to live under what conditions or to die in what way[7].

For example, a study on the perception of eight intensivist nurses of a Regional Hospital revealed that, regarding euthanasia, three of them identified it as "good death", but the others stated that it was an illegal practice because it is the premature provocation of death, supported by the Code of Ethics of Nursing Professionals[11].

Finally, when questioned about the practice of euthanasia, all of them denied that it occurs in their area of work, stating that orthothanasia is recurrent and that even distanasic processes can be identified[11]. On the contrary, in a study from New Zealand, nurses support these practices arguing that it will increase patient autonomy[5,6].

On the other hand, the perception on these issues changes when the professional puts himself in the place of the patient, such a case was reflected in a study conducted in a hospital in Brazil in 2018, where 354 participants, including students and health professionals, were questioned about whether they would undergo these practices if they had a terminal illness, 15.3% answered "decisively yes", 47.7% "probably yes", 24.3% "probably no", and 12.7% "decisively no". When asked about the reasons for their disagreement, 41.9% answered "personal reasons", 28.6% "moral/legal principles", 10.6% "religious principles", and 18.9% "other reasons" [4].

Thus we can say that among the factors influencing the acceptance of these practices are: avoidance of extreme uncontrollable pain, unbearable suffering or other distressing experiences of the patient, the legality of euthanasia and the patient's right to die[12,15]. While the factors that determined the opposition to these practices are: religion, moral and ethical dilemmas[5], the gender role of the health professional and the opinion that palliative care is deficient[12].

It should be noted that it is important to understand that the human being's opinion regarding euthanasia is conditioned to the thought that killing is wrong and should be confronted and banished by society[6]. For some health professionals the emotional burden and fear of psychological consequences is the main cause of opposition[16], since participation may contrast with the perception of the professional role, personal perception and responsibilities[17].

It should be noted that among health personnel there are factors that cause euthanasia to be taken as unfavorable such as: lack of self-education and lack of knowledge, myths, incomplete laws or lack of legislation and religion[18].

As for religion, this is a factor that has a significant influence, since those who oppose euthanasia and assisted suicide have ethico-religious reasons[2,12,] arguing that it is neither ethical nor right to help someone to die[4] and that life should be treated as sacred and inviolable[10].

Likewise, people's views on euthanasia are strongly influenced by moral traditions. For the Judeo-Christian moral tradition, the opinion regarding euthanasia is that all human life is sacred, it is a gift given by God, so we cannot dispose of it, hence the law not to kill[19].

Such is the case that in a study carried out at the University of London among pharmacy students, 70% said they were religious, 80% of these said that they currently practice their religion and 58.2% believe that their belief has a significant influence on their opinions on assisted suicide[13].

If we appeal to a simile, a study by the BBVA Foundation in 2004 on the perceptions of 3,000 university students, 45% of whom declared themselves Catholics, were surveyed on eight issues of moral debate and euthanasia had a score of 7.5 on a scale ranging from 0 (never justifiable) to 10 (always justifiable)[8].

Another example is a study carried out at the University of Greenwich where 297 people participated, of whom 64.2% said they had no religion, 86.6% of them support euthanasia and assisted suicide. Of these, 23% identified themselves as Christians and 30.8% as Muslims, who defended the idea that they did not support these practices. Sixty percent of Jewish and Hindu people defend the approval of a law allowing these practices[5].

Even so, the Andalusian law of "rights and guarantees of the dignity of the person in the process of death" does not regulate the discussion of conscience and encourages health professionals to refrain from imposing management criteria based on personal, moral, religious and philosophical opinions and beliefs[20].

Conclusions

Medicine over the years has evolved from the desire to cure and treat to (a more comprehensive one) of "to prevent, care and alleviate". In this aspect, preventing or treating the suffering that many people have to deal with must be vital.

For patients in a terminal state or with illnesses that cause great suffering and do not have a good prognosis, it is of vital importance to try not only to maintain life at all costs but also to value the quality of life that is being offered to them.

Suggestion: vital importance to weigh out the decision whether to try to maintain life at all costs or to value the quality of life being offered and proceed in consequence.

In these cases, euthanasia and assisted suicide could be management alternatives. This is why health personnel should have sufficient knowledge about these issues to understand the patient and be able to provide adequate information. Although these practices are not yet legislated in most countries, there are international organizations to which patients can have access.

In Ecuador, since there is no law that enables these practices, it is necessary to emphasize quality palliative care in a timely manner. It is the only alternative to alleviate some of the suffering of people who come to us in the hope of receiving help. It is proposed that research be carried out on palliative care in countries where euthanasia and assisted suicide are not legislated, as well as its influence on patients with terminal illnesses.

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