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LETTER TO THE EDITOR

Another assessment in relation to the aid to die in Intensive Medicine Units

Otra valoración en relación a la Prestación de ayuda a morir (PAM) en Unidades de Medicina Intensiva

Dear Editor,

I have read the authors' point of view[1] in relation to Aid in Dying (AD) and the repercussion in our Units. The ''*social and professional debate*'' has not occurred since no consultations were made. Medical professionalism,[2] detailed reports from organisms in the field of ethics,[3] and communications from the Spanish Society of Palliative Medicine, exposing the generated risks,[4] were lacking.

As you rightly point out, diversity and moral values differ among people and cultures, though the mechanism for listening to all the implicated parties has not been used. The authors correctly adopted a position from the perspective of professional ethics, though here things are also debatable.

In answering the issues raised, references have been made to emotivism, compassion and autonomism, which seem unquestionable in today's society, and which have replaced rationalism with desire, opinion and emotion, which occupy the entire philosophical debate.

Intensivists with ethical training fundamented good medical practice and the limitation of therapeutic effort, contributing conceptual and ethical development to it. We help patients to fulfill their will to not prolong their refractory terminal condition, without resorting to euthanasia practices.

On the other hand, euthanasia is hard to regard as a medical act if we take medical deontology into account, as updated with a new code in 2022,[5] and which does not contemplate such practices. Likewise, it is not consistent with the definitions of the Hastings Center on the purposes of Medicine. These ethical codes are considered to evolve according to the interests and obligations that we as professionals assign to ourselves, though this has not been the case to date. Controversy is generated in view of the higher ranking of laws concerning the professional codes — a fact that also generates ethical conflicts.

Our involvement in the organ donation process after euthanasia extends beyond the possibilities of the article of the authors and also of my own observations. Such delicate and important issues should not be addressed in a summarized way. A deep, paused and constructive analysis is needed in order to improve upon what is being proposed.

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The debate is served when we talk about the PAM (assistance in dying); also in intensive care units

El debate está servido cuando hablamos de la PAM (Prestación de ayuda a morir); también en las unidades de Cuidados intensivos

Dear Editor,

Cultural, social and ideological differences mean that opinions about euthanasia are not neutral but rather positionings influenced by ingrained and deeply discrepant beliefs and feelings.

We understand the controversy and the need for a social debate that is as inevitable as it is necessary, among all the implicated parties. Such debate should take place freely, respecting plurality, with precise use of language, and with seriousness in the arguments and responses.

We have not been asked as citizens about this issue, but social concerns and need exist. Citizen groups such as the federated association *Derecho a Morir Dignamente*, and private entities such as the *Instituto Borja de Bioética*, or the *Observatorio de Bioética y Derecho*, and public institutions such as the Catalan Bioethics Consulting Committee, have actively endorsed the ethical and legal admissibility of euthanasia.[1]

''The Goals of Medicine'', published by the Hastings Center, underscore that the traditional objective of Medicine to restore health and avoid death has fallen short, and that the purposes of Medicine should extend beyond the healing of disease and the prolonging of life. Special emphasis is placed on aspects such as palliation of pain and suffering, placing healing and caring on a par, and alerting against the temptation to prolong life unduly.[2]

In Intensive Care Units, the adaptation of life support therapies is a very common practice and a quality criterion, and there appears to be sufficient ethical and legal consensus on this issue.[3] This scenario should be distinguished from euthanasia, where sufficient and majority consensus still appears to be lacking in Spanish society. Discrepancies are also found among the professionals, and fortunately the legislation regulating euthanasia (LORE) in this country allows for room, recognizing the possibility of consciousness objection in this regard.[4] There are likewise differences between different autonomous communities in Spain, and discrepancies among the deontological codes, that can generate doubts among the professionals.

As to whether euthanasia should be regarded as a medical act, the debate should focus on whether or not such practice may form part of the official attributes of healthcare professionals, in a quest to relieve suffering by producing death. In some countries in our setting, such as The Netherlands, Belgium or Luxembourg, society, citizens and professionals have accepted that this is indeed so.

The role of intensive care professionals in relation to assistance in dying should be compassionate but at the same time also rational and technical, since in a medical scenario as highly technified and rationalized as intensive care, professionals must be rational but also empathic, compassionate and close to people, in order to assist their hidden needs... But this is also another debate.

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