

The Application of Euthanasia in the Lonely Elderly Population and the Corresponding Moral Dilemma

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Abstract. Euthanasia is a highly controversial topic. In some cultures, such as the Netherlands, euthanasia is legalized. Euthanasia is regarded as a means to protect fundamental human rights, But in some cultures, such as East Asia, euthanasia is considered against the value of life and social ethics. This paper mainly discusses the application of euthanasia in lonely older adults and the related controversies. As we'll see, aging is often associated with words like loneliness and abandonment. Loneliness further diminishes the quality of life for older people. In the most severe cases, older people cannot care for themselves or suffer from depression and a loss of meaning in life. Then, of course, there are the more traditional afflictions of the elderly by severe illness. This review will look at the expected negative consequences of loneliness, including behavioral, physical, and psychological consequences. Secondly, we will discuss the definition of euthanasia and deontology's and utilitarianism's views on euthanasia and analyze the influence of different cultures on attitudes towards euthanasia.

Keywords: Euthanasia, Aging, Moral Dilemma, Cultural Difference.

1. Introduction

1.1. Loneliness: Why Aging Population Is Often-Time Correlated With Loneliness

Aging has always been associated with loneliness, although whether aging is a contributing factor is unclear. But what is certain is that aging leads to a shrinking social circle. The decline in physical ability also represents a reduction in the range of social activities available to older people, leading to decreased social activity. One theory is that loneliness exacerbates the loneliness of aging, creating a vicious cycle. Therefore, we need to understand the basic definition of loneliness and the negative consequences associated with loneliness.

1.2. Consequences of Loneliness

1.2.1. Basic Concepts of Loneliness

Dahlberg and Mckee have discussed two types of loneliness in their recent study of the Barnsley population. One type of loneliness is social loneliness, where individuals lose a connection with their surrounding community. This could be a lack of communication with one's friends, co-workers, or other community members. The person could feel a lack of involvement in daily life and experience a deprivation of obligations and responsibility. The other one is emotional loneliness. Emotional loneliness usually refers to a lack of intimate bonds built up with close people such as one's spouse, offspring, and close friends. One may feel an insufficiency of emotional attachment. In other words, one cannot experience the sense of needs and needs. Dahlberg and Mckee also suggested some correlated factors regarding social and emotional loneliness. According to the researchers, being a male, participating less in social activity with family and non-family members, and having a low activity level are all related to social loneliness.

On the other hand, emotional loneliness is related to a relative inability(based on the Groningen Activity Restriction Scale) to carry out activities of daily living. In addition, being widowed, suffering from income instability, and losing self-esteem are related to both social and emotional loneliness. However, these findings are mainly based on a cross-sectional study, so it is hard to determine the

causal relation between these elements. For example, it is hard to determine whether loneliness leads to low self-esteem or causes it.

1.2.2. Loneliness and Physical Behaviors

Alcohol abuse is an easily overlooked problem faced by older people. In a study of older adults with alcohol addiction, 43 percent of respondents admitted that loneliness was a factor in their alcoholism [1]. This survey suggests that loneliness could act as a potential way leading to alcoholism. Loneliness may contribute to several types of addiction. According to a survey conducted online within the United States by Harris Poll on behalf of AOA from September 19-21, 2016, among 2,035 U.S. adults ages 18 and older, 72 percent have demonstrated a sense of loneliness. However, humans are social beings by nature. Deprivation of social interaction and connection could lead to severe anxiety and depression. Those who experience profound loneliness may seek help from external simulations, resulting in drug or alcohol addiction. Two studies of older people treated in drug treatment facilities found that drug addiction was still associated with loneliness and social isolation [2, 3]. At the same time, malnutrition often comes with loneliness. In the SOLINUT study, 21.3 percent of older adults living alone consume less than 20 liter/kg of calories daily, which is the threshold for malnutrition, compared with 3%-7% in nonisolated older adults. In addition, their intake of magnesium, calcium, iron, and zinc, as well as several types of vitamins, was below the recommended daily threshold [4]

1.2.3. Loneliness and Physical Health

A six-year longitudinal study in the United States has shown an association between a decline in daily activity and physical functioning and loneliness. However, whether loneliness causes a decline or decline in physical functioning causes loneliness is unclear [5]. What can be inferred from the above is that loneliness is often accompanied by a decrease in social activity, and a decrease in social activity probably means a decrease in the area of activity. For example, an individual's activities will likely be more confined to or near his home because he will not need to travel to other places to socialize. A smaller range of motion means fewer opportunities for movement and exercise. As a result, physical function will likely decline.

1.2.4 Loneliness and Mental Health

Although the causal relationship between depression and loneliness has not been clear, depression has long been thought to be strongly associated with loneliness. A decade-long study of 75-year-olds in Finland found that loneliness is often a predictor of long-term, documented depression. Studies have found that loneliness is as likely to cause depression as any other element of physical health, often cited as an essential factor causing depression [6]. A Swedish longitudinal study of 1,203 participants found that those who lived alone were 1.9 times more likely to develop dementia than those who did not. At the same time, the study also pointed out that as the frequency and quality of social interaction decreased, the risk of dementia also increased [7]

2. Euthanasia

2.1. Euthanasia as An Approach

We already know why aging has many negative consequences (often attributed to loneliness and severe illness). The severity of these consequences depends on the individual. Still, the dignity of life will undoubtedly be challenged when the consequences are most severe, such as severe dementia and movement disorders. As for the mental and physical problems caused by loneliness and aging, the community has been discussing solutions. Some people propose to improve the residential environment for older people, such as adding more sports facilities to protect their physical health, Actively carrying out community activities to encourage the participation of older people, and improving their sense of social belonging. Through policy development, ensure that older persons have adequate pensions and medical resources and receive adequate nutrition and treatment. These

are common ways to improve the quality of life of older people and keep them away from the troubles caused by loneliness. But this article will discuss a more extreme solution, the use of euthanasia to end the suffering of the elderly. As we shall see, this extreme approach is bound to cause much controversy. First, we need to discuss the definition and classification of euthanasia and the dilemmas behind each type of euthanasia.

2.2. Definition of Euthanasia

The word euthanasia comes from Greek, meaning a happy death, and also refers to the use of modern medical technology to end a patient's life when the patient cannot bear the pain caused by the illness or ask for death. Euthanasia is generally divided into voluntary euthanasia and involuntary euthanasia. Voluntary euthanasia is when a patient, conscious and assessed to be capable of rational judgment, voluntarily asks for community assistance in ending their life. Voluntary death can happen for many reasons. For example, patients cannot afford the high medical costs and choose to end their lives early to ease the financial burden on themselves and their families. However, opponents often argue that the imbalance of economic distribution causes high medical costs that patients cannot afford, and society should do its best to ensure that patients have access to adequate medical resources. When patients choose to end their lives because they cannot afford high medical costs, what appears to be a voluntary choice involves a compromise with economic inequality.

Simply put, society does not give patients a choice. In the face of sky-high medical costs, 'voluntary' euthanasia is the only option for patients. Opponents believe this is society's exploitation of patients and the expression of social utilitarianism of individuals. Society should preserve the dignity of the patient's life from a humanitarian point of view, such as the fundamental right to choose whether or not to euthanize. In the Japanese film "Plan 75", the Japanese government tries to solve the problems caused by the aging population, such as economic pressure and family pressure (the government needs to pay more for medical and health care; Families need to spend more time and resources to care for older people), launched the 'Plan 75'. The older man will be euthanized at the age of seventy-five. The government trumpets the euthanasia program, promising premium services such as beauty salons, spas, and swimming pools to those who join it. At the same time, the protagonist Michiko has reached the age of 78, a bereaved husband with no children, but still can take care of herself. Through Michiko's perspective, the film addresses the plight of people who have passed the age of seventy-five in society. They can't find jobs because companies don't want to hire older workers. The old body can not bear work fatigue if engaged in physical work. Joining the "Plan 75" seems to be the only way out for these elderly people, but joining the plan also means the early end of life. Could this be a form of murder of older people by the society? At the same time, even without these external factors, it is difficult to assess whether patients can make rational choices independently. For example, when a patient has severe depression due to losing siblings, descendants, and partners, his decisions can represent his interests.

The opposite of voluntary euthanasia is involuntary euthanasia. Involuntary euthanasia is using external means to end a patient's life without consent. Involuntary euthanasia is widely considered murder and is banned worldwide. Nevertheless, we can debate the morality of involuntary euthanasia. For example, when a patient is in great pain, he asks the doctor to save him. However, after a detailed evaluation, doctors determined that he would die quickly. After consultation with his family, it was decided to euthanize him to end his suffering. This practice is forbidden because doctors cannot be sure their judgment is accurate in all cases. At the same time, if the law allows involuntary euthanasia, corruption will likely exploit the loopholes in the law to commit murder. For example, they could pay off doctors and fake evaluations to murder their targets. But when everything is working well (doctors can provide the most accurate diagnosis, Free from graft and corruption; The system of involuntary euthanasia is working well; The patient has access to any medical resources that might cure him, etc.), whether involuntary euthanasia is still considered murder is a highly controversial topic.

2.3. Dignity or Live Longer

Whether it is voluntary or involuntary euthanasia, we inevitably end life by unnatural means. Some philosophers have criticized euthanasia itself from the point of view of deontology. They believe that life is supreme and can not be measured by value. Any form of deprivation of life is not allowed. Society and medicine should try to prolong the individual's life, although he may suffer greatly and cannot be cured. At the same time, they also point out that death should happen naturally and not be treated as a form of treatment. Even if the patient's quality of life is deficient, his life should not be deprived.

On the other hand, Utilitarianism believes that the value of life lies in its purpose and quality, not in life itself. The social and medical systems should do their utmost to guarantee patients a decent and dignified life. A person suffering from illness or other mental perplexity has been unable to achieve the purpose and meaning of his life. Euthanasia would end their suffering and save them from losing dignity and meaning in the last period of their lives. Anticipating the potential problems of aging and losing the confidence to cope with these difficulties, some older adults choose to take their own lives. At the same time, they can still maintain their dignity.

2.4. Cultural Influences on Euthanasia

Since euthanasia is often linked with death, life, and other heavy topics, different cultures have significantly different views on euthanasia. In East Asian cultures such as China, Japan, and Korea, filial piety is often the core value and the cornerstone of social harmony and stability. In East Asian cultures, filial piety is often considered the most basic moral obligation. Filial piety emphasizes the preciousness of life and believes that life is worth perpetuating and protecting. At the same time, children are responsible for supporting and loving their parents and relatives and providing the necessary moral and material support. Therefore, children must do everything possible to prolong the life of their parents. Euthanasia, however, prematurely ends the lives of parents and relatives by unnatural means, which is considered immoral in East Asian culture. Still, some argue that filial piety does not conflict with euthanasia. Children's heartfelt respect for their parents, such as respecting and helping to fulfill their parents' dying wishes, is more consistent with filial piety than the pursuit of life extension. It is more consistent with the filial respect for parents and the emphasis on the will of life. In Western culture, however, notions of human rights have primarily influenced people's views on euthanasia. Western culture emphasizes the right to life, liberty, and dignity. Among them, the right to liberty has played a significant role in promoting the legalization of euthanasia. Regardless of the individual's multi-polar illness, his choices and ideas should be respected. Patients have the right to choose how they want to end their lives without having to listen to socially imposed moral values, such as filial piety. At the same time, euthanasia can protect the patient's right to dignity. They do not need to be passively treated in a hospital when seriously ill. Still, they can choose to end their lives before they become incapacitated with dignity rather than being pushed around [8]. At the same time, euthanasia is often seen as a humane means of relief because it frees the patient from suffering. In some countries, such as Switzerland, the Netherlands, and Belgium, euthanasia has been legalized.

2.5. Supplement - Why We Care (A Moral Approach)

Although it is commonly believed that moral values are influenced by culture and region, some are still considered universal. For example, unprovoked harm to another person is not permissible under any cultural system, although different cultures have different systems of criteria for punishment. From the perspective of biological evolution, a group in which individuals can attack each other cannot survive in the wild. Because they can't come together to do tasks that only groups can do, such as hunting large animals for energy. At the same time, a contradictory group can hardly resist the plunder and invasion of other unified groups. Therefore, people gradually resist the harm to life.

In discussions about euthanasia, we are all inevitably deprived of a life. It violates our genetic code of not harming our fellow human beings. As a result, much of the debate about euthanasia is based

on this criterion. Tao argues that life is a priceless treasure and that any form of ending life is not allowed. Ending life would be considered an injury to life. Utilitarians, on the other hand, believe that euthanasia can protect patients from more pain [9, 10].

3. Conclusion

Starting with the loneliness faced by the elderly and the potential consequences of loneliness, we explain euthanasia as a way to help the elderly to relieve their pain. We must be aware that this is a highly complex approach related to ethics, culture, and how we view the elderly and death. Some argue that society and children should try their best to prolong the life of parents. Others claim that respecting the wishes of the elderly and ensuring that they have a dignified old age can better reflect the respect and care of society for the elderly. Given the issue's complexity, it is difficult to define a positive view of euthanasia as infallible. When we formulate relevant laws and policies, we should consider the region's culture, the medical resources available per capita, the operation efficiency of government departments, the professionalism of doctors, and other factors. We need to know that this will be a complex and deliberate process that requires the joint efforts of the whole society to reach a consensus.

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