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## **ADVANCED CARE DIRECTIVES AND EUTHANASIA: THE MATTER IS STILL UNDER DISCUSSION**

### *Summary*

In the last few decades, progress of Biomedical sciences was tumultuous, exciting many complex bioethical questions.

In this paper we present the ethical, deontological and medico-legal problems concerning advanced care directives, suspension of life-sustaining treatments and euthanasia, and the eight Italian bills on living will introduced into XII Permanent Commission of Senate.

*Key words:* Bioethics, euthanasia, living will, advanced care directives.

The progress of science and medical technic has deeply transformed even the concept of death: in fact, while once the moment of death was naturalistically determined, now advances in intensive cares can define this moment, even to the detriment of one's life's sanctity and dignity, pointing out the problem of interruption or omission of life-sustaining treatment, and therefore the problem of euthanasia. (Frati P. et al, 2003)

It's necessary make a preliminary statement with the regard to the concept of euthanasia.

In its etymological signification, the word euthanasia was introduced into the modern medical language by the philosopher Francis Bacon. However this word has distinct meanings, main distinction is between "good death" and "right to die with dignity" or "death with dignity". (Bucci et al, 2001)

The catholic conceptualization of euthanasia appears more exhaustive, meaning the early and unnatural end of life, caused by commission (mercy killing) or omission (letting die), in order to spare a terminal patient unnecessary sufferings, or to end an intellectually unproductive or vegetative existence. (Barni M., 1998)

In our legal system, euthanasic deeds, inducing the killing of a human being, represent offences against life and individual safety (Penal Code – Chapter I).

The aforesaid provisions of law are founded on the absolute and inviolable constitutional and civil right to life and personal integrity. (Calcagni C. et al, 1994; Canestrari S., 2003; Tarantino A., 1994)

Advanced care directives and concept of living will are strictly connected with the problem of life's availability in terminal or seriously ill patients.

The proposal of living will' drawing up developed first in a bioethical, then in a deontological contest, particularly following the so called "beneficence-in-trust" model of relation between doctor and patient. (Spagnolo A.G., 2005)

The Medical Deontology Code in force confirm duties and rights of health' professionals too, rejecting any form of therapeutic fury and euthanasia, and emphasizing the prescription of Oviedo Convention . (Barni M., 2007)

The locution "living will" refers to those documents in which the patient refuses life-sustaining treatments in the terminal phase of illness, claiming his own "right to die". English literature defines also these documents advanced cares directives (in Italian, DA).

According to the definition of Bioethics National Committee (2003), advanced care *declarations* are those documents in which a competent person expresses her own wills about the authorized treatments in case of incompetency due to a serious ill or trauma. (Umani Ronchi G. et al, 2003; Barni M. et al, 2004)

The Italian path to a law concerning living wills was conditioned by the experiences of common law and civil law States, and by some events that preceded and accompanied the parliamentary debate. (Introna F., 2005; Giusti G., 2005)

Till to-day eight bills, with relative affinities and differences, are under examination of Senate.

The affinities concern the extension of self-determination principle to medical treatments, the subject-matter of wills, the efficacy of dispositions and the concept of incompetency; the differences and medico-legal problems regard the attitude to artificial nutrition, the references to euthanasia, the obligation of citizens to draw up living will, the subject and form, and way of preservation, of advanced directives, the nomination of a fiduciary, the verification of incompetency, the moment of realization of advanced directives, the eventual assistance of a doctor at moment of writing out living will, the possibility of conscientious objection for physicians. (Casini M. et al, 2007)

Hopefully advanced directives will set in our legal system as soon as possible, excluding any form of euthanasia, establishing the eventual equality between anticipate and actual refusal of cares, assuring patient best personalization of cares, humanization of death and rejection of unproportionate and unjustified life-sustaining treatments, guarantying health' professionist the

right to disregard patient's demands, if contrary to his ethics and deontological conscience, and protecting him before the law if omits treatments, in observance of advanced care directives. (Casini M., 2006; Casini M. et al, 2007)

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