

Euthanasia as a social representation from a Gerontological, professional, and citizen perspective

La eutanasia como representación social desde una perspectiva gerontológica, profesional y ciudadana

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Abstract:

General objective: To comprehend the social influence that euthanasia represents in the vital decisions when a terminal disease occurs in the elderly, relatives, and professionals of health, lawyers, and priests as social subjects. **Specific Objectives:** To identify the factors that intervene in the decision-making of applying euthanasia or refusing it for the elderly. Furthermore, in the social representation, notices the implications of the different social subjects that decide to apply for euthanasia, and analyze the elderly's beliefs and values of the elderly. **Methodology:** According to the type of study, a qualitative approach was carried out as well as transversal descriptive, and also semi-structured interviews with certain characters with specific characteristics needed for the investigation of those characters such as doctors, thanatologists, lawyers, priests, and the elderly. **Results and Conclusions:** In conclusion, 80% of the interviewees are in favor of euthanasia, providing their opinion about the personal experiences lived and the difficulties faced when changing their negative thoughts into positive ones because of the circumstances entailing a relative to be subjected to a difficult and painful treatment, reflecting about the importance of the feelings like the willingness of the sick person to have the right of a dignified death. On the opposite side, 20 % of the interviews are against it mainly due to the person's convictions and the influence of his/her professional ethics as well as his/her culture/tradition and also his/her educational, familiar, and social formation and environment.

Key Words:

Social Representation, The Elderly, Euthanasia, and Social environment.

Resumen:

Objetivo general: Comprender la influencia que tiene la representación social de la eutanasia, en las decisiones vitales ante una situación de enfermedad terminal de los adultos mayores, en la familia, los profesionales de la salud en formación, los abogados y los sacerdotes, como sujetos sociales. **Objetivos específicos:** Identificar qué factores intervienen para tomar la decisión de aplicar o no la eutanasia en la población adulta mayor; identificar las implicaciones de los diferentes sujetos sociales para llevar a cabo la aplicación de la eutanasia y analizar las creencias y valores de la persona mayor en la representación social. **Metodología:** Se realizó de acuerdo con el tipo de estudio un enfoque cualitativo, transversal descriptivo, así como entrevistas semiestructuradas que se realizaron a personajes con ciertas características que se requirieron para la investigación dichos personajes fueron los médicos, tanatólogos, abogados, sacerdotes y personas adultas mayores. **Resultados y Conclusiones:** Se llegó a la conclusión de que el 80% de los entrevistados están a favor de la eutanasia, brindándonos su opinión acerca de experiencias personales

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que han vivido y de lo difícil que ha sido, cambiando su pensamiento negativo a positivo por las circunstancias que conlleva a un familiar al someterse a un tratamiento difícil y doloroso, reflexionando acerca de la importancia que tienen los sentimientos como la voluntad del enfermo para el derecho a la muerte digna. El 20 % está en contra mayormente por las convicciones que tiene la persona y la influencia que tiene su ética profesional como su cultura y/o tradición al igual como su formación educativa, familiar y el ambiente social

INTRODUCTION

In Mexico Euthanasia is illegal, due to the painful circumstances that people with terminal diseases face, looking for being heard, and respected in their decision-making of how to spend the last days of their lives, with the appropriate terms to do it and get with this a dignified death. Currently, in Mexico, nothing has been done to shorten the pain of the patients.

Has been identified some countries where consider euthanasia as a legal practice, under some terms and adequate norms to that practice.

Based on the last survey done by the National Institute of Statistics and Geography (NISG), in Mexico, there are approximately 15.4 million people 60 years old or more from whom 90 thousand people suffer from a chronic-degenerative disease, which leads to bad quality of life to the users, not only for the physical exhaustion but also for the constant family and economic burnout which represents medical and hospitalization expenses.

On one hand, from these populations who do not have access to euthanasia or dignified death, there are 6 countries in which it is legalized, example, Spain, Netherlands, Belgium, Luxembourg, Canada, and New Zealand, nowadays in Mexico, there is no legalization of this practice, among other things because of the legal limitations existed alongside beliefs, values, customs, predominating in our society, which has been relevant to consider the proposals from the medical area to the regulatory instances that are part of the medical acting.

On the other hand, there are the family's beliefs, ideological structure, and the Judeo-Christian culture that prevails in the country and that surrounds the decision-making process, both professional and family, that accompanies the

health-illness process of older adults suffering from a terminal illness.

It is important to highlight which are the criteria that modulate the beliefs and decision-making of professionals, as well as of older adults who at a given moment may face a terminal illness, by analyzing the social representation of the population under study, to have a reference of the current social situation regarding the subject that concerns us, considering that social representation is a construction that is outlined as the should be of a certain population that signs, approves or reproves certain actions and/or behaviors.

Critical gerontology studies the social and cultural dimensions of population aging. It is not focused on the medical care of the elderly, but on the sociological and/or anthropological dimension of aging in society. Critical gerontology aims to investigate how we define aging in cultural terms. It seeks what factors, symbols, rituals and transactions condition the lives of older people, and how this affects health, daily life, relations between age groups, and even public policies.

Advance directives can be understood as "the process by which a person plans the treatments and health care he or she wishes to receive or refuse in the future, particularly for the time when he or she is no longer capable of making decisions on his or her own".

Materials and Methods:

The research carried out whose report is presented starts from a theoretical position from critical gerontology with a multi-referential approach, it was applied as it required to carry out fieldwork to collect the testimonies of the people involved.

According to the characteristics of the object of study, it was decided to use the qualitative approach, to elucidate the different edges that the subject of the research has, using it as a social analyzer of what aging represents in our country.

The problem of the application of euthanasia in the elderly population, through the analysis of the social representation considering the different implications it has for the different social actors involved in a process that is unipersonal and unique as is dying when the minimum conditions exist, is diminished by the presence of a terminal illness. Hence, the research design used is given by a case study in consideration that the object of study requires a deep analysis using a transversal axis composed of the relationship between the different factors involved such as aging, health-disease process, quality of death, euthanasia, religious beliefs, family, and human rights.

The research was based on the development of a state of the art that made it possible to identify the different approaches to the topic in question, as well as the methodologies used for its study, the legal implications, and the various theoretical approaches addressed at the regional level in Latin America.

Similarly, the study was transversal since its duration covered from January to November 2022, and according to its nature, it was descriptive since it represents a first approach to the phenomenon where we only sought to clarify and understand the sociocultural context in which the series of social representations that impact the person who seeks to decide as a citizen about his death is constructed.

The semi-structured interview technique was used and applied to five types of subjects representing the representative institutions involved in the process, such as medicine, with the participation of a medical specialist in the full exercise of his profession.

Furthermore, the legal normative instances with a representative of the State Commission of Medical Arbitration, the church represented by a Catholic priest, and the family, with a family member of an elderly person who is in the terminal stage of his illness and an elderly person who enjoys full health but maintains a critical stance regarding the research topic; the family, with the participation of the relative of an elderly person who is in the terminal stage of his illness and an elderly person who is in good health, but who maintains a critical position concerning the subject of research.

For the data processing, qualitative content analysis was applied as a strategy to identify, know and describe the type of components present or associated with the social representation of euthanasia, to understand its meaning and subsequent comprehension in the population under study, based on the information generated through the applied interviews.

Results

		Euthanasia	Social Participants				
			The elderly person	Doctor	Priest	Lawyer	Thanatologist
Social Actions	Beliefs and Values	In favor	X			x	x
		Against		x	x		
		Not Defined					
		What does Euthanasia mean for them?	Dignified Death and without suffering	A practice whose purpose is to end life.	From their religious viewpoint, it is considered a sin.	Practice that is done and can only be practiced with people with terminal diseases to end their life and suffering	The process to avoid suffering for both the person and the family members.
		What should a gerontologist do?	Accompanying in the face of loss	People are trained to provide	Accompanying people with terminal	Support in integral attention	Accompanying for both the person but also

			attention and accompany the elderly and as well their relatives.	diseases, and family members too.	encouraging the aging.	the family members.
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Discussion

About the structured interview, the data obtained showed that 60% of the interviewees were in favor of euthanasia, while 40% were against euthanasia.

From the religious position, it tells us that "from the life of faith we have to understand why we are in the world and why we were created, we are in the world to glorify God with life, in the profession in a way to earn a just and honest life, to act under four principles: justice, truth, good and life.

We have to educate ourselves in the way of death so as not to be afraid of it because during life we are building and edifying ourselves as persons". This position disregards the physical suffering and the emotional wear and tear of being in a painful terminal phase that places the human being in a situation of great vulnerability.

Just as the doctor talks about life and births in families, talking about death is also indispensable, especially when there is a family member who is about to enter this process. Talking about this subject can help to accompany the patient and the family during this journey that is often associated with pain, which in most cases is unbearable, but there is nothing more that can be done than to apply treatments that "calm" the patient's symptoms and in a way partially treat the disease, but with the disadvantage of prolonging the patient's life.

Therefore, they prolong the suffering and forget to take into account the quality of life of the person, this is called distanasia or therapeutic obstinacy, which is the unnecessary prolongation of the suffering of a person with a terminal illness, but why does this happen? It is well known that the main objective of medicine is to preserve life, hence it is the objective of those who practice this profession since doctors "are trained to always give life but not to take it away". However, if the patient would decide to have a dignified death, which would be euthanasia, this would be denied not only because the practice is not accepted by medicine but also because in Mexico it is legally prohibited and penalized.

If we talk about the application of euthanasia in terminally ill patients, it will be necessary to take into consideration their deteriorated state of health since this "will directly influence the family in terms of their economic level, whether they are solvent or not", we are talking about the family since they are the ones who are mainly in charge of paying all the expenses of the patient, in terms of medicines or hospitalization.

It is worth mentioning that the older adult has a position in favor and that for him/her it is of vital importance that patients have the opportunity to decide, the right to a dignified and painless death, and that terminally ill patients have specific characteristics, such as situations in which the doctor is unable to save his/her life and to provide treatment, that he/she requires palliative care and has no healing.

Deciding on the life of the terminal patient is difficult since we are not prepared to take into account the suffering of the patient and be empathetic with what the patient wants, it is of vital importance to make use of legalizing euthanasia and give a dignified death at the end of life.

In the opinion of morality part of that moment and with the boom in the following years that this has come to have the right of autonomy, within medical ethics, that the movements in favor of euthanasia have emerged with greater force and their attempt to achieve the legislation of euthanasia in different countries, has been increasingly intense, although so far it has not been completed and legalized in any country in the world, it is true that in some countries certain authorizations have been given (for example Holland), others have even gone back on some aspects that had been allowed, but the great ethical problems have not been completely solved so far.

In Law and Ethics usually happen cases with some conflicting rights. The Right to a person, how and when to die, entering their autonomy, but it seems to collide with some values that mean, in this case, the salvation and prolongation of human life.

The importance of thanatology is to make sense of the process of death, and in its modifications, it is also understood as the study or treatment of this process. Another purpose of the thanatologist is to ensure that

patients or any person who suffers a loss are treated with respect, compassion, and affection to preserve their dignity until the last moment.

It is considered appropriate and of utmost importance that such knowledge is carried out to better live life without fear and restrictions when hearing the word death. The death of a loved one causes a major life crisis at both the individual and family levels. The death of a person usually causes, in those who had a close and significant bond with him/her, important changes in the concept they have of themselves and the world around them, which can manifest in various symptoms.

Talking with the family before the process of death of their relative and long before the disease is essential as thanatologists refer to it, knowing the well-dying and the processes of death changes the improvement of the decision of the person as well as the family to be in such processes.

Euthanasia should be an option for every person who has a terminal disease and is suffering a lot, where there is no longer a cure or a condition that generates a loss of dignity of the person, as long as it has to be a decision of every human being and is open to those conditions.

Conclusion

In conclusion, from the gerontological point of view, it was understood from the interviews that the positions on euthanasia are mostly in favor of its application, to respect the right to a dignified death. The gerontologist accompanies the bereaved and ensures that the terminally ill person receives adequate care, carrying out gerontological and thanatological work in the management of bereavement, care of the terminally ill person, and legal guidance to family members.

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