Euthanasia: Living Will

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Introduction. Living wills were first proposed in 1969 by the American lawyer Louis Kutner as a simple device to allow patients to say no to life-sustaining treatment that they did not want, even if they were too ill to communicate. They dealt with the problem that doctors often found it hard to accept that patients might prefer death to treatment, especially when the patients could not speak for themselves. The living will is a legal document that sets out the medical care an individual, or the principal, wants or does not want in the event that he or she becomes incapable of communicating his or her wishes. Living wills are also a big part in the legal aspect of euthanasia. A living will can express a patient's thoughts towards his future medical treatment. Living wills are legal in forty states. They allow anyone capable of making decisions to tell the doctor beforehand that they do not wish to be put on life support.

The aim and methods. The purpose of the article is to disclose the reasons and conditions causing the death of a person at his request, and to develop prevention measures that might prevent euthanasia. Methodological basis of this paper are fundamental to the legal, philosophical and medical sciences. Through this basis it can be formulated the general and particular understanding of living wills as a scientific problem and can present some of the thinking in the context of contemporary reality.

Results. A living will is not a legally binding document in itself, but may be given legal recognition and status by mental health and other legislation. A living will can show that in the future, under clearly defined circumstances, the patient does not want treatment which will help him or her to live longer, such as antibiotics, tube feeding or being kept alive indefinitely on a life support machine. Although there is no law that governs the use of living wills, in common law refusing treatment beforehand will have a legal effect as long as it meets the following conditions: 1) a person is mentally able, is not suffering any mental distress and is over 18 when he or she makes the request. 2) A person was fully informed about the nature and consequence of the living will at the time he or she made it. 3) A person is clear that the living will should be applied to all situations or circumstances which arise later. 4) A person is not pressurised or influenced by anyone else when he or she made the decision. 5) A living will has not been changed either verbally or in writing since it was drawn up. 6) A person is now mentally incapable of making any decision because they are unconscious or otherwise unfit.

Conclusions. When a medical team is faced with a difficult decision about what treatment or care to give to a patient who is not able to make a decision, a living will helps the team to know what the patient would have wanted if he or she had been conscious. However, the living will still has to be interpreted to make sure that the situation it describes does still apply to the patient. Apart from allowing the patient to control the treatment he or she receives, the living will also gives the patient the opportunity to discuss difficult issues with close family and friends. A living will is not an instrument of euthanasia, but a request in advance to doctors not to give certain medical treatments. A living will could be revoked or changed at any time when the person who makes it has the capacity to do so.