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ETHICS CONFLICTS AND EUTHANASIA: HOW TO MEDIATE A VALUES CONFLICT

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Abstract:

The term Euthanasia can be defined as the act in which an individual's life is ended by medical procedures with consent of that person to provide him relief from the suffering. This term is also known as assisted suicide. The relevance and legalisation of euthanasia has attracted a significant debate among scholar across the globe. The presented research work is also directed to highlight some of the critical and ethical conflicts related to the relevance and legalisation of Euthanasia. The presented research also aims to mediate a values conflict related to Euthanasia by analysing the arguments of the two contradicting values namely individual autonomy (which supports Euthanasia) and Human life dignity protection value (which opposes Euthanasia). In order to explore these two perspectives in the most effective manner, the presented research has undertaken both qualitative and quantitative data in the study. The quantitative and primary data has been collected with the help of survey through questionnaire method, wherein the secondary and qualitative data has been collected with the help of library research method. For the survey, a total of 40 Ireland-based participants are included in the survey or primary data collection process through the application of purposive sampling strategy. For this study, online survey has been conducted and views of the people on the rationalization of euthanasia have been collected in the quantified form. As a results of the study, it has been depicted that majority of the Irish people believe that Euthanasia is a good option to relieve a patient's suffering" as it can be medicine of incurable disease. However, the primary data has also reflected that before legalizing Euthanasia, there is a need of establishing proper monitoring and evaluation on this and in this regard, the role of mediators becomes quite high. The research work has also found out that there is a need of a well trained mediator

who can assess the case and provide better counselling to the patient and his family members so that requests for euthanasia can be minimized.

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Chapter 1: Introduction

1.1 Introduction

Subject to a few limitations, a patient with full mental capacity in Ireland has the right to refuse medical treatment, even though doing so may end in death. A patient, on the other hand, has no legal right to claim any active measures to be used to accelerate his or her death. It is against the law to practise euthanasia or physician-assisted suicide. Health-care workers are frequently placed in situations where they feel ethically confined as well as inadequate spokespeople for the people they serve (Radbruch*et al.,* 2016). Moral anguish is the experience of people who are morally limited; they formulate moral decisions about the best course of action to pursue in a circumstance, because they're unable to act due to restraining causes, either internal or external.

The recent announcement of the Dying with Dignity Bill 2020 had also brought the debate about legalising euthanasia as well as physician-assisted suicide back into the forefront. This Bill intends to make it legal for a medical professional to help a mentally capable terminally ill patient (aged 18) in Ireland terminate his or her life if somehow the individual has a distinct fully settled desire to do this and has made a statement on the matter in front of an impartial witness (Crowley, Doran and O'Caoimh, 2021).This statement would next need to be signed and dated by two healthcare professionals who both are convinced that perhaps the individual is terminally ill, has the complete mental ability, and also has a clear as well as settled intention to

terminate his or her life, which has been reached voluntarily and without compulsion or pressure.

Acceptance for euthanasia as well as physician-assisted death seems to be expanding among some of the broader public in recent years. Physicians' perspectives on euthanasia including physician-assisted suicide, on the other hand, have been regarded as especially authoritative due to their first-hand expertise with end-of-life care. Furthermore, any plan to legalise euthanasia as well as physician-assisted suicide will very certainly include physicians. The views of Irish doctors on these problems appear to be diametrically opposed to those of the Irish populace. There have been significant improvements in the areas of euthanasia and PAS all throughout the world. In England and Wales, supported suicide is illegal under the Suicide Act 1961, and then in Northern Ireland, it is illegal under sections 12 and 13 of the Criminal Justice Act (Northern Ireland) 1966 (McCormack, Clifford and Conroy, 2012).

In Ireland, there is no clear decision-making structure for specialised healthcare services, as well as the existing legal framework lack information and therefore does not encourage uniformity across practitioners. Physician aided suicide refers to when a doctor gives a patient the tools to end his as well as her own existence and does not even make a significant impact to end the life of a patient (Lombard, 2014). 40 The person is capable to demand death and also has the physical ability to perform suicide in circumstances of physician assisted suicide. As a result, the doctor does not conduct the act that ends the patient's life, but they do aid the individual in trying to commit suicide.

Palliative care is becoming a more common kind of treatment for people in Ireland, as well as the number of people receiving palliative care is projected to continue to rise in the

future years. Despite the significance of palliative care as well as the legal and ethical challenges that end-of-life care raises, there has been very little legal involvement in this jurisdiction with specialised palliative care practises (Andriessen*et al.,* 2019).The audit culture that has arisen in Irish nursing in recent times provides the legal underpinning for specialized palliative care in Ireland. In several sectors of patient care, there has also been a shift forward into strongly outlined as well as measured criteria.

The Health Information and Quality Authority [hereafter referred to as 'HIQA' is in charge of medical audits in Ireland and also has issued standards that healthcare professionals must adhere to. HIQA, on the other hand, has only produced one guideline for end-of-life care, which does not apply to skilled nursing facilities. As a result, the audit method excludes a large provider of specialist palliative care in Ireland. However, specialist palliative care can be provided outside of treatment centres in a variety of settings (Boudreau and Somerville, 2013).This type of care is available in hospitals, skilled nursing facilities, as well as in the community. Even as audit culture grows, guidelines for end-of-life treatment are likely to emerge, with a greater emphasis mostly on the legal foundation for specialist palliative care. Currently, the Department of Health and Children has released several publications intended to address as well as enhance paediatric palliative care. This highlights the fact that an individual's palliative care poses a variety of extra concerns.

1.2 Background

When one is terminally sick, the freedom to choose to end their misery and anguish as well as to die with dignity just at the time and location of their choosing is an essential aspect of human power to rule their own destinies. While suicide is not illegal, helping throughout the

suicide of some other person is (Breen and Reynolds, 2011).To do a positive act also with intention of ending existence has been and continues to be called murder, and according to the moral foundation that justifies the crime. In actuality, 'compassion' now sometimes mitigates blame for suspects, therefore the violation does not represent the realities of cases.

People in end-of-life circumstances in Ireland and the United Kingdom are likely to suffer longer considering the current legal status. Ireland's current legal structure should indeed be overhauled. Preserving the current legal framework forces persons in extremely vulnerable circumstances to rely on complicated judicial declarations as well as a complete lack of process to ensure that those who carry out their final wishes are not prosecuted. In Ireland, the general public has limited knowledge of end-of-life treatment and support terms, as well as the procedures of dying as well as death. They're also unsure more about the role of relatives in getting information when needed for mentally ill patients as well as making decisions on their behalf (McCarthy, 2014).

Since lack of awareness, as well as ambiguity about ethical responsibilities and obligations, loss of faith in trying to express lingering doubts, as well as fear of litigation and professional conduct, can and often do contribute to supervision, mistake, as well as poor practice, a comprehension of the ethical problems at the end-of-life is critical to good end-of-life care. Irish laws and regulations companies are continually pushing for developments in healthcare practice in end-of-life care (Engeli, Green-Pedersen and Larsen, 2012). This is long past due and much appreciated. However, in order for the changes envisioned in texts like the National Consent Policy (2013) as well as the Assisted Decision-Making Bill (2013) to be fully

implemented, a culture shift in medical institutions and procedures, as well as among the general populace, is required.

1.3 Rationale of the research

Conducting research on the subject is significantly important in order to discover the gaps in the study about various issues surrounding Ethics conflicts and Euthanasia in Ireland. Euthanasia, as well as assisted suicide, have been currently prohibited in Ireland. While euthanasia is no more a criminal offence since the Criminal Law (Suicide) Act of 1993, participating in the suicide of some other person can result in a term of up to fourteen years imprisonment if a person 'assisted, encouraged, advised, or obtained the suicide of the individual alleged to have been slain.' Whereas the laws like these should be enhanced for the ill person who is suffering and needs to put an end to his/her suffering should be allowed to do it, the pain one tolerates can reach a peak making the person unable to tolerate the same anymore. The same setting in Ireland should make changes in the acts as it does relieve the person suffering as well as their families who hate to see the individual suffering (Francis, McKenna and Sahin, 2019).

1.4 Preliminary information

Despite the significant disparities in attitudes against euthanasia among countries, prior literature has mainly ignored a country-comparative viewpoint, concentrating instead on reasons for individual variances. Many religious people believe that only God has the authority to decide on life and death, which leads them to oppose euthanasia. The few who believe they have no control over the situation or are not important productive members of society, such as the elderly, socially inactive persons, or those without a spouse or kids to provide for, are much

more likely to be concerned about euthanasia's potential abuse (Verbakel and Jaspers, 2010). Involuntary euthanasia could become a reality for certain people.

Fears of euthanasia abuse are likely to be higher in nations with health care systems that do not protect human dignity. Although there is no guarantee that euthanasia would be employed against a person's will, residing in an atmosphere where individuals have little choice in the diagnosis and treatment practitioners have already been known to abuse patients inhumanely may instil anxiety of euthanasia being misused (Byrne, 2013). This worry is likely to lead to anti-euthanasia sentiments. Many rules and discussions, including that of the euthanasia issue, would incorporate justifications depending on individual autonomy if personal liberty is generally embraced in a society.

1.5 Research aims and objectives

The ultimate goal is to provide relief to people who have been suffering from severe diseases for a long time but have been unable to find a treatment. As a result, healthcare workers are in danger of contracting the sickness. Henceforth, the aims and objectives of the research are:

- To examine the legal as well as ethical aspects of Euthanasia
- To determine the relevance of human rights regarding Euthanasia
- To analyse the importance of implementing Euthanasia and Physician-Assisted Suicide (PAS) in Ireland

1.6 Value of the study

The research will have great value for the whole community as people will get relief from severe pain as well as distressing symptoms. Currently, no specific fundamental rights are

violated by euthanasia as a decision. Death is, by definition, a personal experience. Assisted suicide (like euthanasia) includes direct injury as well as the ending of life exclusively for the person who has asked for it. Another "responsible" person cannot be euthanized on one's behalf. Euthanasia causes no harm since it does not prohibit or compromise anyone's fundamental human rights. Any law, as well as system, can be exploited, but those laws and systems can always be improved to prevent abuse. Similarly, as numerous first-world nations have done, it is conceivable to regulate euthanasia appropriately and effectively (Barry*et al.,* 2018).

Chapter 2: Literature Review

2.1 Introduction

In the following literature review, the aim is to examine the legal and ethical components of euthanasia, euthanasia is forbidden in Ireland, according to the Ethical Guidelines of the Irish Medical Council. Suicide prevention initiatives play an important role in protecting the public health by emphasising the importance of appropriate social and political safeguards for people who are cognitively vulnerable to suicidal inclinations, both inside and beyond the home. It is a representation of the Irish State's obligation under Article 2 of the European Convention on Human Rights (the right to life) to defend a patient's existence through each of these methods. In addition, the literature review also emphasises on the determination of the relevance of human rights in association with Euthanasia, human rights are crucial in defining how patients are cared for and treated near the end of their lives. Human dignity does not appear to be specified as an essential explicit principle in some of the active provisions of the human rights conventions. Human rights, on the other hand, is constantly reported in the first sections of accords and is therefore used as a foundational concept in conjunction with certain other guarantees as well as constraints. Lastly, the literature review aims at evaluating the importance of applying Euthanasia as well as Physician-Assisted Suicide (PAS) in Ireland as the people suffering from an illness that cannot be cured, do not want to suffer around the sounds and noises of the hospital room and hence want to be relieved of the pain they are going through and in that case, if euthanasia is not enabled it leads to making the patient suffer for the period of time remaining in one’s life. To end the suffering the individual

can demand euthanasia which is suitable for the one who is suffering and henceforth the importance of making euthanasia legal shall be examined.

2.2 Significance of mediating conflict of values involving euthanasia

According toO'Mahony (2012)those in support of euthanasia say that in a civilized society, people should be allowed to depart with respect and often without suffering and that everyone else should be able to assist people if they are unable to do so on their own. They argue that human bodies are personal property and that people should be free to do anything they choose with them. As a result, forcing someone to survive forever beyond what they choose is unethical. Trying to make people continue to live even if they do not wish to does, in reality, damage their individual freedom and liberty. They argue that forcing individuals to live in agony and misery is immoral. They go on to say that euthanasia should never be illegal because suicide is not.

Similarly, according to Quain*et al.,* (2021),the subject of death raises difficult concerns regarding the meaning of life and death, as well as personal views and ideas about death and dying. Individuals who are terminally sick may address their personal views about what constitutes an ethically just or acceptable death, explore thoughts more about the dying process, as well as evaluate their degree of personal influence as well as control in their dying procedures. Faith and religion might affect end-of-life choices by contributing to terminally ill people's perceptions and beliefs about life and death. Systemic variables, cultural events, as well as societal conventions or beliefs all impact human beliefs and values in end-of-life making decisions.

In a similar context, according to Kenny (2022)even if people can't agree about whether euthanasia is ethically justifiable, the basic concept is that people can create a communal provision that allows individuals who could really find a sympathetic physician to end their lives without the risk of criminal charges to do so. It is well recognized, for example, that the personhood reaches moral status used in several pro-euthanasia arguments produce highly counterintuitive results with regard to problems of beginning of life as well as the end of life, and therefore these results are frequently interpreted by adversaries as a reduction of these kinds of approaches.

Köneke (2014) highlight those opponents of euthanasia share concerns about the impact of legalization on the standing of healthcare professionals, but they are more likely to concentrate on the consequences for individuals who choose not to execute euthanasia. A religious exemption provision is likely to be included in any euthanasia legislation, although it may not be sufficient to protect physicians as well as other health care providers throughout the long run. Some jurisdictions have also had a propensity to read conscientious objection provisions quite broadly, both in terms of the types of health care employees authorized and also in terms of the types of activity that an individual can object to.

According to the viewpoint of Daly (2017) those who reject euthanasia as a healthcare treatment would likewise oppose the generalization of euthanasia as just a medical service. They are inclined to want it to be completely separated as well as unique, but they may be hesitant to integrate it into standard compensation procedures. It may also be coupled with a refusal to pay financially to a behaviour that is ethically reprehensible, such as through health care premiums as well as taxes. In terms of health-care resources, there may well be concerns

as to whether allowing euthanasia compromises or weakens rights to expensive life-prolonging therapy, or even whether, in the long run, a presumption would just be developed that selecting euthanasia was the ethically correct choice.

Similarly, according to Peter-Hagene and Ratliff (2021) while it may be easy to agree to disagree on the extremely narrow topic of decriminalizing euthanasia, agreeing to differ on the legalization of euthanasia as a sort of medical/health care intervention is far more challenging. It is nearly impossible to limit euthanasia legalization to just consent. Any legalization will almost always include an aspect of acceptability. From the perspective of a vocal defender of euthanasia, declaring euthanasia illegal would be a measure that only results in a loss. There is no benefit to such opposition in agreeing to disagree, and the only reason to do so would be if it is considered that perhaps the legal situation after agreeing to disagree would be more restricted than that of any position achieved without consenting to this sort of accommodation.

In a similar way, according to Magalhães-Sant'Ana*et al.,* (2016), it is the intentional as well as direct involvement in the dying patient's pain. This practice and for those who are terminally ill and will die as a result of a surgical condition, typically a medication injection. Adult cognizant patients, as well as family, friends, as well as physicians for the unconsciousness, can choose voluntary euthanasia. Intentionally stopping therapy for a person so that he or she dies as a result of organ failure. It is the source of any artificial support used to prolong the "life" of an incurable illness patient. Various heart rate and breathing support systems, serum as well as blood transfusions, artificial oxygen consumption, persistent catheters, as well as other types of support are available.

In the same line, according to Paxton (2019) the question of euthanasia, both the Orthodox as well as Catholic churches have shared their thoughts. Religious scholars argue that life is precious from God and no one else has the authority to decide on it, violating the right to euthanasia even though the patient chooses it. Every human being has the responsibility to adapt his or her life to God's plan. Voluntary control death, as well as suicide, is just as immoral as a homicide since it disregards God's authority and destroys God's wealth. Assisted suicide and euthanasia are both regarded types of murder for people who have no belief in euthanasia. With each passing day, the world becomes more complicated. Society needs honest and talented people with acuity who can reconstruct the fabric of global societal groups in an unbiased and transparent manner. The human personality is endowed with dignity. Every terminally ill person who is mentally capable has the intrinsic right to choose an honourable and sympathetic death over unbearable torturous torment.

In the case of non-voluntary euthanasia, when the patient is unable to consent to euthanasia due to their health condition, and there is no agreement among doctors and members of the patient's family in relation to euthanasia due to a conflict of values, when each individual has their own beliefs, faith, religion or non-religion, ethics, morals, and this prevents an agreement.

Value conflicts are caused by incompatible belief systems that are perceived or real. Values are beliefs that people hold to give meaning to their lives. Values disputes arise when people try to force a set of values on others or defend exclusivity in value systems that do not allow for alternative beliefs.

It is a logical choice to use mediation to resolve this type of disagreement; but, when we bring a clash of values to the table, we are confronting people's faith, culture, background, philosophy, morals, and everything they believe to be true and certain.

Maintaining neutrality and objectivity in this type of situation is extremely difficult for the mediator, because we all carry baggage, beliefs, cultures, ideologies and faith from the moment we understand what it means to be human, so letting go of everything you believe in order to assist others is a difficult task. It is important to remember that the mediator has his or her own values, and that not interfering in a scenario where he or she sees oneself can be tough.

We already know that mediators must have an interest in the issue yet are unconcerned about the outcome. The mediator works with the parties to find the best solution for them. It is vital that the parties have enough faith in the mediator to keep the process going long enough to speak frankly and honestly about the situation. However, having the right skills and a proper training is fundamental to deal with this kind of conflict.

2.3 Examination of legal and ethical components of Euthanasia

According to Boudreau and Somerville (2013) in Ireland, all kinds of assisted death, as well as euthanasia, remain currently prohibited. Regardless of the fact that Ireland is indeed a developing place (population of around 5 million), various observations imply that a modification in this practice could still have a far-reaching international impact. It is part of the European Union's legislative and judicial systems. It is an English-speaking nation with a global population of tens of millions of individuals who claim to be related to it in some way. Ireland has generally been a spiritually as well as socially conservative, mostly Catholic country,

although it, like so many South American as well as Mediterranean countries, has witnessed a significant social transformation in recent decades. Even nations with vastly different legal systems have social and cultural concerns about euthanasia.

Similarly, according to Fraim (2016),the Irish Medical Council's Ethical Guidelines declare that euthanasia is prohibited throughout Ireland. The Irish government has started to investigate the issue, which resulted in a 2018 survey strongly supporting voluntary euthanasia legalisation. In 2020, an independent individual's legislation (the "Dying with Dignity Bill, 2020") had been presented as well as received majority approval. The bill did not advance, nevertheless, because a Dail advisory board discovered this to have huge technical faults across several sections, as well as the potential for unintended policy consequences – particularly in terms of the lack of adequate security to protect disadvantaged populations from undue pressure for using assisted dying. Due to these flaws, it may be open to legal challenges.

In the same line, according to Holt (2017)"Having an untreated as well as progressing sickness that cannot be corrected by medication, as well as the individual is certain to experience the ill effects of that disease or repercussions," according to the Irish Bill. In fact, this description might cover a wide spectrum of long-term illnesses, encompassing cancer, diabetes, heart problems, despair, Alzheimer’s, as well as mental illness, to name a few. Chronic illnesses can sometimes be treated to provide a good standard of living, even if they are not treatable. Mental ability was to be tested by using four fundamental assessments of comprehending, memorizing, using it and weighing, as well as sharing the information, according to the "Dying with Dignity Bill, 2020." Nonetheless, it would not specify who might be in a better position to decide aptitude and therefore what skills individuals would require.

According to Campbell (2016), mental problems can impair capacity, but the Bill does not address this issue or how to address it. There is also no clear procedure for resolving disagreements over intellectual capabilities, such as when one doctor believes the person has ability but someone else does not; it is unclear whether a third or perhaps a fourth, doctor is necessary. It's also unclear who has final control over this judgment. As it stands, an individual might go to the doctor upon doctor unless they found one who would approve their registration. It didn't say how far ahead of time the capacity evaluation could be done or even how long it would be valid. The bill did not indicate whether a co-decision taker, as well as a decision-making representative, could apply for voluntary euthanasia on behalf of another person, or the function of Advance Care Directives.

In a similar context, according to Preidel and Knill (2015) the applicant's "clear and established intention" was mentioned in the Irish Bill. However, this is impossible to define (and the Bill makes no attempt to do so), because people's opinions on issues can change at any time. Suicidal patients, for example, frequently claim a "clear and resolved" decision to die, but this might be an indication of a curable psychiatric disorder. The virtuously certain personal judgement of "straightforward as well as settled intent" is more than a prediction that what an individual would not keep changing his or her mind (a choice that would not be rescinded because of impending death could indeed merely be regarded irreversible for such a reason); it is a genuinely certain assessment about the toughness of a person's fortitude.

In the same line, according to Byrne (2013), the provision modifying the 1993 Suicide Act exempts any activity carried out and under this Bill from the 1993 Act's penalties. The practice of euthanasia contradicts industrialised countries' suicide awareness attitudes as well

as programmes, notably the Irish government's National Office for Suicide Prevention (National Office for Suicide Prevention, 2021). Suicide prevention programs play a significant role in public health and safety by offering as well as highlighting the significance of proper social and political precautions for persons who really are cognitively susceptible, both inside and outside of the home, to impulses of killing themselves. It is a manifestation of the Irish State's obligation underlying Article 2 of the European Convention on Human Rights (the right to life) must take effective actions to protect a person's existence through each of these mechanisms.

According to Lombard (2014) in Ireland, there have also been significant advancements in encouraging high-quality end-of-life care throughout the healthcare spectrum, particularly via the implementation of both palliative care services and improving instruction in palliative care throughout the disciplines. Furthermore, the professions have facilitated the development of advanced care planning by guaranteeing that medication at the end of life is proportional to the objectives of such advanced health care coverage. There is little indication that the establishment of assisted suicide legislation has resulted in major harm, although such investigations have rarely looked at sickness perceptions, nihilism, as well as age discrimination, all of which might alter as well as influence care practices.

Similarly, according to Venter (2013) in terms of this acceleration, there has been a progression to promote acceptance of assisted suicide, that has only obtained legal acknowledgement in a small percentage of jurisdictions around the world and it has been the main topic of a private member's Bill in Ireland, and therefore a dispute between the parties submit to the High Court by the then Irish Human Rights Commission in 2014. A number of qualified healthcare/medical groups in Ireland have however stated their objection.

Throughout most cases, the entities in concern came to that conclusion after consulting with experts as well as conducting a survey of their membership.

In a similar context, according to Keogh (2015) dignity in death, The Dáil has approved the second phase of Bill 2020, which also seeks to legalise assisted dying/suicide in Ireland. "The idea underlying the Bill is to grant to an individual the legal and medical option of authorization of assisted dying where a certain individual is suffering from a life-threatening illness," according to the Bill's explanatory note. The Bill lays out the conditions within and so it would be legal for terminally ill adults over the age of 18 who desires to terminate their own existence and seems to have the mental competence to do so to die with the help of a healthcare professional. Physician-assisted death is a complicated problem that raises a slew of ethical, legal, as well as moral compunctions that demand open and honest conversation.

According to Sinclair (2020) many terminally ill people experience worry as they approach the end of their lives. They have distressing emotions such as fear of both the future and becoming a responsibility to loved ones, and they are concerned regarding pain management as well as losing control of their lives. As a result, some terminally ill patients are considering physician-assisted suicide, also known as physician-assisted death as well as euthanasia, as a way to end their lives. Many terminally ill people experience worry as they approach the end of their lives. Euthanasia can be divided into two types: passive and active. The procedures of passive and aggressive euthanasia both culminate in death, however they are not the same. Passive euthanasia relates to accelerating an individual’s personal death by eliminating continuous medical support with the purpose of producing death as well as enabling the terminally ill patient to die a natural death. The few who consider terminally ill

patients have always had the ability to choose when and how they die and have different convictions regarding whether or not physician-assisted dying seems ethically acceptable.

Paterson (2017) highlights that individual nations have the authority to decide not just whether physician-assisted death should really be lawful. Because federal courts would not want to respond with force on problems like this until the repercussions have become clearer through understanding and application in individual nations, each state legislature could perhaps make choices towards this problem based on the empirical law, existing law, as well as the belief systems of the large percentage of people in the state. Researchers arrive at the conclusion that the person making the decision determines what is morally right and wrong for himself, and also that legislative bodies should decide whether physician-assisted dying is allowed. In practice, each state determines if physician-assisted death is acceptable and therefore should be permitted based on whether the judgment represents the beliefs, principles, as well as attitudes of the majority of its population.

2.4 Determination of relevance of the human rights in association with Euthanasia

According to Francis, McKenna and Sahin (2019),the right to life is among the first European Convention for the Protection of Human And peoples' Rights' (hereinafter the Convention) stated rights. It occurs in Article 2, which would be unaffected by derogations sometimes in the event of war or a national emergency endangering the nation's life. Article 2 defines the circumstances in which the need for action has not been deemed a violation: self-defence, legitimate arrest, as well as the legitimate repression of a disturbance, providing that using violence is extremely necessary. Conventions six, as well as thirteen, have made the death

penalty, which was still in use at the time of the Convention, illegal, even in extraordinary circumstances.

Similarly, according to Kaminska and Nazarko (2017),human rights play a critical part in determining how patients are cared for and treated just at end of life. There seems to be currently no specification of human dignity as a fundamental explicit value in any of the human rights Conventions' active clauses. Human dignity, on the other hand, is frequently mentioned in the opening paragraphs of agreements and therefore is utilised as an underlying principle in conjunction with some other assurances as well as restrictions. The Court has acknowledged that it cannot establish a legal commitment to safeguarding life while also condemning a state for refusing to help in euthanasia. Whatever the Court recognised as facilitating a breach of life through voluntary euthanasia must likewise be considered as facilitating a breach of life. In the case of legal euthanasia as well as abortion, the same rules apply.

In a similar context, according to Grosse and Grosse (2015) euthanasia principally raises issues about the fulfilment of one of the most basic beliefs that have already been set in place: the right to life. It serves as a foundation for the exercise of other rights guaranteed by numerous human rights documents, three of which include the European Convention on Human Rights (ECHR). All types of deviation from the right to life remain prohibited under international human rights law. Nonetheless, some constraints, like as the imposition of the death sentence through the use of force when strictly essential, may be justifiable. Although euthanasia is legal in some countries that have signed the ECHR, it is not included as a rationale. Due to differing moral ideas as well as cultural norms that exist in society, the legality of euthanasia has resulted in an increase in controversies.

In the same line, according to Zannoni (2020), euthanasia raises questions about the right to life, which is protected in Article 2 of the European Convention for Human Rights. The requirement requires state parties to legislate to protect the freedom. State parties are not compelled to integrate the provision's wording into national laws, but they are obligated to refrain from wilfully killing individuals. Furthermore, the Article places a positive duty on the Member States to ensure ensuring everyone under their jurisdiction has the right to life by prohibiting illegal acts that endanger individuals' lives. Although the right to life is considered an absolute right, it can be curtailed if death happens as a result of a justifiable act of war or the use of violence that was absolutely required.

According to Liddane(2013),the right to live the life provision has already been asserted in euthanasia proceedings before the European Court of Human Rights. The right to privacy, enshrined in Article 8 of the ECHR, requires democratic candidates to refrain from interfering indiscriminately in people's private lives. Article 8 additionally requires States Parties to protect everyone's right to privacy by prohibiting other people from interfering with it, implying that the right is accompanied by a positive obligation. However, a state may limit the right if it is essential in a democratic society to achieve a legitimate goal and if it is mandated by law. Euthanasia and assisted suicide are illegal in most nations throughout the world because they are considered murder-related practices. Only a few nations, such as the Netherlands, allow doctors to execute euthanasia and assisted suicide. Euthanasia is illegal in some nations, although physician-assisted suicide is legal.

Similarly, according to Sartori (2018), several conventions protect the right to life and the right to privacy, as noted previously. There are no exceptions to the right to life, however,

some limitations might well be justified. With the exception of the death penalty, the ECHR lists a number of restrictions that may have been justified in exceptional circumstances. Under certain circumstances, the right to a personal life under the ECHR may be curtailed. None of the justifications, however, mention euthanasia or assisted suicide. The debate over euthanasia legalisation is largely divided between two conflicting values: individual autonomy vs. human dignity protection. Opponents say that decriminalising euthanasia will jeopardise human dignity because some lives are valued as well as fulfilling life more often than others. Vulnerable groups, such as the elderly, disabled people, as well as people with chronic or mental illnesses, are prone to suffer unfavourable outcomes.

In a similar context, according to Tonél*et al.,* (2017) inadequate palliative care, a lack of medical therapy, or an inadequate allocation of resources to ailing people could all lead to euthanasia requests. Individuals with incurable conditions, it is believed, rarely request euthanasia if they have been provided with adequate medical treatment. Nevertheless, it is healthy people that call for decriminalisation, believing that a life spent on serious diseases is worthless and therefore that dying would just be easier to live a life requiring extensive medical care. An argument in favour of legalisation, on the other hand, emphasises that an individual's personal dignity is protected if his choices about life and death are honoured.

In the same line, according to Naga and Mrayyan (2013), each person should have the right independently adopt life-defining judgments for himself or herself if he or she does anything without being pressured by society, which includes the power to kill at will. Refusing to accept a call for death violates an individual's right to self-determination almost as much as a government to impose a death judgment on one person. Palliative care cannot always alleviate

excruciating suffering, even though it is up to the individual to determine the amount of his or her suffering. Individual autonomy cannot be limitless, as it is in the state's interest to make sure people from making foolish actions that they may come to regret later.

According to Pereira (2011), euthanasia is a hotly discussed topic, and the ability to end one's life on one's own terms is regarded significantly around the world. Due to the Member States' scope of appreciation, while confronted with ethical concerns, there is a lack of consensus only within the European Union. Article 2 of the Convention does not provide a right to die because it requires states to defend human life. As a result, depending on the right to life provision does not allow the individual should choose death over life. Article 8 of the ECHR does not include a right to die. Due to the varied moral, economic, as well as religious values of the Member States, as well as the margin of tolerance left by the ECTHR, it is now difficult to develop a single norm throughout the Union that addresses concerns of euthanasia.

In a similar context, according to Keown (2018), the Irish Human Rights and Equality Council (the Commission) has warned Oireachtas Members that just about any law that governs physician-assisted death should be influenced by human rights and equality principles, including careful engagement with at-risk populations. The Commission has presented its guidelines and recommendations mostly on the Dying with Dignity Bill 2020 to the Oireachtas Justice Committee. The Committee understands the obstacles experienced by those suffering from such a life-limiting illness who might just face severe suffering, particularly if they anticipate a long and painful death, as well as the Oireachtas' wish to move forward on such legislation. Legislating enabling physician-assisted death touches on various rights, including the

right to life, respect for human dignity, individual freedom, as well as the protection of human populations, such as the disabled, those with life-limiting illnesses, as well as the elderly.

Similarly, according to Wolf (2017) the supporters of Ireland's proposed Dying with Dignity Bill display a lack of understanding of the hazards of twisting the care giving urge into one that shortens life as well as opportunities. Legislators as well as the press, it is hoped, will recognize that this is a basic matter of human rights as well as solidarity, and therefore will avoid the temptation to portray it as a battle among liberals and conservatives, as well as religious and humanism. This issue goes beyond these concerns, and therefore people must resolve the problems of people who are supporting the Bill in regards to treatment and protection structures, reacting to uncertainties and worries concerning future interactions, and shifting the focus of energy and activism beyond medical assistance in dying towards assisted living. Furthermore, one must convey doctors' nearly common experience of how patients adapt in far more adaptable and innovative ways towards the current reality of disease and obstacles than they had envisaged and anticipated as a future occurrence.

2.5 Importance of applying Euthanasia as well as Physician-Assisted Suicide (PAS) in Ireland

According to Clarke*et al.,* (2021)the subject of whether doctors can immediately (euthanasia) or unintentionally (assisted suicide) end patients' lives had also emerged in Ireland, as it has been in many the other nations (physician-assisted suicide).A similar problem would be whether they should have ever been forced to do so by the law. The active and passive termination of the existence of seriously ill as well as vulnerable persons has medical, psychological, as well as social consequences. Allowing doctors to aid in the death of their patients constitutes a fundamental and irrevocable change in healthcare methods and

techniques. In Ireland, euthanasia is unlawful, therefore involvement in the deliberate killing of a person is prohibited by the Irish Medical Council. Other governments have moved to allow euthanasia in a certain form or another, with some allowing it more strictly and others allowing it more broadly.

Similarly, according to Radbruch*et al.,* (2016) patients' intrinsic dignity and value can never be taken away from them, regardless of whether they are well enough or sick, able-bodied or crippled, competent as well as incompetent. The personal liberty of human life, on the other hand, does not imply that existence should be preserved at any costs; rather, it suggests that life should also not be wilfully curtailed. Recognition of PAS-E requires acceptance of the view that certain individuals are just not worth living, which is inherently oppressive in our society's attempts to prevent suicide. This dignity is unassailable, thus it can never be taken away, even if one is in deplorable circumstances. It is unacceptable for others to abandon people in deplorable conditions precisely because of their inherent dignity.

In a similar context, according to Broekman and Verlooy (2013) efforts to allow euthanasia only in very specific circumstances, such as when a patient is suffering from a "terminal illness," frequently require that perhaps the patient must've been experiencing a "terminal illness." This is a term used to describe an irreversible as well as a progressing condition that cannot be cured and therefore will cause an individual to die as a direct result of the illness or consequences. Some jurisdictions place a time limit on when a person is anticipated to die. In truth, diabetes, heart problems, depression, Alzheimer’s, as well as schizophrenia are only a few of the long-term illnesses that could be included. Even in the event

of terminal cancer, clinical survival estimates aren't always accurate. Chronic illnesses can sometimes be addressed to provide a high quality of life, even if they are not curable.

In the same line, according to Pereira (2011) sometimes, support for a "right to die" is complemented by a demand for "tight protections" in any law allowing euthanasia or assisted suicide to prevent "abuse of the law." These ostensible precautions effectively define who has the "right to die" and hence qualify for euthanasia. This category includes people who have debilitating or degenerative disorders, as well as those who have terminal illnesses. Others, who might have been suicidal and yet have no visible illness or handicap, are thought to be "wrong to desire to die" and are given assistance to live. The Irish health service offers suicide preventative measures as well as groups to help persons who are suicidal remain as part of the national mental health policy "Connecting for Life" as well as our National Clinical Care Programme for Self-Harm in the emergency department. The term "death with dignity" is frequently used to refer to the intentionally produced death of a sick or disabled individual, as well as suggests that fragile individuals are only "dignified" in death.

In a similar context, according to Harlow (2015), a terminally sick individual in excruciating pain or discomfort may express a desire for little or no so-called "heroic efforts" to extend life. This is frequently referred to as passive euthanasia, and it is not punishable. The Medical Council has provided explicit guidelines to Irish doctors, noting that they "must not engage in the purposeful murder of an individual by active methods." Belgium has already taken two moves forward, authorising euthanasia for those that are not terminally ill, as well as children. Luxembourg's euthanasia regulations are stricter, but it has attempted to avoid

"suicide tourism" by prohibiting it for non-nationals, but Dutch legislation does not bar doctors from performing euthanasia on non-residents.

According to Zenz, Tryba and Zenz (2014), it is thought the system should be amended if society sincerely supports the legalisation of euthanasia and that this support is based on broad information about what euthanasia is and how it involves. The law is a set of regulations governing what is considered acceptable in society. The law, in anyone's opinion, does not influence society; rather, society influences the law. The legislation should be altered to accommodate the majority's deeply held opinions and values. The laws should be altered just the way wherein it supports the decision of a patient who is suffering any kind of serious painful illness to which they want to put an end by their choice. Active euthanasia is a deliberate act of putting someone's life to an end. This is usually accomplished by administering deadly medicines. Whenever a patient requests that his physician end his or her life on his or her behalf, this is known as voluntary euthanasia.

In the same line, according to Preston (2017) individuals all across the world wish for a painless death. The truth is frequently quite opposite, especially with developments in medical technology that have resulted in a growing medicalization of death. Most people's final days are spent accompanied by intrusive equipment, tubes, as well as noise. This inevitably creates moral and professional concerns about the patient's liberty and rights, such as whether doctors should grant a patient's condition to ease her or his death, as well as end a person’s life at her or his demand. On the 22nd and 29th of November 2017, the Oireachtas Joint Committee on Justice and Equality held two sessions to consider the right to die with dignity in order to look into the issues such patients are facing as well as to establish supportive laws for such patients.

In a similar context, according toJakhar, Ambreen and Prasad (2021) the Government, as well as international and European human rights agreements, place a premium on human rights. Respect, like freedom, is multidimensional. It isn't simply about objective (or external) categorization and how a person is handled (though that is a crucial component of a right to human dignity). The notion of dignity, on the other hand, incorporates a finding that can be explained of each patient's own perspective on the circumstances of his or her (continued) life. Consideration for dignity, in this sense, extends further than a person's goals and aspirations towards the details of their daily lives. Individual situations of hesitant aid should be handled with care, but the restriction is necessary to prevent suicide from being encouraged, socially sanctioned, as well as institutionalized for specific groups of people at the same time euthanasia should be allowed for those suffering a major disease and hence leading a traumatic life to which they want to be relaxed from.

According to Parpa*et al.,* (2010) Both euthanasia but also physician-assisted death are considered unethical in Ireland, and per the Criminal Law (Suicide) Act of 1993, which highlights that "any individual who helps, abets, advises, as well as acquires the suicide of another, or an endeavour by another one to commit suicide, must therefore be guilty of an offense as well as shall also be liable on charges of conspiracy to imprisonment for a period not surpassing fourteen years." Euthanasia and assisted suicide are only lawful if all of the criteria outlined throughout the Dutch Termination of Life on Demand as well as Assisted Suicide (Review Procedures) Act are met. Only then would be the doctor in question exempt from criminal charges. Euthanasia requests are frequently made by patients who are in excruciating pain with little hope of relief.

Similarly, according to Andriessen*et al.,* (2019) human beings should always have the freedom to choose whether and how they die (self-determination). Euthanasia allows someone to die in peace as well as control over their circumstances. Death is a personal matter, and the government really shouldn't intervene with one's right to die. Since there is no treatment for a condition, it is costly to keep someone alive. Euthanasia might free up space that could also be put to better use helping those who have been alive. Friends and relatives would just be relieved of the agony of watching a loved one die slowly and painfully. When animals are suffering, the system encourages them to be put down as a compassionate act; the very same treatment should have been available to humans.

2.6 Summary

Concluding as per the above findings of various authors, therefore it can be concluded that in Ireland, all forms of assisted death, including euthanasia, are now illegal. Especially given the fact that Ireland is still a developing country. Several facts suggest that a change in this practice could yet have far-reaching worldwide consequences. It is a part of the governance and legal institutions of the European Union. Euthanasia is forbidden in Ireland, according to the Ethical Guidelines of the Irish Medical Council. The Irish government has begun an investigation on the matter, with a 2018 study strongly favouring the legalisation of voluntary euthanasia. In 2020, an autonomous individual's bill (the "Dying with Dignity Bill, 2020") was introduced and passed by a large majority. In Ireland, great progress has been made in supporting high-quality end-of-life care across the healthcare sector, especially through the establishment of both treatment services as well as improved palliative care education across disciplines. The right to life is one of the first listed rights in the European Convention for the Protection of Human and

Peoples' Rights (hereinafter the Convention). Supporters of euthanasia argue that in a civilised society, people should be able to die with dignity and often without pain, and that others should be able to help them if they are unable to do so on their own. They contend that people's bodies are their property, and that they should be allowed to do whatever people choose with them. Individuals who also are terminally ill can discuss their personal ideas on what makes an ethically reasonable or acceptable death, delve deeper into their opinions on the dying process, and assess their level of personal influence and control over their dying procedures. Faith and religion may influence end-of-life decisions through influencing terminally ill people's life perspectives and beliefs. Personal freedoms are crucial in defining how care is delivered for as well as treated near the end of their lives. Human dignity does not appear to be specified as a foundational explicit objective in any of the operative clauses of the human rights conventions. In euthanasia cases just before the European Court of Human Rights, the freedom to live provision has already been invoked.

Chapter 3: Research Methodology and Methods

3.1 Introduction

The research methodology section is integral and indispensable in research as it is the section devoted to explaining and justifying the methodological selections including design, philosophy, approach, data collection instrument and analysis process (Flick, 2018). In this chapter research philosophy, design, approach and research strategy have been described with the main purpose of justifying the researcher's methodological decisions. The data collection process implemented in this project is also explained with a clear illustration of supporting reasons followed by a detailing of the time horizon. In the end, the limitations of the research and ethical principles with which the study complies are explained.

3.2 Research Philosophy

The philosophical position of a research study lays down the strong foundations to conduct an inquiry on the chosen context by clearly suggesting whether the investigation process will be emphasising subjective knowledge of the problem being focused on or it will gather and assess objective data to obtain an explicit understanding of the main topic. Research philosophy fundamentally represents the presumptions, beliefs, notions and perspectives of the researcher about the social context being inquired about (Saunders and Tosey, 2015). In this research for gaining knowledge regarding the ethical and legal protocols for Euthanasia, the role of human rights in this relation and the significance of permitting it in Ireland, positivism philosophy is implemented. Positivism philosophy proposes that factual insights gained by directly observing an event, phenomenon or problem are reliable and valid in nature and

assessing quantitative data is essential to thoroughly understand any social subject (Ryan, 2018).

The integration of positivism philosophy, therefore, helped to study Euthanasia from the objective viewpoint by collecting and condensing quantitative data through the deployment of appropriated research methods with aim of drawing real-time perceptions for understanding the need and significance of Euthanasia in Ireland. This philosophy assisted in numerically analysing the ethical and moral dimensions concerning Euthanasia, the influence of human rights and Euthanasia's importance in Ireland thereby rendering accurate grounds to validate the main outcomes. Interpretivism philosophy, in contrast, is rejected as it supports subjective investigation through qualitative methods which in certain situations encourage manipulated interpretations challenging the authenticity of the research process (Bell, Harley and Bryman, 2022).

3.3 Research Design

Research design is described as the structural framework of several research techniques and methods that are considered by research to achieve the main aim. It is important to logically select research design as it is the element that organises other research elements coherently to assure an orderly process is followed to meet the core purpose of the study. In the presented research project, the descriptive research design is embraced as it predominantly emphasises a brief and explicit description of the research context by concisely defining the important attributes of the research topic with the motive of recognising the numerical relationship that exists between the variables of the study (Leavy, 2017). Integration of descriptive design supported in understanding different aspects relevant to Euthanasia mainly

entailing ethical and moral aspects; and determining its significance from the perspective of Irish individuals by focusing on related benefits, characteristics, opportunities and implications.

Moreover, it is important to notice that descriptive design concentrates on obtaining topic related information via a structured and streamlined process and unambiguously describing the event or phenomenon in focus. It is considered highly reliable for acquiring demographic details of the defined population instead of identifying the pivotal reason accountable for the occurrence of a phenomenon. Therefore, the choice of descriptive design assisted in gaining appropriate and precise knowledge about the need for Euthanasia in Ireland, associated moral and ethical concerns; and the role of human rights in this context by focusing on generating necessary demographic information from Irish people. On the contrary, the exploratory design is discarded in this study as it emphasises deeper exploration which at times involves intentional manipulations of the key inferences from the dataset which undermines the quality and scope of the work. Moreover, exploratory design is suited to studies that aim to search less investigated topics or relatively new/ emerging topics of discussion (Collis and Hussey, 2013) Euthanasia is a very old topic and thus the deployment of exploratory design might not have aided in seeking correct results explaining the need and significance of PAS and Euthanasia with regard to Ireland.

3.4 Research Approach

In order to organise and shape the research centred on understanding varied aspects of Euthanasia in line with basic human rights and the need to approve Euthanasia in Ireland, a deductive approach is followed in this project. It is because the deductive approach also termed the top-down approach helps in undertaking research from the mainstream to the particular

context and this research flow was necessary to gaining widely valuable results concerning Euthanasia specifically from the viewpoint of Ireland by studying it from a general perspective initially (Wolf *et al.,* 2016). The consideration of the deductive approach helped to specifically reach Ireland specific results that are practically beneficially to the whole Irish community in terms of relieving them from serious pain and stressful diseases. The inductive reasoning system on the other side is rejected as it supports an inquiry on the main topic from a specific context to an extensive level which is not the principal goal of the presented study focused on understanding the raging aspects related to Euthanasia and impacts in terms of supporting human rights and community needs specifically in relation to Ireland.

3.5 Research Methods

For the purpose of studying Euthanasia, major aspects shaping it (moral and ethical), the importance of human rights in this context and the need for permitting it officially in Ireland, quantitative methods have been considered to study the social phenomenon from a wider angle. Quantitative methods support the systematic, aligned and organised investigation of the topic by gathering numerical data and undertaking statistical functioning to synthesise it. The quantitative method involves the use of methods such as polls and surveys; the results of which can be numerically assessed with needful precision (Collis and Hussey, 2013). Thus, the utilisation of this method was a reasoned decision to generate explicit evidence reflecting the need to approve Euthanasia considering the needs of the wider Irish community.

The qualitative method is not applied in this project as it awards higher preference to real-time experiences of humans connected with the research domain to uncover hidden knowledge concerning the main problem thus offering closer understanding but at the same

point might encourage manipulations and biases capable of critically challenging the overall quality of the undertaken research process (Bell, Harley and Bryman, 2022). Thus, the integration of quantitative methodology helped to objectively investigate Euthanasia with respect to the broader needs of Irish people, understand its legal provisions and ethical aspects; and articulate the significance of supporting this phenomenon to relieve suffering people from pain.

3.6 Research Strategy and Data Collection

The research included both qualitative and quantitative data in the study wherein under the quantitative strategy, the survey is carried out with the target population and published data sources are explored, extracted and evaluated in detail under the qualitative strategy. Overall, the researcher focused on gathering qualitative and quantitative data through the application of different data collection tools. However, key attention is given to the acquisition of quantitative data through surveys and qualitative data through the desk research method (Creswelland Creswell, 2018). Qualitative data is extracted by reviewing published sources which are available in the public domain and for which no additional permission is required which enabled in reducing ethical complications linked to secondary data collection and access to previously published data and enhancing the quality of findings. Further, a cross-sectional time horizon would be incorporated in the paper as it would enable in completion of the study in the pre-defined time frame (Flick, 2014).

The researcher gathered primary quantitative data through a survey because the survey is a time and cost-efficient data collection instrument in comparison to the observation and interview method and it aids in producing objective information and facts in the field of study

which in turn helps in drawing definitive results and aid in decision making (Phillips and Stawarski, 2016). The online survey is conducted with individuals in Ireland for gathering data regarding the need and relevance of human rights regarding Euthanasia and evaluating the significance of implementing Euthanasia and Physician-Assisted Suicide (PAS) in Ireland. It is ensured that the results depict the Irish perspective and the entire research is conducted with a core focus on Irish individuals by checking the legal residential credentials of participants included in the survey. Individuals who do not belong to Ireland are not included in the primary data collection process. Overall, the online survey's use is considered appropriate in the current Covid-19 situation wherein participants are given 15 days to submit their responses and the questionnaire is sent to their official Email ID. Alternatively, the observation and interview method's use is disregarded as both the data collection tools accommodate a small sample in comparison to the survey and demand substantial time and resources (Creswelland Creswell, 2018). Also, it was not feasible to use observation tools in the current pandemic scenario. The survey questionnaire is developed in accordance with the objectives of the paper and on the basis of a literature review or secondary data extracted from several books and articles (Flick, 2014).

Secondary data is extracted by evaluating academic books, scholarly papers and peer-reviewed journals based on euthanasia and its need in society wherein papers or articles published from 2017 are considered suitable for data collection. Outdated papers and articles are not utilised to maintain the relevance of results in the contemporary social and legal scenario. Google Scholar is utilised for accessing relevant articles to uphold the validity of papers and the overall data collection process (Mallinson, Childsand Herk, 2013). As a whole, a

survey for primary quantitative data collection and desk research for secondary data collection is integrated into the study.

3.7 Sample Size and Sampling Technique

The research is based on a sensitive and a specific topic so sample selection needs to be relevant and suitable to address the problem area into consideration. In this regard, a total of 41 Ireland-based participants are included in the survey or primary data collection process through the application of purposive sampling strategy as it was not suitable to select participants via random sampling for understanding or examining the need of implementing Euthanasia and Physician-Assisted Suicide (PAS) in Irish society. A pilot survey is conducted with five participants from the final sample to examine the consistency and reliability of the survey questionnaire in producing credible and accurate outcomes (Miller, 2017). Additionally, an initial screening process is conducted to check the knowledge of the target sample concerning the topic area and central issue under consideration. A consent form and an information sheet are sent in advance to the survey participants to ensure their active participation and obtain ethical approval. However, the application of purposive sampling increased the likelihood of researcher-based bias in sample selection (Patten and Newhart, 2017; Phillips and Stawarski, 2016)

3.8 Data Analysis

Data analysis techniques are integrated as per the nature of data and the type of data collection instruments included in the study; therefore, the thematic analysis technique is applied for examining the secondary data and descriptive statistics and the statistical analysis technique is used for processing the survey data. Primary data gathered through the survey

questionnaire tool is processed through SPSS software and statistical tools are implemented for measuring the reliability and mean of the data. Data is stored in the excel sheet. Some of the main benefits of statistical analysis tools are outlined as clear, accurate and precise results which facilitate the researcher to address objectives and produce recommendations for practice and implications in the field of research (Saunders, Lewis and Thornhill, 2016; Sekaran and Bougie, 2016). However, statistical tools are not useful for processing bulk subjective data or qualitative insights. Hence, the thematic analysis tool is integrated into the paper for evaluating the secondary data derived from reviewing the latest scholarly articles and data sources relating to the topic area. Moreover, thematic analysis is not suitable for statistical data; thus, two different analysis methods are applied in line with the data type gathered in the study (Supinoand Borer, 2012).

3.9 Research Ethics

Ethics are the most important part of an academic research project as the quality, integrity and authenticity of the paper is dependent on compliance with ethical norms and careful consideration of ethical risks linked to the paper. Thus, the researcher took proper care in conducting the primary research and also in the process of including secondary data from the published sources in the study. Three key ethical requirements namely, voluntary participation, confidentiality and privacy of data and personal information and prior consent are fulfilled by the researcher in the course of using the survey for primary data collection (Saunders, Lewis and Thornhill, 2016). A participant information sheet and a consent form are shared with the final sample on their respective Email IDs to obtain their permission and to acknowledge about purpose or aim of the study, information dissemination and their rights along with the overall

survey process. It is ensured that none of the participants is forced to take part in the survey and their autonomy and convenience are protected and ensured throughout the research process. Additionally, data encryption technique has been used to protect participants' data and personal information. Other than this, the researcher made sure that academic papers that can be accessed without any permission are included in the secondary data collection process to mitigate ethical issues. The information available in the published sources is not copy-pasted directly into this research, rather it's thoroughly paraphrased (Wilson, 2010).

3.10 Research Limitations

Limitations are inherent in research projects or studies because they are often associated with the type of methods, research strategy or data collection instruments incorporated in the studies (Flick, 2014). In this regard, one of the prominent limitations of the paper is the sample population as the survey is conducted directly with the participants who are suffering from the chosen issue or experienced or witnessed such issues concerning their relatives or close ones. It was a difficult task for the researcher to perform an online survey with the target population and convince them to answer accurately as this research is based on a highly sensitive subject. The research does not focus on recording detailed experiences and challenges faced by the target population due to the absence of an interview method and lacking focus on open-ended exploration. Precise results are produced through an online survey so in-depth insights on euthanasia and the need for physician-assisted suicide (pas) in Irish society could not have been recorded (Wilson, 2010).

3.11 Summary

In order to explore and analyse the ethical and legal aspects of Euthanasia, the significance of human rights in this relation and the relevance of enforcing Physician-assisted Suicide and Euthanasia from the perspective of Ireland, positivism philosophy, descriptive design and deductive approach are applied. A cross-sectional time horizon is considered to increase the pace of research and complete it timely. Quantitative research methodology is deployed to structure this research wherein survey questionnaires have been used to gather data from 40 individuals with relevant experience and knowledge in Ireland. The survey outcomes are synthesised via descriptive analysis tactics along with graphical data representation strategy to concisely present the analysis part which can be easily interpreted by readers. In order to submit a high-quality project without any ethical loopholes, originality, confidentiality, voluntary participation, and free consent of participants are the main ethical principles considered throughout the research process.

Chapter 4: Data Analysis and Discussion

4.1 Introduction

The present study aims to analyse the legal and ethical aspects of euthanasia. The study's primary purpose is to examine the importance of implementing euthanasia or Physician-Assisted Suicide (PAS) in Ireland. In this context, quantitative and qualitative data have been gathered for the study. The quantitative data is gathered with the help of a survey

questionnaire, while the qualitative data is gathered from the desk-based research method. The primary data gathered from 40 participants is analysed with the help of SPSS software, and inferential and descriptive statistics have been applied. On the other hand, the qualitative data is analysed with the help of a thematic analysis approach. Finally, all the significant findings generated from qualitative and quantitative data are further discussed in light of previous literature.

4.2 Survey Analysis

4.2.1 Reliability Analysis

Reliability Statistics	
Cronbach's Alpha	N of Items
.765	9

Table 1

In order to test the overall reliability of the survey data, a reliability test has been applied. If the value of Cronbach's Alpha is > 0.7, it shows the presence of high reliability in the responses of participants. As the value of Cronbach's Alpha for the present study is 0.76, it can be stated that all the responses and scales are valid and reliable.

4.2.2 Inferential Statistics

1. Euthanasia

Familiar with the term "euthanasia."					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	90.2	90.2	90.2
	I have an idea	2	4.9	4.9	95.1
	No	2	4.9	4.9	100.0
	Total	41	100.0	100.0	

Table 2

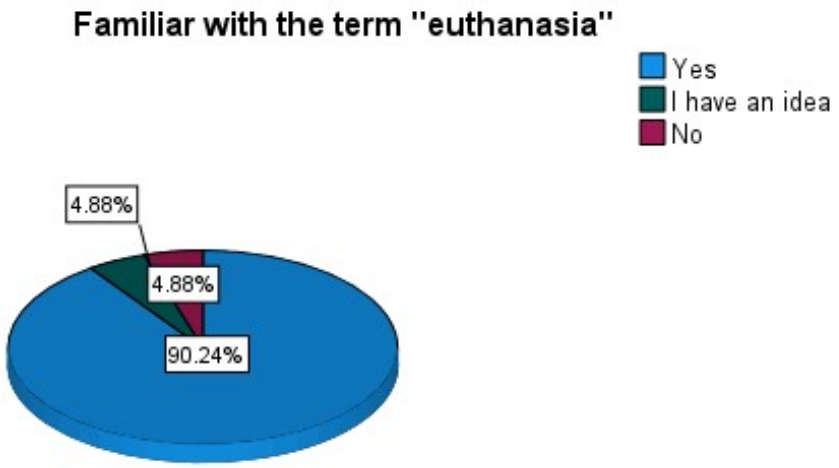


Chart 1

The participants in the study are inquired if they are familiar with euthanasia. The results show that 90.24% of the citizens of Ireland are aware of the concept of euthanasia. On the other hand, only 4.88% of them do not know about it (Chart 1).

2. Difference between assisted suicide and euthanasia

Aware of the distinction between euthanasia and assisted suicide					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	61.0	61.0	61.0
	No	16	39.0	39.0	100.0
	Total	41	100.0	100.0	

Table 3

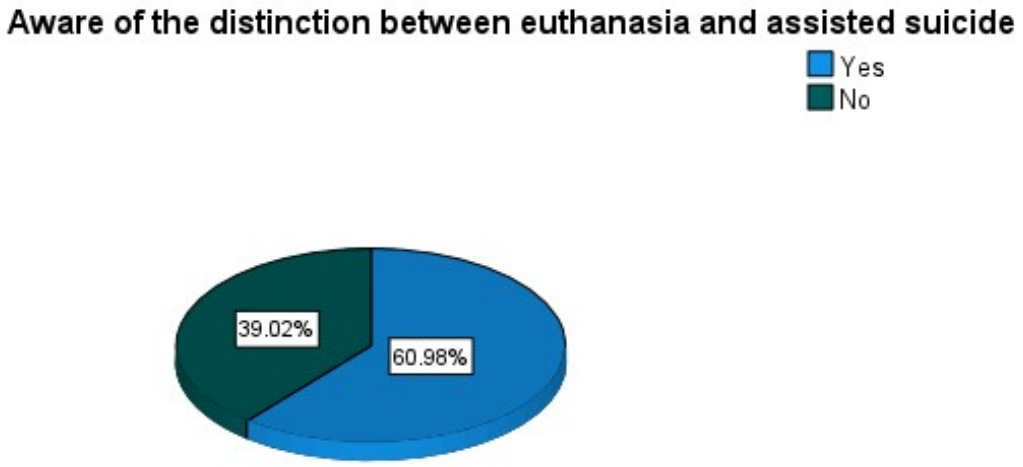


Chart 2

The study participants are further asked if they can distinguish between assisted suicide and euthanasia. It can be stated that 60.98% of them stated yes, they could distinguish between the two concepts, while 39.02% of them could not distinguish between the two (refer to Chart 2). The results show that most people have good knowledge about assisted suicide and euthanasia and can differentiate between them.

3. Agreement

Agree with one of them					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, I agree with both euthanasia and assisted suicide.	18	43.9	43.9	43.9
	I agree with assisted suicide, but I do not agree with euthanasia.	4	9.8	9.8	53.7
	I agree with euthanasia, but I do not agree with	11	26.8	26.8	80.5

	assisted suicide.				
	No, I do not agree with any of them.	8	19.5	19.5	100.0
	Total	41	100.0	100.0	

Table 4

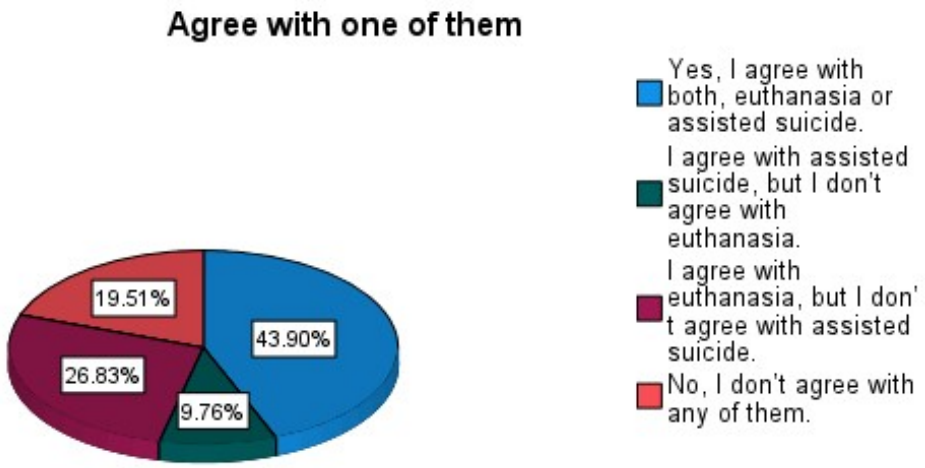


Chart 3

The views of the participants about euthanasia and assisted suicide show that 43.90% of them agree with both euthanasia and assisted suicide. On the other hand, 26.83% of the respondents agree with euthanasia but disagree with assisted suicide, while 9.76% of them agree with assisted suicide and disagree with euthanasia (see Chart 3). Therefore, it can be

interpreted from the findings that most people agree with euthanasia rather than assisted suicide.

4. Euthanasia relieves the suffering of patients

Euthanasia is an excellent option to relieve a patient's suffering.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	73.2	73.2	73.2
	No	11	26.8	26.8	100.0
	Total	41	100.0	100.0	

Table 5

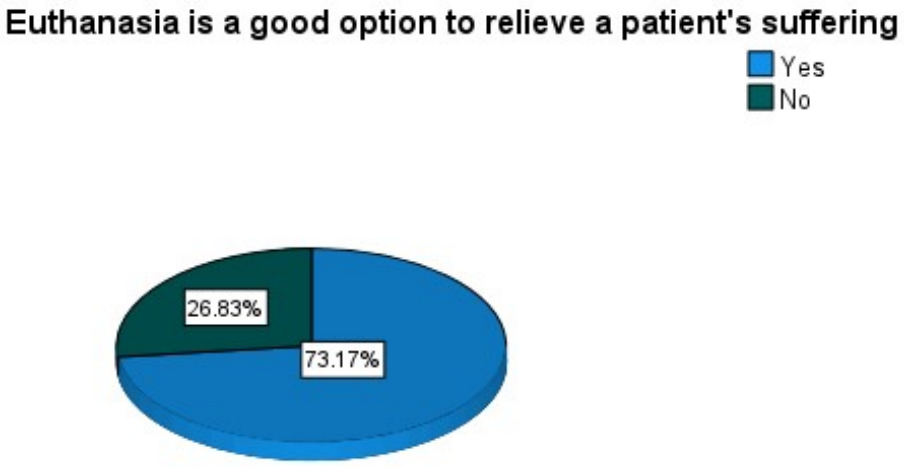


Chart 4

The data about the role of euthanasia in reducing the suffering of the patients show that 73.17% of the participants stated that euthanasia is an excellent option to relieve patients. On the other hand, 26.83% of them stated that euthanasia is not a good option (refer to Chart 4). Thus, the views of the people are positively inclined towards euthanasia.

5. Influence of religion

Religion has any influence on euthanasia.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	82.9	82.9	82.9
	No	7	17.1	17.1	100.0
	Total	41	100.0	100.0	

Table 6

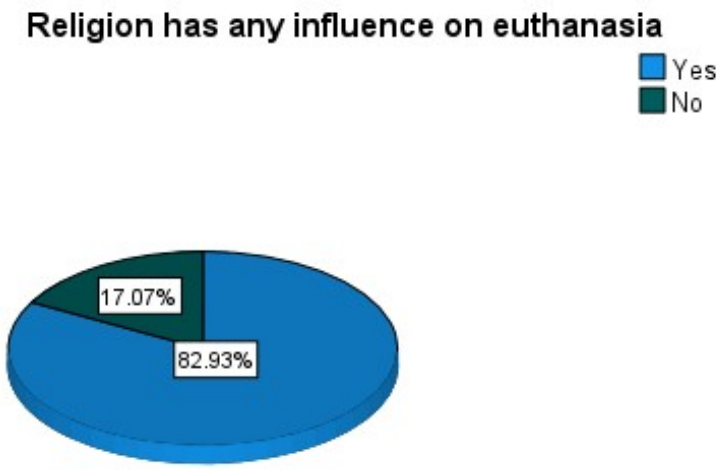


Chart 5

The views of the respondents about the influence of religion on euthanasia show that 82.93% of them stated that yes, euthanasia is influenced by religion. However, 17.07% of them believe that euthanasia is not influenced by religion (see Chart 5). The results of the participants show that euthanasia is affected by religion as people from different religions have different perceptions about it.

6. Personality

Describe yourself				
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Atheists or agnostic	18	43.9	43.9	43.9
	Theist or religious	23	56.1	56.1	100.0
	Total	41	100.0	100.0	

Table 7

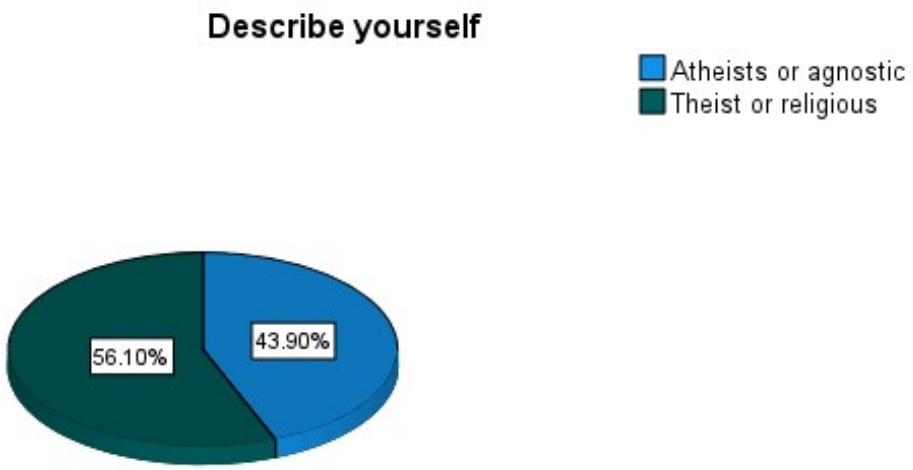


Chart 6

The respondents of the study are asked to describe themselves. The pie charts show that 43.90% of them have described themselves as atheists or agnostics. On the other hand, 56.10% of them describe themselves as theist or religious (Chart 6).Therefore, it can be analysed that more than half of the respondents in the study are theists or religious.

7. Decision about euthanasia

The most appropriate person to decide on euthanasia when a sick person is unable to consent to owe to their illness					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctors	12	29.3	29.3	29.3
	Partners	3	7.3	7.3	36.6
	Parents	7	17.1	17.1	53.7
	Next of kin	8	19.5	19.5	73.2
	None of them	11	26.8	26.8	100.0
	Total	41	100.0	100.0	

Table 8

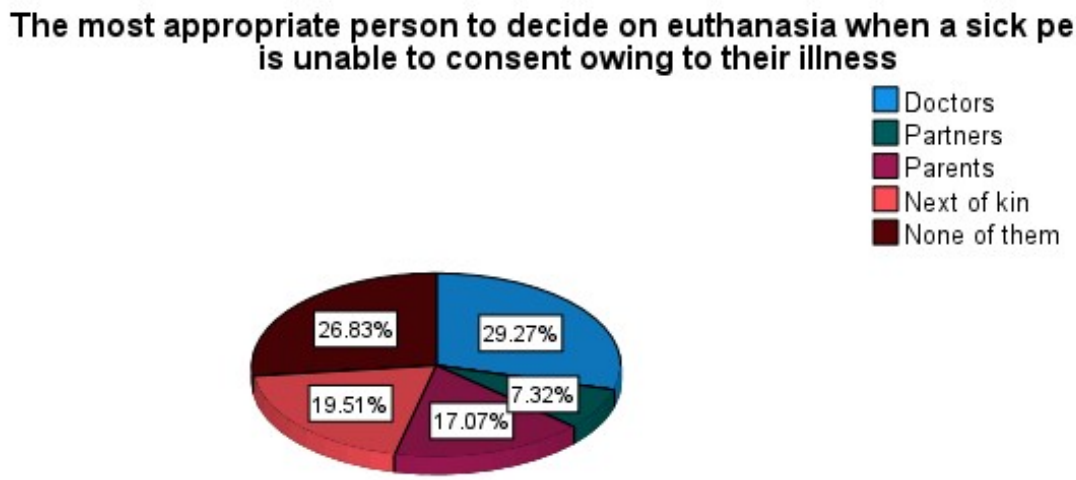


Chart 7

The data about the most appropriate person to decide on euthanasia when a person is sick and is unable to take the decision is gathered from the participants. Therefore, it can be stated that 29.27% of them stated that doctors should decide on euthanasia. On the other hand, 26.83% of them stated that none should take the decision, while 17.07% believe that their partner should decide on euthanasia (see Chart 7). Thus, doctors can take the correct decision for euthanasia if the patient cannot take the decision.

8. Information about mediation

Heard of mediation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	80.5	80.5	80.5
	No	8	19.5	19.5	100.0
	Total	41	100.0	100.0	

Table 9

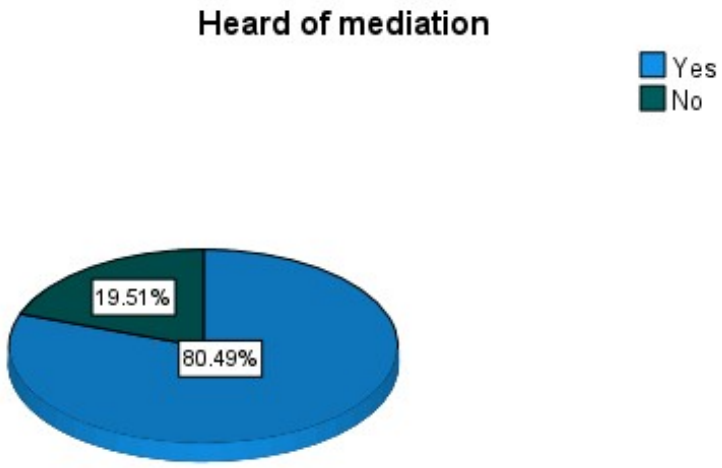


Chart 8

The information about mediation shows that 80.49% of the participants have significant information about mediation. At the same time, 19.51% of the participants do not have

information about mediation (see Chart 8). Therefore, most of the participants are aware of mediation.

9. Role of mediation

Mediation could help when a sick person's family members cannot agree to euthanasia.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	75.6	77.5	77.5
	No	9	22.0	22.5	100.0
	Total	40	97.6	100.0	
Missing	System	1	2.4		
Total		41	100.0		

Table 10

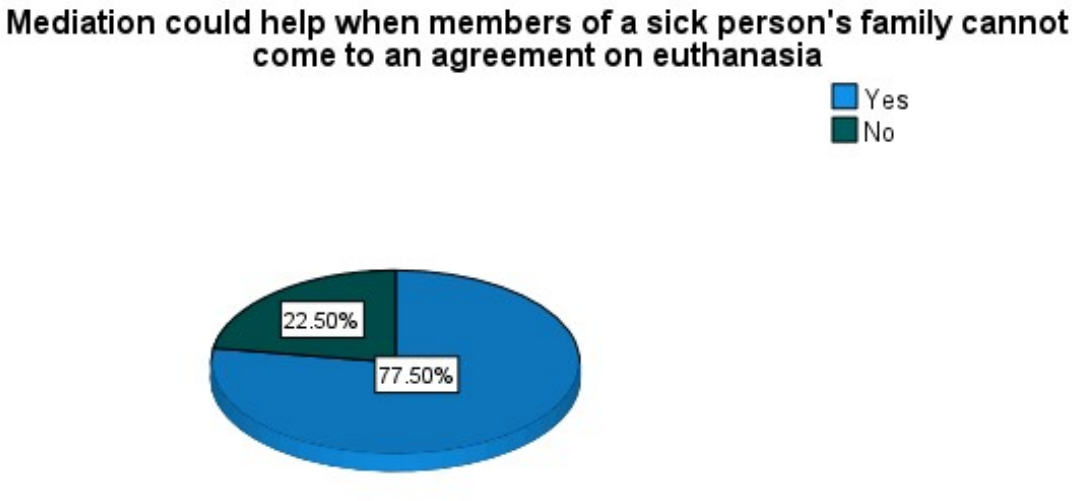


Chart 9

The respondents' views about the role of mediation in taking decisions about euthanasia show that 77.50% of the participants stated that yes, mediation could help assist the family of the patients in making decisions about euthanasia (refer to Chart 9). The results show that mediation is an effective strategy for making correct decisions about euthanasia and its role in reducing the pain of patients.

10. Role of mediator in removing euthanasia conflicts

A mediator could help a terminal patient who is having intrapersonal euthanasia conflicts.				
	Frequency	Percent	Valid	Cumulative

				Percent	Percent
Valid	Yes, a mediator may be able to assist the patient in gaining a more profound knowledge of his innermost feelings.	23	56.1	57.5	57.5
	No, the patient should seek treatment from a psychologist or psychiatrist.	17	41.5	42.5	100.0
	Total	40	97.6	100.0	
Missing	System	1	2.4		
Total		41	100.0		

Table 11

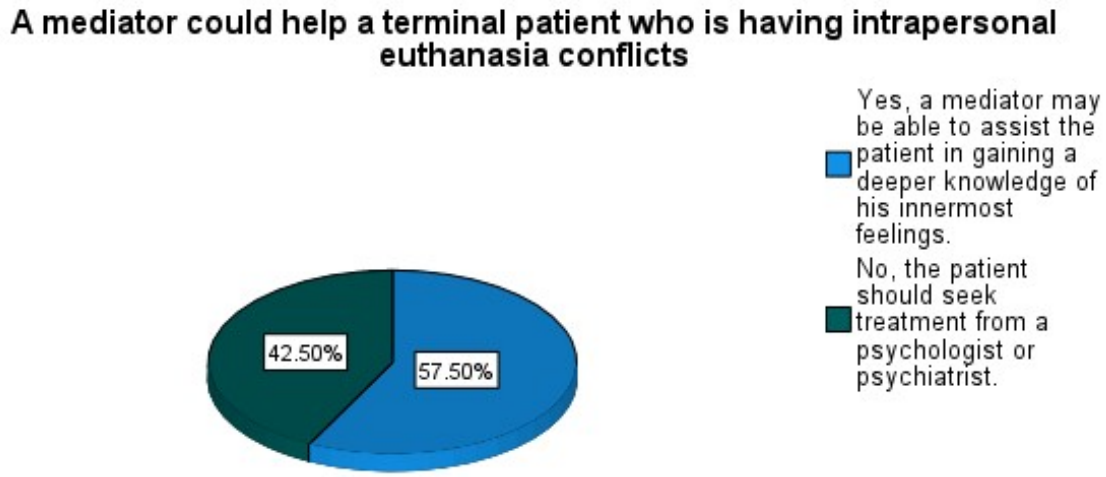


Chart 10

The opinion of the participants about the role of a mediator in assisting the patient shows that 57.50% of the respondents stated that yes, a mediator could assist the patient in gaining a more profound knowledge of his innermost feelings (see Chart 10). It shows that the majority of the participants agree that mediators play a significant role in assisting patients.

11. Biasness of mediator

A religious mediator would be biased in a dispute such as euthanasia.				
	Frequency	Percent	Valid	Cumulative

				Percent	Percent
Valid	Yes, there is no such thing as impartiality in a scenario like this.	22	53.7	53.7	53.7
	No, the mediator is qualified to assist without being biased.	19	46.3	46.3	100.0
	Total	41	100.0	100.0	

Table 12

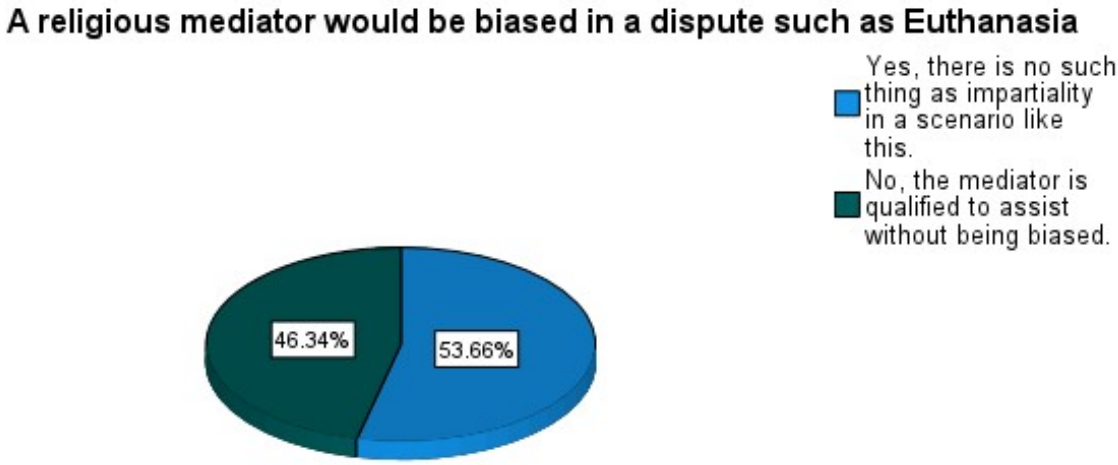


Chart 11

The study participants are further asked if the mediator can show religious bias towards disputes such as euthanasia. In this context, 53.66% of the participants stated that there is no such thing as impartiality in a scenario like euthanasia (see Chart 11). The views of the participants show that mediators do not show any religious bias.

12. Skills of mediator

A mediator must-have skills when the conflicts are primarily about values, ethics, and religion.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	In this case, I do not believe mediation will assist.	4	9.8	9.8	9.8
	Emotional intelligence, active listening, self-control and objectivity.	3	7.3	7.3	17.1
	Empathy, neutrality, non-judgment, comprehension, and a lack of bias.	7	17.1	17.1	34.1

	All of the skills listed above, in my opinion, must be had by the mediator.	27	65.9	65.9	100.0
	Total	41	100.0	100.0	

Table 13

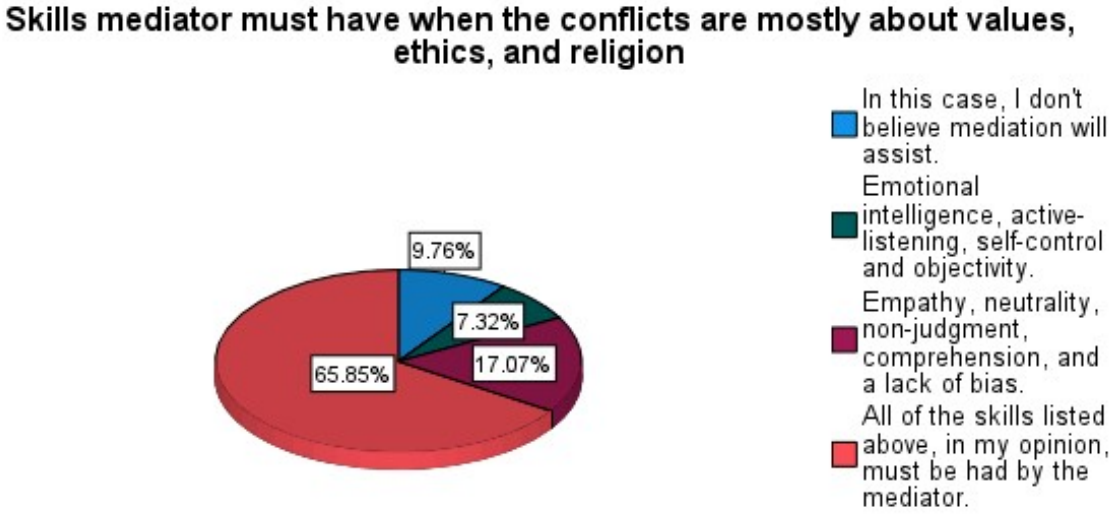


Chart 12

The data about the skills that mediators must possess show that 17.07% of the participants stated that mediators must possess empathy, neutrality, non-judgment, comprehension and lack of bias. On the other hand, 7.32% of the respondents stated that mediators must-have skills like emotional intelligence, active listening, self-control and objectivity (Chart 12). Therefore, it can be inferred that mediators must be intelligent and should not be biased.

13. Unique medical training for mediators

A mediator should have unique medical or mental training to deal with this type of conflict.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, since it is a complicated conflict.	34	82.9	85.0	85.0
	No, the skills stated above are sufficient.	3	7.3	7.5	92.5
	In this case, I do not believe mediation can help.	3	7.3	7.5	100.0
	Total	40	97.6	100.0	
Missing	System	1	2.4		
Total		41	100.0		

Table 14

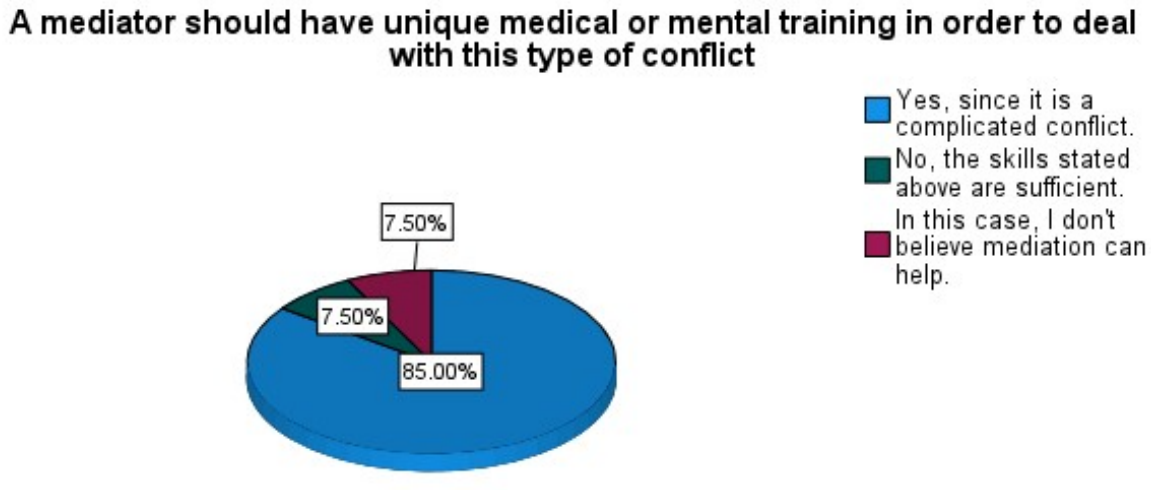


Chart 13

All the respondents taking part in the study were asked if the mediators must have unique training for their job roles. 85% of the participants in the study stated that yes, the mediators must have unique mental training to deal with euthanasia. On the other hand, 7.50% of the respondents stated that the earlier skills are sufficient for mediators to perform their job (see Chart 13). Therefore, emotional and mental training will boost mediators' skill set and help them do their job role more effectively.

14. Euthanasia is a form of medicine

Euthanasia is a form of medicine.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	51.2	51.2	51.2
	No	20	48.8	48.8	100.0
	Total	41	100.0	100.0	

Table 15

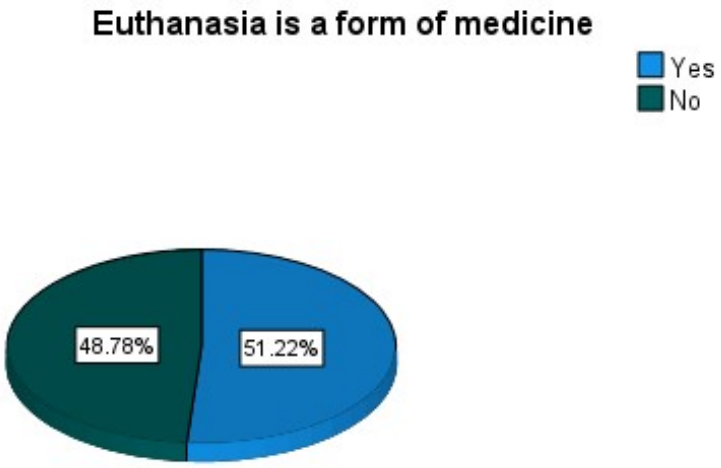


Chart 14

The opinion of the participants shows that 51.22% of them believe that euthanasia is a form of medicine. The other 48.78% of the participants do not consider it a medicine (see Chart 14).

15. Legalisation of euthanasia

Euthanasia should be legal in Ireland.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	65.9	65.9	65.9
	No	14	34.1	34.1	100.0
	Total	41	100.0	100.0	

Table 16

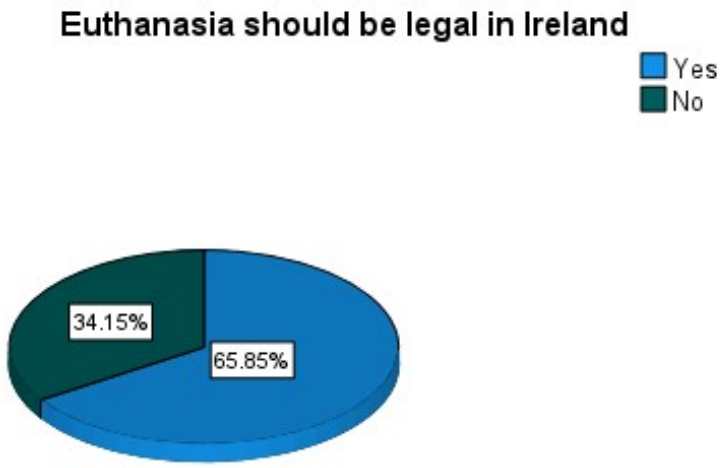


Chart 15

All the citizens of Ireland taking part in the survey are inquired if euthanasia should be made legal in their country or not. In this regard, 65.85% of participants agreed to the legalisation, while 34.15% stated no (refer to Chart 15).

16. Criminal act

Euthanasia is a criminal act.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.3	7.3	7.3
	No	29	70.7	70.7	78.0
	I do not see it as a crime, but I disagree.	9	22.0	22.0	100.0
	Total	41	100.0	100.0	

Table 17

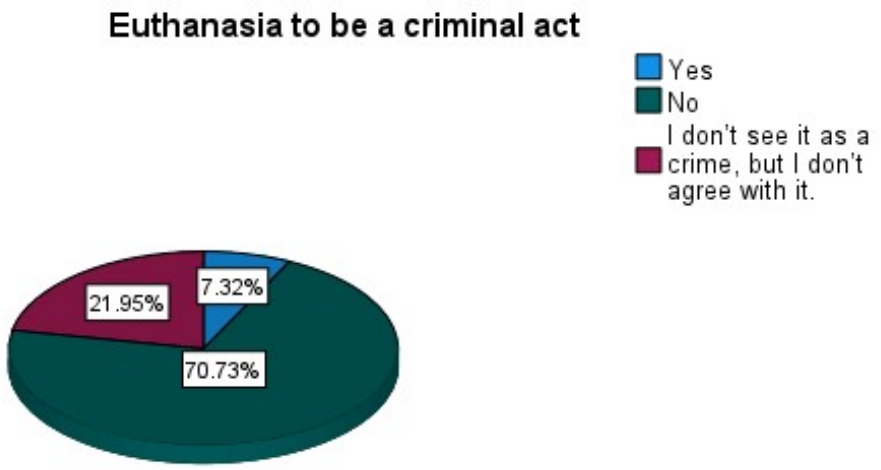


Chart 16

The views of the citizens of Ireland about the act of euthanasia are taken. 70.73% of the citizens do not regard euthanasia as a criminal act, while 21.95% do not see it as a crime but disagree with it (see Chart 16). The results depict that majority of the people in Ireland do not consider the act of euthanasia a criminal offence.

17. Acceptance of euthanasia

Euthanasia could be acceptable if it were legalised and carried out under tight guidelines, publicly disclosing doctors' activities.				
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	Yes	36	87.8	87.8	87.8
	No	5	12.2	12.2	100.0
	Total	41	100.0	100.0	

Table 18

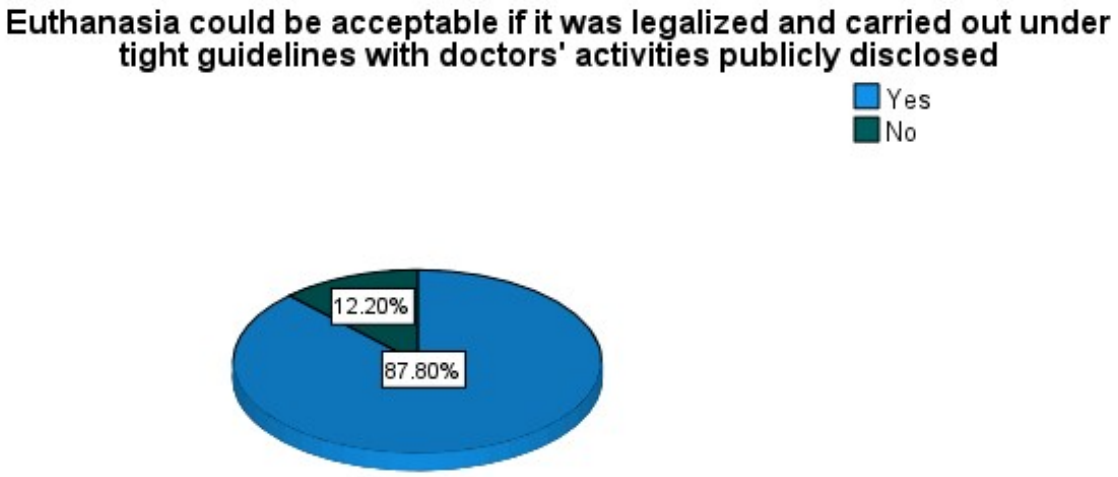


Chart 17

It can also be analysed that 87.80% of the participants stated that yes, euthanasia must be legalised in Ireland and should be conducted under the strict guidelines of doctors (refer to Chart 17). The results show that all the citizens of Ireland want euthanasia to get legalised.

18. Use of mediation

You would consider using mediation to help you if you face this type of conflict.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	73.2	75.0	75.0
	No	10	24.4	25.0	100.0
	Total	40	97.6	100.0	
Missing	System	1	2.4		
Total		41	100.0		

Table 19

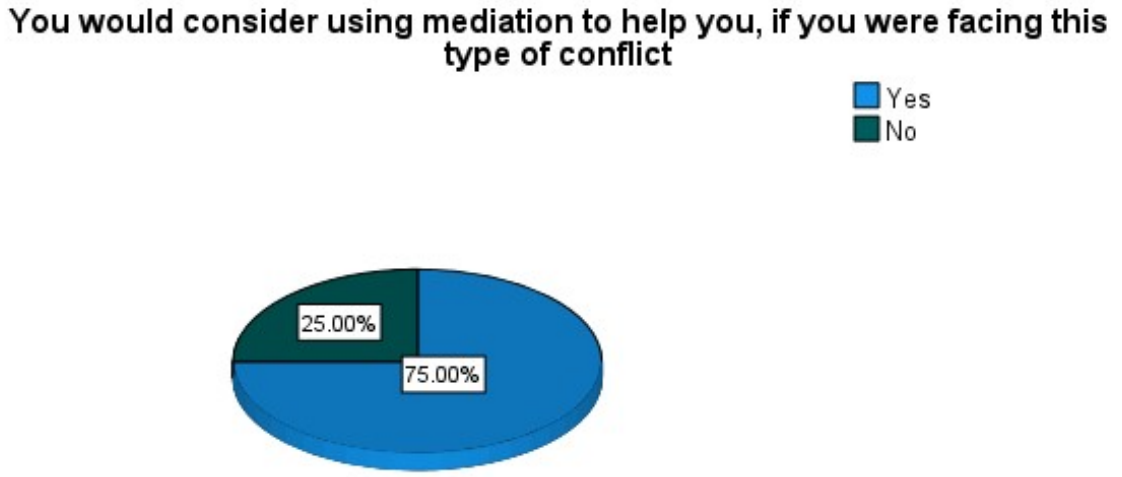


Chart 18

All the participants taking part in the survey are asked if they would take the mediation help if they were facing the same issue. In this context, 75% of the participants stated yes that they would take the guidance of mediators while facing this situation (see Chart 18). The results show that mediators also play an essential role, and patients must consult them to overcome confusion.

4.2.3 Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Euthanasia is an excellent option to relieve a patient's suffering	41	1.00	2.00	1.2683	.44857
Heard of mediation	41	1.00	2.00	1.1951	.40122
A mediator should have unique medical or mental training in order to deal with this type of conflict	40	1.00	3.00	1.2250	.57679

Euthanasia is a form of medicine	41	1.00	2.00	1.4878	.50606
Euthanasia is a criminal act	41	1.00	3.00	2.1463	.52730
Euthanasia could be acceptable if it were legalised and carried out under tight guidelines with doctors' activities publicly disclosed	41	1.00	2.00	1.1220	.33129
Valid N (listwise)	40				

Table 20

Descriptive statistics have been applied to examine the quantitative data with the help of summary statistics tools. The variable's mean value of "Euthanasia is a good option to relieve a patient's suffering" is 1.26, which is inclined towards agreement. It shows that most of the people of Ireland consider euthanasia effective in reducing the pain of the patients. The variable's standard deviation is 0.44, which shows a moderate level of variation in the views of the participants. It can further be analysed from the average value (1.48) of the variable “Euthanasia is a form of medicine” that most of the citizens of Ireland do not consider euthanasia as criminal activity and believe that it is a form of medicine and is helpful for

patients. The results show that sometimes people suffer from diseases that cannot be cured. Due to this, they have to bear the pain and deal with other body problems constantly. In this case, the right to die under euthanasia can help the patients effectively.

Along with this, the mean value for unique training of mediators (1.22) is highly inclined towards a high agreement which further shows that people accept euthanasia and think that the mediators must receive good training to smoothen the process of euthanasia. Finally, the variable's standard deviation is 0.57, which shows the high level of differences in the opinion of the participants.

4.3 Thematic Analysis

Theme 1: The analysis of the legal and ethical aspects of euthanasia

It can be stated that pain management is one of the significant challenges the healthcare industry faces across the globe. The increasing number of dangerous diseases has increased the overall burden of pain, especially among elderly citizens. Furthermore, the cases of high pain among the people have increased due to the negligence of both patients and doctors. Analysing the increasing burden of pain and the inefficiency of the healthcare sector and reducing the pain of patients, euthanasia is considered a suitable approach to reduce the suffering of the patients (Jukić and Puljak, 2018). It can further be explored from the previous literature that the concept of euthanasia has remained a controversial topic among the general society and doctors for a long time. There are three significant types of euthanasia: voluntary, forced, and involuntary. Many people call it murder and do not support it ethically. People believe that despite the considerable pain the patient is going through, killing the person is not the solution to the problem and must be banned in the healthcare sector. On the other hand,

people also think that voluntary euthanasia must be legalised by the governments under which the patient asks the doctors to end their lives to overcome their suffering (Bajda, 2019).

Under the ethics and morale gained by humans, euthanasia is regarded as an unethical act that forces doctors to end the life of the patients to provide them with a painless death. While many nations, doctors and philosophers believe that the doctors have practised euthanasia for a long time, the primary purpose of euthanasia is to provide excellent and peaceful death to the patients. Moreover, as death is a private matter, some people believe that the decision about euthanasia should be made by the patients and family members (Kumar, Mehra and Avasthi, 2021). Moreover, to reduce the painful suffering of the patients, some countries have made euthanasia legal which has further increased the controversies related to the concept among the people. The legalisation of euthanasia can promote early death among patients. Moreover, the personal biases of doctors and mediators can also increase the number of unnatural deaths in the world. Moreover, it can further be stated that the legalisation of euthanasia may further increase the cases of false information and facts about euthanasia among the family members of the patients (Al Hamarsheh and Mrayyan, 2018).

Theme 2: Mediation of the conflict of values involving euthanasia

The secondary data sources collected in this study have clearly focused on the effective mediation of the conflicting values involving euthanasia. The secondary data sources have clarified it effectively that the phenomenon of euthanasia or assisted suicide presents a significant conflict between two different values namely individual autonomy vs. human dignity protection. The first value reflects that it must be a right and authority of the individual how he

wants to spend his life. Simultaneously, it must be his autonomy how to end his life. The secondary sources are also emphasising that in the cases when individual is facing chronic illness and going through painful stages, he must have right to get rid of the pain and complexities that he is facing.

However, reflecting the conflict with this value, secondary data sources have also reflected another crucial value, i.e. human life dignity value. This value signifies the importance and dignity of the human life. The euthanasia will lead to disregard the value of the human life and will promote to unlawful treatment and decrease the zeal and life expectancies among people. Moreover, decimalisation of euthanasia will jeopardise human dignity, which will not be in the favour of the entire society and its sustainability. Moreover literature have also argued that death is a natural phenomena and euthanasia can be proved as unfair inference in the nature which can also lead to negative impact upon human race sustainability. In addition to this, euthanasia will also lead to provide right to die to the patient, but side by side, it also imposes the duty to kill on the doctors. In the case of vulnerable people such as children or mentally ill patients, this duty to kill can be considered as the clear violation of the professional ethics of the doctors.

In this regard, it can be reflected that there is a need of develop an effective mediation on this debate whether the euthanasia should be legalised or not. In this regard, literature have presented a mediating way of controlled assisted suicide in which on some rare to rare to cases in which there is no other way possible, euthanasia should be allowed. However at the same time other literature sources have also reflected that in the cases of incurable diseases also, finding the cure of the disease would be the much batter and effective option instead of

imposing of duty to kill to doctors. In the same manner, it has also been observed that inadequate palliative care, a lack of medical therapy, or an inadequate allocation of resources to ailing people are the major reason for the euthanasia requests. In this regard if these all the issues are properly negotiated, there will no need of assisted suicide. In this way, literatures have reflected some effective measures to protect the value of human life dignity by avoiding the cases of euthanasia.

In this way, the secondary data has also provided an effective mediation on the conflicts of values associated with euthanasia, which will be helpful in developing some crucial assertions to answer the research question in the most effective manner.

4.4 Discussion

The data findings indicate that euthanasia is an effective technique to relieve patients from suffering and euthanasia is extensively influenced by religion. In order to consider pertinent legal and ethical aspects while deciding on euthanasia, it is important to consider the viewpoint of physicians, parents, and partners particularly when a sick person is not able to give consent concerning his or her own illness. In this regard, the literature also states that pain management is one of the most critical challenges witnessed by the healthcare professionals today and euthanasia is recognised as a valid approach to control the patients' suffering provided it is executed under due supervision of doctors and consideration of parents and partners' opinion. It is important to notice that when euthanasia is forced it is considered murder by many people, making it unethical by believing that when a patient is going through considerable pain killing is not the appropriate solution on ethical grounds and thus euthanasia should be banned (Walker *et al*., 2019).

Another supportive literature asserts that voluntary euthanasia can be legalised by the government wherein patients undergoing pains and life-threatening risks decide to end their lives by duly seeking needful assistance from physicians (Keown, 2018). It is explored that as per moral and ethical protocols, euthanasia is considered an unethical act which forces healthcare professionals to end the life of patients by giving them a painless death. Many doctors, governments and philosophers are supporting euthanasia for years with the key motive of giving peaceful death to people who are suffering. For reducing the pain of patients, many countries have legally sanctioned euthanasia however controversies surrounding this technique are continuing (Rutledge *et al.,* 2019).

In addition to this, it is apparent from the data findings that mediation might help when a sick individual's family people cannot approve of euthanasia due to their sentimental attachment. It is found that a mediator can play a leading role in assisting patients in terms of gaining significant knowledge about their inner feelings thereby aiding in the attainment of ethical accomplishment as well. In this relation, the data findings suggest that the biased behaviour of mediators and doctors is likely to stimulate the frequency of unnatural deaths worldwide making it important to closely monitor the actions of both doctors and mediators for assuring that euthanasia is not forced, and does not challenge ethical and moral principles. The literature mentions that the patients can also seek assistance and support from a psychologist/psychiatrist as this also helps in legally abiding with the needful requirements by making sure no pressure is exerted on patients for agreeing to euthanasia (Lee, Duck and Sibley, 2017). However, it is identified that the indulgence of a religious mediator might cause biases in the dispute surrounding euthanasia.

The findings specify that euthanasia can be acceptable when legalised and performed in accordance with stringent guidelines and full disclosure of doctors' activities publically. In the case of any kind of conflicting situation, mediation must be utilised which aids in forming the best decision in alignment with the fundamental human rights. In this regard, the literature suggests that considering mediators and experienced healthcare professionals when suffering individuals request euthanasia can aid in ethically and morally giving painless and peaceful death without breaching fundamental human rights (Levin, KBradley and Duffy, 2020).

It is discussed in regard to the significance of implementing Euthanasia and Physician-Assisted Suicide (PAS) in Ireland in the light of primary data findings that Euthanasia can gain greater acceptance if it was performed and legalised under strict guidelines involving public disclosure and transparency of doctors' activities. It is implied in the results that Irish citizens are looking forward to the legalisation of euthanasia and they also prefer utilising mediation in the conflicting scenario. Moreover, it is examined from primary data analysis that participants are aware of PAS and euthanasia and they agree with the acceptance of both in Irish society but it is exhibited in findings that they advocate the acceptance of euthanasia over physician-assisted suicide. In this regard, it is pointed out in the literature that doctors' role in assisted suicide in Ireland is an emerging and controversial topic because active as well as passive termination of severely ill and vulnerable patients has social, psychological and medical consequences (Clarke *et al.,* 2021).

Euthanasia is viewed as an unlawful practice in Ireland and it is strictly forbidden by the Irish Medical Council, thus, allowing medical professional such as doctors to assist in a patient's death constitutes or demand major changes in healthcare techniques or methods. It is argued

that the value and intrinsic dignity of patients cannot be taken away irrespective of the severity of illness and allowing PAS needs acceptance of the idea that is considered oppressive in the contemporary society that strictly opposes suicidal practices (Keown, 2018; Clarke *et al.,* 2021). It is highlighted in the literature that euthanasia can be allowed in specific scenarios or circumstances such as when an individual is experiencing terminal illness and degenerative disorders and undergoing major suffering due to the illness (Worrall, 2018). Overall, it is evaluated that strict rules and rigid preventive measures accompanied by a right to die in legislation enable the proper or correct use of euthanasia and PAS, thereby reducing the possibility of misuse of the law (Kelly, 2017). In this regard, it is signified in survey findings that doctors or partners can be given the right to take decisions on euthanasia when patients are unable to make such decisions on their own. Contradictory findings are obtained in this regard as few survey participants favoured PAS and dependency on doctors in case of incurable diseases while others expressed the need for trained mediators.

4.5 Summary

It is summarised from thematic analysis and detailed statistical assessment of survey data that euthanasia is not considered a criminal act in Ireland rather it is viewed as a form of medicine. It is noted that euthanasia can be acceptable if it is pursued and legalised under strict guidelines encompassing greater exposure and transparency of doctors' activities in the public domain. It is depicted that euthanasia should be made legal but skilled and emotionally competent mediators exhibiting empathy, neutrality, non-judgment, comprehension and lack of bias should be available to patients seeking PAS or concerned individuals facing ethical issues or conflict in making a decision in regard to euthanasia in Ireland.

Chapter 5: Conclusion and Recommendations

5.1 Conclusion

The present study aims to analyse the relevance of euthanasia and the overall views of society about euthanasia to release the patient from high pain. In this context, the first objective of the research examines the legal as well as ethical aspects of Euthanasia. In context with the first objective of the research, it can be concluded that euthanasia is prohibited in Ireland and it remains an issue of controversy among doctors and society. Although analysing the high burden of pain among the patients, has increased the need for euthanasia in Ireland. The results of the survey data also show that majority of the participants in Ireland have positive reviews about euthanasia which shows that people understand the need for assisted suicide and euthanasia to reduce the burden of pain management. However, it can also be analysed from the results of secondary data analysis that many people do not support the concept of euthanasia and believe that it is against nature and must not be legalised by the government of Ireland. In addition to this, it can further be concluded from the overall findings of the study that most of the people in Ireland are Christians and they have a religious view that death and birth are a natural process and humans have no right to decide about the death of a patient.

It can further be concluded from the results of the study that people suffer from diseases like cancer and Alzheimer's. It becomes very difficult for the patients to survive with a high level of pain. Thus, the role of euthanasia in the healthcare sector has increased highly. However, the results of the study further show that most people believe that doctors must take the decision of euthanasia as they have the maximum knowledge about the situation of the

patient. Despite high religious and ethical conflicts about euthanasia among people across the globe, the results of the survey show that people do not consider euthanasia a criminal activity and believe that it is a form of medicine.

The second objective of the study evaluates the relevance of human rights regarding euthanasia. Concerning the second objective of the study, it can be concluded from the results of the study that it is very important to maintain and protect the rights of people. Thus, it is equally essential for the doctors and other medical staff members to respect the decisions and rights of patients in case of euthanasia. The decisions are taken by the Ireland court state that people must receive the same rights as they receive while abortion in case of euthanasia. It can also be concluded from the overall results of the research that if the government of the nations legalise euthanasia and make strict rules to carry it under the guidance of senior doctors and mediators, then the perception of people towards euthanasia can be changed. Moreover, along with legalisation, when the rights of euthanasia are provided to the patient and family of patients then more effective decisions can be taken. However, people believe that euthanasia violates the assumption of a basic human right which is the right to live. The people and society of different nations have different views about the legality of euthanasia, which makes it a big issue of controversy all over the globe. Certain nations have legalised euthanasia under the European Convention on Human Rights (ECHR). Moreover, it can also be stated that the right to privacy gets violated as the doctors and mediators have to intervene in the personal space of the patient and their family members.

The inability of the doctors and the healthcare sector to treat patients with pain and chronic diseases has also increased the demand for euthanasia. It can further be concluded that

more than half of the people of Ireland believe that euthanasia should be legalised in Ireland and mediators must be trained specially to assist the doctors and patients during the case of euthanasia. As mediators play an important role in completing the process of euthanasia, it is equally very important for the mediators to provide correct and reliable information to the patients so that they can take the correct decisions about their life.

The third research objective of the study analyses the importance of implementing euthanasia and Physician-Assisted Suicide (PAS) in Ireland. In alignment with the last objective of the research, it can be concluded from the overall research findings that the issues about the intentional death of the patients by the doctors in euthanasia are also emerging highly. On the other hand, it has also been analysed that the cases of seriously ill patients in Ireland have increased highly. The conditions of such people have not improved even after regular medical assistance, which is causing a high burden in the healthcare sector, thereby increasing the need for euthanasia and PAS in Ireland. In addition to this large number of people in Ireland are dealing with severe diseases like heart problems and cancer which cannot be cured. This increases the suffering of the patients and leads to the painful death of the person. The concept of PAS and euthanasia are medical forms of ending the life of the people to comfort them from the endless pain and provide them with a peaceful and dignified death.

Along with this, it can also be concluded that in order to carry out the overall procedure of euthanasia effectively, the mediators must possess certain specific skills like emotional intelligence, objectivity and self-control. These skills are very necessary for the mediators so that the family members of the patients can be assisted in a proper manner. It can also be stated that these mediators must not be biased and should treat all the patients with the same

respect and provide the correct and reliable assistance. The issue of the high level of religious bias among the doctors and mediators can reduce the validity of euthanasia and PAS in the healthcare sector. The doctors should not discriminate against the patients on the basis of colour or religion and should take the best possible measures to avoid euthanasia by providing the best treatment to them.

As people have the right to live their life as per their own choices while following the rules and regulations of a nation, similarly, people must also be given the right to die peacefully. The decision about euthanasia should totally depend on the patient so that they can make their own decisions. The government of Ireland has made strict rules about euthanasia and has assisted doctors and nurses not to engage in intentional murder activities by conducting euthanasia without the permission of the patient or family members. These laws will further increase the overall reliability of euthanasia and reduce the misconceptions of the people about it. Moreover, after analysing the role of PAS and euthanasia in Ireland, it can further be stated that most people agree with euthanasia as well as PAS, which shows that the government of Ireland can work on the legalisation of euthanasia. In addition to this, it is also the responsibility of the nation to form laws as per the views and perceptions of the people as euthanasia is a very personal choice. The formation of the laws based on the mindset of society would make it easier for the government of Ireland to legalise euthanasia.

5.2 Recommendations

- As the debate on euthanasia continues for a long time in society, people have witnessed that doctors and medical professionals take undue advantage of euthanasia to abuse patients. In order to reduce euthanasia abuse, the government of nations must form

strict protocols to perform euthanasia in the presence of family members. Along with this, it must also be made mandatory for the doctors to take assistance from other doctors as well. This would decrease the cases of intentional murders done by the doctors that take advantage of euthanasia and would shape a positive perception of euthanasia among the general public (Martin, 2013).

- It must also be made compulsory for the doctors and healthcare departments to report the overall cases of euthanasia so that proper monitoring of the euthanasia cases can be done. In addition to this, proper consent from the patients for euthanasia should be taken by the doctors. In case the patient is not in a condition to give consent, the family members must provide the consent (Martin, 2013).
- The present study makes use of primary as well as secondary data in order to address its research aim and objectives. The use of the mixed methodology method increases the overall cost of the study. Thus, in order to reduce the overall cost of the study, in future, the study can make use of the case study method. The use of the case study method allows the collection of factual information about a particular case (Yin, 2017). Thus, the case study of Ireland can be conducted to further analyse the ethical and legal aspects of euthanasia. The use of the case study method can enable gather reliable and valid data for the study.

Reflection

For me, reaching the dissertation stage was the most expected milestone. I was only thinking about the fact that the course was coming to a conclusion. This was a pleasant

sensation. I had not considered the problems I would confront until this point. Writing 20,000 words on a certain topic, regardless of whether we have studied the material and finished the assignments, is a challenging endeavour, especially when we are not working in our mother language. The second stumbling block appeared when I realized that, in addition to picking a challenging topic, I was also low on information on the mediator and value disputes. I found myself in a scenario where time was limited and I couldn't continue to develop my job. So I began to use the relaxation techniques we learnt in class, as well as emotional intelligence, to prevent myself from succumbing to despair.

Next challenge: a survey. It was really difficult to formulate questions without allowing your opinion to influence their development, but I had a lot of support and help from my supervisor, Alison Walker, who patiently guided me until I was able to complete my survey on time. I didn't get the number of responses I wanted since I was very picky about who I assigned because I wanted a variety of perspectives on the topic, but after about three weeks, I had a reasonable number of responses, which allowed me to continue working.

To be honest, I am not completely satisfied with the final result, but I am confident that I did my best in the time I had, owing to the fact that I was diagnosed with COVID at the end of February and became severely disabled, as well as the lack of luck in having been diagnosed with Chicken pox at the beginning of the month, which prevented me from working on my dissertation.

In a broader sense, it was tough, but also extremely rewarding, to have the opportunity to go deeper into the issue. Values conflict is very subjective and specific, which led me to discover during my research that for a mediator to deal with this type of conflict, which is very

delicate, he cannot let our values, morals, and ethics to influence how the mediation is conducted.

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Form A: Application for Ethical Approval

Undergraduate/Taught Postgraduate Research

This form should be submitted to the module leader for the relevant initial proposal and/or the relevant supervisor is the proposal has already been accepted.

Please save this file as *STUDENT NUMBER_AEA_FormA.docx*

Title of Project	Ethics conflicts and euthanasia: How to mediate a values conflict
Name of Learner	Sueli Pereira Martins
Student Number	51710391
Name of Supervisor/Tutor	Alison walker

Check the relevant boxes. All questions must be answered before submitting to the relevant lecturer / supervisor. Note: only one box per row should be selected.

Item	Question	Yes	No	NA
1	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	
2	Will you tell participants that their participation is voluntary?	☒	☐	
3	Will you obtain written consent for participation (through a signed or 'ticked' consent form)?	☐	☒	
4	If the research is observational, will you ask participants for their consent to being observed.	☐	☐	☒
5	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	
6	Will you give participants the option of not answering any question they do not want to answer?	☐	☐	☒
7	Will you ensure that participant data will be treated with full confidentiality and anonymity and, if published, will not be identifiable as any individual or group?	☒	☐	
8	Will you debrief participants at the end of their participation (i.e., give them a brief explanation of the study)?	☐	☒	
9	If your study involves people between 16 and 18 years, will you ensure that passive consent is obtained from parents/guardians, with active consent obtained from both the child and their school/organisation?	☐	☐	☒
10	If your study involves people less than 16 years, will you ensure that active consent is obtained from parents/guardians and that a parent/guardian or their nominee (such as a teacher) will be present throughout the data collection period?	☐	☐	☒
11	If your study requires evaluation by an ethics committee/board at an external agency, will you wait until you have approval from both the Independent College Dublin and the external ethics committee before starting data collection.	☐	☐	☒

Item	Question		Yes	No	NA
12	If you are in a position of authority over your participants (for example, if you are their instructor/tutor/manager/examiner etc.) will you inform participants in writing that their grades and/or evaluation will be in no way affected by their participation (or lack thereof) in your research?		☐	☐	☒
13	If you are in a position of authority over your participants (for example, if you are their instructor/tutor/manager/examiner etc.), does your study involve asking participants about their academic or professional achievements, motivations, abilities or philosophies? (please note that this does not apply to QA1 or QA3 forms, or questionnaires limited to market research, that do not require ethical approval from the IREC)		☐	☐	☒
14	Will your project involve deliberately misleading participants in any way?		☐	☒	
15	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?		☐	☒	
16	Does your project involve work with animals?		☐	☒	
17	Do you plan to give individual feedback to participants regarding their scores on any task or scale?		☐	☒	☐
18	Does your study examine any sensitive topics (such as, but not limited to, religion, sexuality, alcohol, crime, drugs, mental health, physical health, etc.)		☒	☐	
19	Is your study designed to change the mental state of participants in any negative way (such as inducing aggression, frustration, etc?)		☐	☒	
20	Does your study involve an external agency (e.g. for recruitment)?		☐	☒	
21	Do your participants fall into any of the following special groups? *(except where one or more individuals with such characteristics may naturally occur within a general population, such as a sample of students)*		☐	☒	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

If you have ticked any of the shaded boxes above, you should consult with your module leader / supervisor immediately. **You will need to fill in Form B Ethical Approval** and submit it to the Research & Ethics Committee **instead** of this form. There is an obligation on the researcher to bring to the attention of the Research & Ethics Committee any issues with ethical implications not clearly covered by the above checklist.	
Iconsiderthatthisprojecthas**no**significantethicalimplicationstobebroughtbeforetherelevant Research & Ethics Committee. I have read and understood the specific guidelines for completion of Ethics Application Forms. I am familiar with the codes of professional ethics relevant to my discipline (and have discussed them with mysupervisor).	☒
Name of Learner	Sueli Pereira Martins
Student Number	51710391
Date	10.04.2022
I have discussed this project with the learner in question, and I agree that it has no significant ethical implications to be brought before the Research & Ethics Committee.	☐
Name of Supervisor/Lecturer	Click or tap here to enter text.
Date	Click or tap here to enter text.