

**Euthanasia: decided and informed end in human development****Eutanasia: final decidido e informado en el desarrollo humano**

RAMOS-JAUBERT, Rocío Isabel†\*, CEPEDA-GONZÁLEZ, María Cristina, MUÑOZ-LÓPEZ, Temístocles and RAMÍREZ-CHÁVEZ, Jorge

*Universidad Autónoma de Coahuila. Faculty of Science, Education and Humanities. Saltillo, Coah. Mexico. Clínica de Otorrinolaringología, Private consultation.*

ID 1<sup>st</sup> Author: *Rocío Isabel, Ramos-Jaubert* / **ORC ID:** 0000-0003-3289-5390, **Researcher ID Thomson:** T-1652-2018, **CVU CONACYT ID:** 201861

ID 1<sup>st</sup> Co-author: *María Cristina, González-Cepeda* / **ORC ID:** 0000-0003-0676-2412, **Researcher ID Thomson:** T-1651-2018, **CVU CONACYT ID:** 567204

ID 2<sup>nd</sup> Co-author: *Temístocles, Muñoz-López* / **ORC ID:** 0000-0003-4940-5730, **Researcher ID Thomson:** X-7834-2018; **CVU CONACYT ID:** 202437

ID 3<sup>rd</sup> Co-author: *Jorge Ramírez Chávez* / **ORC ID:** 0000-0001-56810545

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**Abstract**

Objective: To know values, behavior, emotions and feelings related to euthanasia. Identify conceptual positions of euthanasia. Methodology: Research with a qualitative-quantitative approach. The population is 300 university students from different areas of knowledge. Inclusion criteria: students, over 18 years of age, who know how to read and write and wish to participate in the study. The data collection instrument that is implemented for the research consists of 118 operational variables. The contribution of this research suggests studying lines of research on the personality types that are in favor of orthothanasia, euthanasia or distanasia. It is proposed: To regulate euthanasia to avoid being considered an assisted suicide or being considered a crime. By allowing euthanasia, it helps the terminally ill patient and their family make an informed decision. Applying euthanasia reduces public health spending and family wealth expenditure before the eminent end of the human being in suffering.

**Resumen**

Objetivo: Conocer valores, conductas, emociones y sentimientos afines a la eutanasia. Identificar posturas conceptuales ante la eutanasia. Metodología: Investigación con enfoque cualitativo- cuantitativo. La población consta de 300 estudiantes universitarios de diferentes áreas del saber. Criterios de inclusión: estudiantes, mayores de 18 años, que sepan leer y escribir y deseen participar en el estudio. El instrumento de recolección de datos que se implementa para la investigación consta de 118 variables operacionales. La contribución de esta investigación sugiere estudiar líneas de investigación sobre los tipos de personalidad que están a favor de la ortotanasia, eutanasia o distanasia. Se propone: Reglamentar la eutanasia para evitar ser considerada un suicidio asistido o ser considerada como un delito. Al permitirse la eutanasia, favorece tomar una decisión informada al paciente en fase terminal y a su familia. Aplicar la eutanasia, disminuye el gasto de salud pública y el dispendio patrimonial familiar ante el final eminente del ser humano en sufrimiento.

**Euthanasia, Decision, Human development****Eutanasia, Decisión, Desarrollo humano**

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\* Correspondence to Author (Email: rocio.ramos.jaubert@uadec.edu.mx)

† Researcher contributing first author.

## Introduction

Since ancient times and in the twentieth century, in the forties, until today, euthanasia has been centered as a cornerstone in the decision as the good to die, which is what euthanasia means; It has been a controversial issue nowadays, especially in public policy and that is the subject of debate when considering that the human being is incapable of deciding on the life itself or on another human being, on the one hand; and, on the other hand, they are enacted in favor of life itself, contrary to suffering.

The word euthanasia comes from the Latin euthanasia / eut<sup>h</sup>anásia /, and this from the Greek εὐθανασία / ευθανασία /, composed of the prefix εὖ / ευ / which means well, normality; the word θάνατος / thanatos / 'death' and the noun suffix ~ σία / ~ síā: /. The morpheme εὖ / ευ / good, normality, linked to the Indo-European root \* wesu ~, good, present in neologisms such as: aneuploid, eubacteria, eucalyptus, eucarides, eukaryote, euphony, and others. (Etymologies of Chile.net, 1998-2001; Pokorny, 2011; Pastor de Arozena & Roberts, 2013).

The lexeme θάνατος / θánatos / means death; linked to the Indo-European root \* d<sup>h</sup> (u) enh<sub>2</sub>- death. Other words with thanasia include: thanatology, thanatopraxia, thanatonaut and thanatoid (a), atanasia, cacotanasia, orthotanasia, distanasia. (Etymologies of Chile.net, 1998-2001; Pokorny, 2011; Pastor de Arozena & Roberts, 2013).

The noun grameme ~ σία / ~ siā /; comes from the Greek, which in turn combines two feminine suffixes: ~ si (s) / ~ s (o) from the Greeks ~ σις / ~ σι ~ / ~ σο ~ / ~ σ ~ which means 'action', common in the scientific Greek language; and the suffix ~ iā from the Greek ~ iā meaning quality.

From the etymological perspective, euthanasia means: peaceful death, death without physical suffering, favored by others; in ancient Greece it meant honorable death and a painless, gentle death. (Etymologies of Chile.net, 1998-2001; Pokorny, 2011; Pastor de Arozena & Roberts, 2013).

In today's world, euthanasia has been legalized in seven countries, the Netherlands, Belgium, Luxembourg, Spain, New Zealand, Canada and Colombia. In all cases, euthanasia is authorized only for people suffering from an incurable, serious, chronic and incapacitating disease that causes intolerable suffering. (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019, Bernal-Carcelén, 2020; Velásquez Portilla *et al.*, 2021, Albert, 2020; Szlajen, 2021).

The Netherlands is the first country to set the precedent in 2002; later, Belgium 2002 and Luxembourg, in March 2009, includes assisted death (providing the drugs so that the patient determines the moment to end his life), being applied to patients with unbearable, irreversible pain, and the patient is obliged to request it your doctor together with another medical opinion, before deciding (WHO, 2021; Macías, Marcos del Cano y de la Torre Díaz, 2019, Velásquez Portilla *et al.*, 2021; Bernal-Carcelén, 2020; Szlajen, 2021).

In the case of Belgium it is the same, requiring the approval of two doctors, it applies to any age requiring parental permission since 2014 in the case of underage patients, and it applies in cases of insurmountable mental suffering; New Zealand approves the endorsement in 2020 entering into force on November 6, 2021, allowing the doctor to administer a drug that grants six months of maximum life and be a victim of a terminal illness and that the patient voluntarily and consciously requests it They must be over 18 years of age and have the approval of two doctors. Spain, in the euthanasia law where it recognizes the right of terminally ill patients to a dignified death, decriminalizes medical aid to provide medicine to the patient, doctors have the right to conscientious objection and there is a commission that controls each patient, thus Spain becomes the first country with a Catholic tradition to approve this legislation (WHO, 2021; Macías, Marcos del Cano y de la Torre Díaz, 2019; Albert, 2020; Velásquez Portilla *et al.*, 2021; Bernal-Carcelén, 2020;).

In Canada, the so-called medical assistance to die approved in June 2016, has strict requirements such as: requesting the procedure 10 days before proceeding with it, having two independent witnesses and having the approval of two doctors who corroborate that the patient does not He is cured and is in an advanced stage of suffering. (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019; Velásquez Portilla et al, 2021; Bernal-Carcelén, 2020).

In the case of Colombia, in 1997 the Constitutional Court decriminalized mercy killing, although for years there was no regulation that would protect it, until 2014 the right to a dignified death was regulated; Doctors have freedom of conscience not to agree to euthanasia unless it is within their personal beliefs. With the exception of Colombia, in the rest of Latin America there are various legal and technical gaps, since direct euthanasia is prohibited in Latin American countries, although recently in Peru (Surco Ibarra, 2021; Aguilar Pacheco, 2021; Ayamamani Ruiz, 2021), the court ruling in favor of a dignified death of a person with a degenerative disease; in 2012 both Argentina and Chile approved the power of the patient to reject treatments that artificially prolong life in patients with irreversible and terminal symptoms; In 2020 in Chile the law for dignified death and palliative care is approved where the patient can request medical assistance to die, under certain conditions depending on the case (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019; Velásquez Portilla et al, 202; Bernal-Carcelén, 2020, Albert, 2020; Surco Ibarra, 2021; Aguilar Pacheco, 2021; Ayamamani Ruiz, 2021).

In Uruguay, they have the Advance Will or Good Death Law, which regulates the freedom of the person to refuse palliative care included in a treatment (WHO, 2021; Macías, Marcos del Cano y de la Torre Díaz, 2019; Bernal-Carcelén, 2020; Velásquez Portilla et al, 2021).

In Mexico, terminally ill patients are allowed to reject palliative treatments, in the states of Mexico City, Michoacán and Aguascalientes, various bills to authorize euthanasia have been rejected in Congress (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019; Bernal-Carcelén, 2020; Velásquez Portilla et al, 2021).

In various parts of the world, active or direct euthanasia is prohibited, although there are regulations that allow compassionate death, called assisted suicide, this practice is legal in Switzerland, Germany, in Victoria in Australia, and in the United States in the states of : Hawaii, Colorado, Vermont, California, Oregon, Maine, New Jersey, Washington and the District of Columbia (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019; Velásquez Portilla et al, 2021; Bernal-Carcelén , 2020).

Indirect or passive euthanasia is allowed in other countries, in which medical care is suspended, as well as palliative treatments, leaving the patient to die when there is no hope. There are no data from Africa (WHO, 2021; Macías, Marcos del Cano and de la Torre Díaz, 2019; Bernal-Carcelén, 2020; Velásquez Portilla et al, 2021).

Macías, Marcos del Cano and de la Torre Díaz (2019), for these authors, euthanasia and assisted suicide are not an annex issue that can be separated from other human aspects such as aging, the coexistence of death, suffering, pain, the inability to issue socio-health resources, dementia, self-care and care, autonomy, protection and support for vulnerable populations, dependency, and human freedom, among other issues that concern humans. Euthanasia is a human matter. However, the book is complemented by a series of studies that shows the different legal initiatives in neighboring countries such as Germany, France and Italy, countries that chose to reject both euthanasia and assisted suicide. It shows a partial vision, without the humanistic and empathic analysis required in terminally ill cases.

Velásquez Portilla & cols (2021), conclude on the existence of a high degree of ignorance of the definition of euthanasia proposed by the World Health Organization (WHO), despite its acceptance by the studied population; The results indicate the need to open spaces for information and dialogue on the subject.

Bernal-Carcelén (2020), argues that clinical and social support for the regulation of euthanasia has been an important element, which was analyzed by political parties in the last two decades, which favored that they will change their positions, that created a window of opportunity for regulation.

Szlajen (2021), concludes on a conceptual structure, cases and foundation of the Jewish regulatory and normative legal framework regarding the prohibition, duty or permission to kill oneself or through third parties; applied to the moral and legal fields in the current pressing discussions of bioethics.

The study is relevant for recognizing the dignity of the patient, turning him into an active person, with the ability to decide in advance about the medical treatments he is willing to receive, in the event of being prevented from expressing his will. It is necessary to enrich oneself from the experiences of other countries to complete its regulation with an international protocol resulting from the resolutions determined by the World Health Organization in the World Assembly.

Díaz (2021), presents how the terminal patient and the average medical environment in which he operates, includes representatives of society, ecclesiastical, judicial and legislative, to represent that dignified death goes further

Of what belongs to the individual, rather, it is a "social demand" that will be analyzed in an inclusive, interdisciplinary and systematic way.

Euthanasia is a phenomenon that currently has importance due to the presence of degenerative diseases, chronic diseases, different types of cancer, and heart and brain diseases that, both the patient and his family, present a duality due to personal beliefs, family, religious, and social environment that surrounds them, and although there are places and conditions to perform euthanasia, there are no exact or precise data, so the objectives of this study are:

Know values, behaviors, emotions and feelings related to euthanasia.

Identify conceptual positions before euthanasia.

### **Methodology to be developed**

Research with a qualitative- quantitative approach.

The population is 300 university students from different areas of knowledge, plus 40 pilot surveys.

Directed-stratified: Taking the most representative cases of young people, from each of the work areas.

### **Design**

For the investigation maneuver: An observational study will be carried out.

For the capture of information: Survey type with self-administered technique.

By measuring the phenomenon in time: Transversal.

By the direction of the analysis:

Descriptive and exploratory.

### *Inclusion criteria*

- University Students
- Over 18 years.
- That they know how to read and write.
- That they agree to be part of the study.

### *Exclusion criteria*

- Don't be students.
- Under 18 years of age.
- That they cannot read and / or write.
- That they do not accept to be part of the study.

### *Elimination criteria*

Questionnaires that are not complete.

The data collection instrument that is implemented for the research consists of three sections.

The first collects basic identification information for each of the study subjects: sex, age, religion and marital status.

The second part of the data collection tool explores the meaning of euthanasia, analyzing different relationships in 114 questions, distributed in five questions, they are:

What expressions mean euthanasia? acceleration, pain, omission, death, protection, suicide, avoid, insensitivity, homicide, hopeless, in favor, suffering, terminal, against, assisted, intention, incurable.

If a family member suffers from a terminal illness, what action do you decide? Euthanasia, good death, protection, eliminate pain, shortened, omission, distanasia, keep life, survival, prolong treatment, disproportionate measures, bad practice, assisted suicide, therapeutic support, viability, avoid suffering, personal decision, attendance, orthothanasia, natural death, palliative care, professional responsibility, basic care, commitment to life.

Euthanasia must be? Legal, regulated, straight, lawful, decision, crime, violation, transgression, illicit, provision, homicide, attempt, murder, crime, personal, approved, permitted, reasonable, ratified, family, violation, breach, non-observance, brokenness.

Who should legislate on euthanasia? Doctors, legislators, lawyers, experts, journalists, patients, politicians, government, historians, scientists, relatives, associations, churches, philosophers, communicators, nurses, civil society, teachers, psychologists, workers, social work, students, sociologists, criminals, technical.

You are a person? Affectionate, protective, cuts, kind, respectful, kind, educated, generous, honest, compassionate, attentive, humble, sincere, pious, cruel, loyal, responsible, human, grateful, prudent, insensitive, considered, friendly, tolerant.

The third part, thanks for the support.

It consists of 118 items that show different personal qualifications on an ordinal scale of the centesimal type, with 0 being "nothing or never" and 100 "the maximum level of experience", each answer is independent, there is no sum of the values between them.

The application of the data collection tool will be through the self-administered technique, which will allow the data to be captured from the respondent's perspective, evoking their concepts, memories and experiences on the subject.

## Results

The results are analyzed from the exploratory factor analysis, type R multiple squared with maximum normalized variation to find standards among the diverse responses of the subjects that allow to see the phenomenon of study from other perspectives, with an  $r \geq \pm .19$ ,  $p \leq .05$  and  $n \geq 300$ .

31 factors were found that explain 82.241% of the total variance explained of the phenomenon from the study variables.

Factor 1 called Reasonable Euthanasia shows the current paradigm, since euthanasia is reasoned when a relative suffers a terminal illness, it becomes a personal decision and a right; It is conceived as protection rather than an omission to the evicted person with an incurable disease, so that if a family member suffers from a terminal illness, they have the viability of avoiding suffering by protecting them from the palliative care offered by professional responsibility; all together makes the person a protective and caring being, who with courtesy by being polite and kind, becomes tolerant, honest, generous and compassionate, the degree of prudence is such that he is responsible and considerate for what that respect, friendly and loving transforms him into a humble and pious being being grateful, attentive and sincere; considering that legislators, doctors and psychologists are the ones who should participate in the opinion on euthanasia, but criminals do not participate. From this it is inferred that the current position before euthanasia is that by positioning themselves in the place of the patient, a series of emotions and feelings arise that flourish the best of themselves in order to avoid the suffering of their family.

Factor 2 called, insensitive euthanasia shows how, regardless of age, euthanasia does not mean protection is not a favor nor is it assisted, euthanasia means that one is against avoiding homicide and suicide through insensitivity.

On the other hand, when a relative suffers from a terminal illness, euthanasia should not be applied, on the contrary, life should be prolonged; as far as the person from this perspective is considered a cruel person, euthanasia should not be considered legal or be a lawful right that has been regulated, much less be part of a decision, nor should it be allowed, nor should it be approved or considered reasonable, so euthanasia is a crime and a transgression that violates the provision just as homicide is an attempted murder; therefore, it is a completely illicit crime, being a non-observance that leads to the breach and violation of a violation. The only ones who can have an opinion on euthanasia are the communicators and the church. From this it follows that an underlying retrograde position shows the cruel personality of a pro-life position where everything is considered the transgression of a crime.

Factor 3 called Assisted Suicide; Euthanasia from this perspective shows an ambivalence where people are in favor of euthanasia, which means that they are assisted, so if a family member suffers from a terminal illness it is due to malpractice, these people tend to be kind; Although there is no definition on what euthanasia should be if they consider that a large part of the population can have an opinion on euthanasia such as politicians, journalists, government, scientists and historians as well as associations such as churches, civil society, philosophers, communicators, not forgetting teachers including social workers and sociologists, students, technicians, workers and criminals. From this it follows that a caring person decides for euthanasia as an assisted favor that concerns a large part of the population to establish it.

Factor 4 called Commitment to life, means that euthanasia is pain, so if a family member suffers from a terminal illness, he or she must maintain life by prolonging survival, even with disproportionate measures until natural death arrives as part of a commitment. With life, people tend to be friendly from this perspective, considering those who cannot have an opinion on euthanasia are the students. From this it follows that euthanasia is not an option and it is necessary to reach the end as a life commitment where pain is part of this process.

Factor 5 called Euthanasia as homicide, from this perspective, euthanasia is to avoid the pain against homicide, if a relative suffers from a terminal illness, they must be kept alive and protected so that they have a good death by having a natural death (orthothanasia) Through a professional responsibility with basic and palliative care that commits to life, the personality that predominates in this perspective is a loyal and protective person, who must have an opinion on euthanasia are social workers, sociologists and philosophers but not criminals . It is inferred that a protective relative is loyal and has a commitment to life, being protective of the same person until the end of his life arrives.

Factor 6 called Euthanasia as protection is considered an omission when the family member suffers a terminal illness, the omission to shorten life would be a disproportionate measure that starts from malpractice assisting suicide as a viable way to lead to orthothanasia or natural death , the personality that stands out from this perspective are people who consider themselves humble but at the same time are insensitive, who should have an opinion on euthanasia are criminals and technicians and the church should not be considered in this sense. From this perspective it is inferred that insensitive and humble people participate in assisted suicide as a protective measure.

Factor 7 called Personal Decision, where age and gender means the acceleration that with pain through being a terminally ill patient ends with the suffering of a terminal illness through professional assistance, but always directed without assistance reaching the natural death (orthothanasia); Those who should have an opinion on euthanasia are civil society, the workers, but they are not considered criminals. Therefore, euthanasia is a personal decision that corresponds to the terminal patient to end the suffering.

Factor 8 called In favor of euthanasia indicates that it is a protective factor but does not mean that it is against to insensibly avoid homicide, so if a family member suffers from a terminal illness, euthanasia is an option as a good death through measures disproportionate to assisted suicide to lead to orthothanasia or natural death.

These people, even though they are cruel, tend to be grateful and loyal to whoever will apply, euthanasia must be regulated as a lawful and legal right as a personal decision allowed and reasonably approved and ratified by a family member who does not allow it to be broken, and is not a rape, those who should have an opinion on euthanasia are patients, doctors and family members. From this it follows that euthanasia is a protective factor that must be legislated and protected as a personal decision and ratified by a family member.

Factor 9 called Suffering, indicates that euthanasia should protect suffering and insensitivity should not be avoided or considered to be against as homicide, from this perspective people are educated and protective being friendly, euthanasia should not be considered as something staff and who should have an opinion on euthanasia is the church. From this factor it follows that suffering must be protected until the end.

Factor 10 called Assisted Euthanasia implies that regardless of being a man or a woman, protection is in favor of an euthanized person, so euthanasia must be assisted, if a family member suffers from a terminal illness, they should not be kept alive and it will be necessary to apply euthanasia to avoid suffering through a personal decision that leads to the assistance of orthothanasia, as a commitment to life; those who should not have an opinion on euthanasia are journalists and scientists, philosophers, students, sociologists and technicians must be taken into account. From this it follows that euthanasia is a personal decision that must be assisted to avoid suffering.

Factor 11 called Acceleration is in favor of protection as an acceleration of pain. If a family member suffers from a terminal illness, they must be assisted to have a natural death. These people tend to consider themselves honest, but not prudent; therefore, criminals are the only ones who can legislate from this perspective and should not have an opinion on euthanasia. From this it follows that accelerating the terminal process is due to a protective factor over pain.

Factor 12 called Euthanasia as intention refers that regardless of being a man or a woman, the intention about an incurable disease is assisted through disproportionate measures that are viable, a person from this perspective is considered pious, so euthanasia should be considered as a lawful and personal procedure, who should have an opinion on euthanasia are the students. From this it follows that, the intention with disproportionate but viable measures will be a lawful procedure, participation in students is like an exercise in an conflict.

Factor 13 called Euthanasia as pain, is a pain where the person who is in favor presents a protective and prudent personality but is not insensitive, who have opinions are doctors, legislators, lawyers, experts, patients, journalists, politicians, government and scientists. From this perspective it is inferred that a protective person is prudent but not insensitive to the pain that a person suffers.

Factor 14 called Alternative, euthanasia means avoiding suicide or homicide especially if a family member suffers from a terminal illness, avoiding suffering requires assistance through assisted suicide, so euthanasia should not be ratified as they are, those who can give their opinion in relation to euthanasia are the technicians, but not the teachers or civil society. From this it follows that euthanasia is an alternative to a terminal illness.

Factor 15, called Euthanized, implies that euthanasia can be used at the end of a terminal illness or an evicted patient, this implies a personality that is neither protective nor tolerant, considering euthanasia as a legal position that must be legislated by experts. From this it follows that those who are not tolerant or protective will opt for euthanasia in the event of a terminal illness of a terminally ill patient.

Factor 16 called Crime, implies that a person who is prudent and considerate and at the same time tends to be friendly, but is insensitive, proceeds to accelerate euthanasia, when this occurs, euthanasia is considered a crime as a non-observance of breach towards violation of non-compliance, so the opinion of patients should not be considered. From this it follows that euthanasia can be a crime as the terms in which it must occur are accelerated.

Factor 17 called Viability considers euthanasia when a family member suffers from a terminal illness as a viable therapeutic support to avoid suffering, knowing that there is no natural death; People from this perspective tend to be sincere and protective as well as courteous, but they are not considered friendly or tolerant. Those who should have an opinion on euthanasia from this perspective are doctors and psychologists, but not criminals. From this it follows that, in the event of a terminal illness, euthanasia is feasible to avoid the suffering of family members.

Factor 18 called Incurable, implies that euthanasia can be applied when an incurable disease occurs, being viable when a family member suffers from it, people from this perspective tend to be educated, but not necessarily responsible, so they consider that they are the associations, civil society including criminals who can have an opinion on euthanasia. From this it follows that euthanasia will be applied to an incurable disease.

Factor 19 called Assistance, implies that a responsible person must be able to make a personal decision through assisted euthanasia, where doctors, patients, relatives, associations, churches, nurses, civil society, teachers, psychologists, social workers and sociologists they can give their opinion on euthanasia. From this it follows that euthanasia is a personal and assisted decision.

Factor 20 called Eliminate pain, implies that if a family member suffers from a terminal illness, their suffering should be avoided through the elimination of pain possible with natural death, from this perspective people tend to be respectful and honest so they are loyal and those responsible consider that patients should not comment on euthanasia matters. From this it follows that avoiding suffering and eliminating pain is an option that must be lived until natural death.

Factor 21 called Euthanasia as homicide, implies that euthanasia is a homicide through a death that has suffered pain, accelerating its completion, so people from this perspective tend to be kind, friendly and tolerant therefore it is doctors, patients and family members who must give their opinion from this perspective, not including scientists. From this it follows that, by accelerating death from a terminal illness and being able to eliminate suffering and pain, euthanasia is considered a homicide.

Factor 22 called Distanasia, implies that euthanasia will be an omission because the person must have a commitment to life until his natural death through the viability of disproportionate measures that keep him alive beyond what is necessary (distanasia), from this perspective a person tends to be kind and those who should not comment on euthanasia are scientists. From this it follows that a patient in the terminal phase must stay alive beyond the necessary limits as a life commitment.

In Factor 23 called Euthanasia as a legal but unregulated matter, it implies that it should be considered as an assisted suicide based on malpractice against an accepted euthanasia, people from this perspective tend to be humble and who should have an opinion are journalists and even criminals, but politicians are not considered. From this it follows that euthanasia can be legalized, although not regulated, what is considered as assisted suicide.

Factor 24 called Insensitivity, implies that if a family member suffers from a terminal illness, they must wait without avoiding suffering, applying distanasia that is not tolerant with cruelty and insensitivity, in order to give scientists their opinion on euthanasia, not including to relatives, government, social or technical workers. From this it follows that distanasia helps to know the limits of a disease with cruelty, probably in order to know if it is curable.

In Factor 25 called Euthanasia as omission, it implies that as one is older, the acceleration of euthanasia as homicide in the evicted leads to the omission of pain, so people from this perspective are pious and it corresponds to the church give its opinion on euthanasia. From this it follows that, as one gets older, it is necessary to accelerate euthanasia, especially in euthanized people.



Factor 26 called In favor of euthanasia, implies that euthanasia is applied in the case of those people who consider themselves to be honest, humble, sincere and loyal without being considered homicide or being against it. From this it follows that euthanasia is a way of favoring the end of life for those people who consider that there is nothing more to do to sustain their quality of life.

Factor 27 called Avoid euthanasia, implies that it is to protect the family member who tries to commit it from a crime, since it is not viable nor is it an assisted suicide, people from this perspective are not loyal or friendly, who should not comment on euthanasia are the patients. From this it follows that euthanasia is considered a crime for which it must protect the patient from committing it.

Factor 28 called Euthanasia as suffering implies that the omission of suffering itself is insensibly avoided, since the family member who suffers from a terminal illness due to malpractice suffers, a person from this perspective is considered friendly, but is not respectful or attentive, It is considered that criminals can have an opinion on euthanasia but not historians. From this it follows that euthanasia is a way to avoid insensitivity by omitting suffering.

Factor 29 called Disproportionate measures implies that one is not in favor of euthanasia although there is an acceleration of the euthanized patient, so the disproportionate measures must provide assistance, without reaching natural death, being a commitment to life from this perspective, People tend to be affectionate, protective, respectful and courteous, but they are not loyal or grateful for what, who should have an opinion on euthanasia, are civil society and journalists. From this it is inferred that, despite not being in favor of euthanasia, neither does natural death occur where the commitment to life tends to provide disproportionate measures for their survival.

Factor 30, called Inhuman, implies that from this perspective there is no integration with euthanasia, it implies that the personality of inhuman is not part of the areas that must legislate euthanasia as the government, from this it follows that the government must present a impartial stance towards euthanasia.

Factor 31 called Keep alive indicates that regardless of the pain involved, euthanasia must be kept alive through the assistance provided to the family member; On the other hand, from this perspective, people are compassionate beings, but not responsible for what euthanasia should be a personal disposition, those who must give their opinion on euthanasia from this perspective are the scientists. It is inferred that a person must stay alive regardless of pain; however, the arrangement must be personal and unique to the patient.

### **Gratitude**

The financial support provided by the Dyslexia Neuropsychology Center is appreciated.

### **Conclusions**

The conclusions of the investigation are presented:

The current position regarding euthanasia is that by positioning oneself in the place of the patient, a series of emotions and feelings arise that flourish the best of themselves in order to avoid the suffering of their family.

It underlies a retrograde position that shows the cruel personality of a pro-life position where everything is considered the transgression of a crime.

A caring person decides for euthanasia as an assisted favor that concerns a large part of the population to establish it.

Euthanasia is not an option, being necessary to reach the end as a life commitment where pain is part of this process.

A protective family member is loyal and committed to life, being protective of the same person until the end of his life arrives.

Callous and humble people participate in assisted suicide as a protective measure.

Euthanasia is a personal decision that corresponds to the terminal patient to end the suffering.

Euthanasia is a protection factor that must be legislated and protected as a personal decision and ratified by a family member.

Suffering must be protected until the end is reached.

Euthanasia is a personal decision that must be assisted to avoid suffering.

Accelerating the terminal process is due to a protective factor over pain.

The intention with disproportionate but viable measures will be a lawful procedure, the participation in the students is like an exercise in an ethical dilemma.

A protective person is prudent but not insensitive to the pain that a person suffers.

Euthanasia is an alternative to a terminal illness.

Who is not tolerant or protective will opt for euthanasia before a terminal illness of an evicted relative.

Euthanasia can be a crime as the terms in which it must occur are accelerated.

Faced with a terminal illness, euthanasia is feasible to avoid the suffering of family members.

Euthanasia will be applied to an incurable disease.

Euthanasia is a personal and assisted decision

Avoiding suffering and eliminating pain is an option that must be lived until natural death.

By accelerating death from a terminal illness and being able to eliminate suffering and pain, euthanasia is considered a homicide.

A terminally ill patient will have to stay alive beyond the limits necessary as a life commitment.

Euthanasia can be legalized, although not regulated what is considered as an assisted suicide.

Distantnasia helps to know the limits of a disease with cruelty, probably in order to know if it is curable.

As one gets older, it is necessary to accelerate euthanasia, especially in euthanized people.

Euthanasia is a way of promoting the end of life for those who consider that there is nothing more to do to sustain their quality of life.

Euthanasia is considered a crime for which you must protect the patient from committing it.

Euthanasia is a way to avoid insensitivity by omitting suffering.

Despite not being in favor of euthanasia, neither does natural death occur where the commitment to life tends to provide disproportionate measures for their survival.

The government must present an impartial stance towards euthanasia, but it is not inhumane.

A person must stay alive regardless of pain; however, the arrangement must be personal and unique to the patient.

According to the objectives of the research, it was identified to know different values, behaviors, emotions and feelings related or not to euthanasia. Likewise, it is possible to identify conceptual positions before euthanasia, as shown in the previous paragraphs.

It is suggested to study the following lines of research:

The personality types that are in favor or not of orthothanasia, euthanasia or distanasia.

Regulate in-utero euthanasia for life-threatening congenital malformations.

It is proposed:

Regulate euthanasia to avoid being considered assisted suicide or considered a crime.

By allowing euthanasia, it favors making a personal and informed decision for the adult patient in the terminal phase and extreme suffering, and support from the family, as well as direct relatives in the case of minors, together with the support of government and civil authorities, social and religious.

Deciding on euthanasia reduces public health spending and family wealth spending before the eminent end of the human being in suffering.

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