

論積極安樂死之 臨床實務問題： 以安樂死合法化國家 為中心之系統性文獻回顧(二)*

Identifying Practical Clinical Problems in Active
Euthanasia: A Systematic Literature Review of the
Findings in Countries Where Euthanasia Is Legal (II)

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摘要

目標：全球目前只有七個國家通過積極安樂死合法

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關鍵詞：安樂死 (euthanasia)、安樂死法律 (Euthanasia Law)、安樂死標準 (euthanasia criteria)、臨床倫理 (clinical ethics)

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化，這些國家在執行上遭遇一些困境，本研究主要針對文獻中有關臨床實務積極安樂死進行彙總。方法：以系統性文獻回顧之方法，針對140份文件，包含130篇文章（文章來源為PubMed以及EthxWeb）以及10個安樂死法規進行分析。結果：經過文獻分析各國與安樂死有關的具體問題回報後，可以得出五個問題點，分別為：存在許多有待解釋之模糊空間、對於自願性選擇的保證不足、如何回應因精神疾病而請求安樂死之情形、出於道德良心而反對，以及醫療人員不遵從行為。結果之重要性：存在許多有待解釋之模糊情況可能導致「滑坡效應」發生；對於自願性的保證不足違反了尊重自主原則，此原則為安樂死之根本基礎；因內心煎熬而進行安樂死的案例下，很重要的一件事情是需要區分：因單純因精神疾病導致內心痛苦而想選擇死亡，或者是因為身體疾病煎熬產生心理症狀而想選擇死亡；由於執行安樂死的醫生需要承受相當大的壓力，所以出於道德良心而反對執行安樂死仍應作為一個選項供醫生選擇；醫療人員因為對於安樂死規定缺乏認知或者不同意而產生的不遵從行為是與程序正義相違背的。

Objectives. Currently, active euthanasia is legalized

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in only 7 countries worldwide. These countries have encountered problems in its implementation. The study aims to summarize the practical clinical problems in the literature on active euthanasia. Methods. A systematic literature review was conducted using 140 works consisting of 130 articles from PubMed and EthxWeb and data from 10 euthanasia laws. Results. After reviewing the specific problems reported to be associated with euthanasia in each country, 5 problems were extracted: many ambiguous conditions with room for interpretation, insufficient assurance of voluntariness, response to requests for euthanasia due to psychological distress, conscientious objection, and noncompliance by medical professionals. Significance of results. Multiple ambiguous conditions that are open to interpretation can result in a “slippery slope phenomenon.” An insufficient guarantee of voluntariness violates the principle of respect for autonomy, which is the underlying justification for euthanasia. In cases of euthanasia due to mental anguish, a distinction between a desire for death caused by psychological pain alone prompted by mental illness and a desire for death caused by mental symptoms prompted by physical illness is essential. Conscientious objection should remain an option because of the heavy burden placed on doctors who perform euthanasia. Noncompliance by medical professionals due to ignorance and conflicts regarding euthanasia is contrary to procedural justice.

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四、安樂死合法化國家之現況

(一) 請求安樂死之原因

於安樂死合法化之國家中，出於醫療原因提出安樂死請求與其背後實際原因各不相同。在荷蘭及比利時，這兩個國家安樂死合法化已經歷較長時間，允許出於各種原因進行安樂死，而癌症是最常見之安樂死請求原因¹。晚期癌症的身體疼痛通常被歸類為無法忍受之疼痛，此亦為符合安樂死之要件之一。此外，針對難治性疾病，如ALS和因交通事故導致的植物人狀態²亦可以申請進行安樂死。痛苦之性質也是提出安樂死請求之原因之一，導致安樂死的心理狀態包括情緒障礙、失智症和創傷後應激障礙³。然而，在荷蘭和其他國家，安樂死的原因不僅僅是醫療方面的，還包括社會原因，如缺乏社會支持而感到孤獨，或者對未來感到不確定均可作為申請安樂死之原因⁴。

(二) 安樂死之技術

就技術層面而言，安樂死常常使用巴比妥酸鈉；然而，當醫務人員不願實施安樂死時，偶爾也會使用鴉片類藥物來執行安樂死。

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- 1 *Euthanasia in Belgium, the Netherlands and Luxembourg*, 22 *PRESCRIRE INTERNATIONAL* 274-278 (2013).
 - 2 Paul B. Bascom & Susan W. Tolle, *Responding to Requests for Physician-Assisted Suicide: "These are Uncharted Waters for Both of us..."*, 288 *JAMA* 91-98 (2002). doi:10.1001/jama.288.1.91
 - 3 Sigrid Dierickx, Luc Deliens, Joachim Cohen & Kenneth Chambaere, *Euthanasia for People with Psychiatric Disorders or Dementia in Belgium: Analysis of officially Reported Cases*, 17 *BMC PSYCHIATRY* 203 (2017). doi:10.1186/s12888-017-1369-0
 - 4 Marianne C. Snijdewind, Donald G. van Tol, Bregje D. Onwuteaka-Philipsen & Dick L. Willems, *Developments in the Practice of Physician-Assisted Dying: Perceptions of Physicians who Had Experience with Complex Cases*, 44 *JOURNAL OF MEDICAL ETHICS* 292-296 (2018). doi:10.1136/medethics-2016-103405