

Editorial

Dear Members of Bangladesh Journal of Bioethics

Greetings! Hope all of you are keeping safe and having vaccines in this pandemic situation. Many have been affected either directly or through the sufferings of family and friends. In spite of all these we are going ahead. Let us all hope and try for a bright future.

This issue of BJB looks into the relationship between Bioethics and terminally ill patients. Following is a brief sum up of each paper:

The paper by Shamima Parvin Lasker and Arif Hossain entitled '***Death: Ethical, Medical and Theological Interconnectedness***' looks up the meaning of death according to medical, legal, philosophical and religion perspective and try to aware the people about death. After death, people seek help to religious cleric as there is vast information regarding death in religion. Islam is the latest religion and have more information regarding death than other religions. Therefore, they elaborate the death in the Islamic point of view. All the living being must testify death in a predetermined period and can't scape death staying in fortified house. Some scientist attempted to bring back dead to life scientifically but no success. The concluding remarks of them is that the people should do good deed because of the death is the sure moment of life and after death, our benevolent works will remain in the world only.

The paper by Macaulay-Adeyelu et al titled '***Physician Assisted Suicide (PAS) and an Argument for Morally Permissible Euthanasia***' looks into the issues and questions generated by euthanasia among scholars. Some uphold the sanctity of human life and oppose euthanasia regardless of the situation. Some contend rational and morally sound inferences for euthanasia. The authors are of the opinion that the viewpoints are focused on the consent and situation of people who find themselves seeking Physician Assisted Suicide (PAS). Through the method of philosophical analysis, this research seeks to argue if euthanasia can be morally permissible on some grounds. This research employs Robert Young's outlook on the discourse of its theoretical frame to justify active euthanasia and physician assisted suicide.

The authors analyzed ethical choices that make euthanasia and physician assisted suicide permissible. They put forth the definition of euthanasia according to Michael Manning which is "intentionally administering medications to cause the patient's death at the patient's request and with full, informed consent. They observe that informed consent is important for the Physician Assisted Suicide where fully informed patients should be able to participate in choices about their health care; and the patient's consent must be obtained without any coercion, and the patient must be capable of making a voluntary decision.

The paper by Puri Swastika Gusti Krisna Dewi et al titled **Understanding of Death with Dignity for Terminally Ill Patients in Java, Indonesia** observes that Death with dignity in Indonesia means a death that happens naturally. Indonesians believe that matters related to death is God's alone to decide. Death is predetermined by God or described as "*Takdir*" in Indonesian. God alone can take life because he is the creator of man. When one dies, only the body remains on earth to be buried but the spirit and soul move to next life, to reunite with God in a much better place. Death does not end with the last breath according to Javanese belief.

The authors opined that in Indonesia, there is no option for terminal patients to stop their suffering by ending their lives. The objective in this ongoing research is to explore the understanding of death with dignity in Java, Indonesia. Study was carried out on 29 participants as a part of bigger study in Catholic hospital in Java, Indonesia. The findings revealed that participants believe that their family members received death with dignity because they lived a good life like not borrowing money, leaving the family with debts to be paid after he/she dies, conducted all their affairs in a well-intentioned and dignified way. They had cared for their families and other members of society, and were faithful to his/her belief. When such a person dies, people can say that he/she had death with dignity.

The author concluded that in Indonesia, euthanasia is illegal, thus not an option. The family members of the terminally ill patients need to assist their loved ones at the end-of-life. The authors recommend good palliative care must be available whether it is at home service or as part of the hospital. As the research is ongoing the authors could not provide the final result.

The paper by Imanuel Eko Anggun Sugiyono et al titled **The Shift of Dignity in Terminally Ill Patients** explores the dignity -shifting experiences of the terminally-ill patients, based on their families' opinions. Three factors could affect patients' dignity: illness-related dignity, dignity conserving repertoire, and social dignity inventory. This researchers observe that if whether the health care workers could be made aware of this shifting, it will help them to give appropriate care for the terminal ill patients.

Results of the study reveal that there was a shift in the sense of dignity in sick and hospitalized patients. People have cognitive ability and physical function. When they suffer from terminal illness, the situation changes. They cannot think properly and do their functional activities with some limits. Because of the alternation of the normal to the changed situation, the patients feel frustrated, hopeless, and useless.

The authors refer to Kubler-Ross' five stages toward death and dying, namely: denial and isolation, anger, bargaining, depression, and acceptance. The first four are related to the negative attitudes. The patients still reject and are against the facts. The last stage is more positive when the patients start to accept their condition and how weak they really are. The authors concluded that the health professionals should be aware and pay attention to dignity shifting. The Care Providers should be trained, care to be adapted and given according to the patients shift in dignity.

The paper by Asmat Ara Islam on **Contemporary Medicalization and the Ethics of Death and Dying** paper argues that medicalization is one of the reasons why death and dying are ethical issues. The author feels the need to articulate the relationship between the ethics of death and dying and the history and cultural understanding of death and dying. This article explained how the attitudes towards death shifted to observe it as a loss or a negative phenomenon with the development of modern and contemporary medicalization. Finally, this paper argued that contemporary medicalization is one of the main reasons why death and dying involve profound ethical issues.

In history death and dying were understood as a natural phenomenon which people accepted. Now death has turned into a more personal phenomenon. The author has pointed that different attitudes and cultural shifts have been taking place throughout the history of death and dying. This paper attempts to answer why death and dying are ethical issues today through examining different attitudes and cultural shifts in the history of death and dying especially in the Western context. The paper has shown that death and dying involve deep ethical issues due to modern medicalization by looking back to the history of death and dying. The author suggests looking into different factors like the role of community at the end of life. The author concludes that the ethics of death and dying involves critical and crucial focus on the application of complex end-of-life issues and that biomedical ethics is a tool needed to deal with the morality of death and dying in this modern age.

So Readers, stay safe, wear masks and maintain all the standards for prevention of the Covid 19 vaccine. We encourage you to submit your thoughts and research work on Bioethics in the coming issues. Let us continue to keep the **Bangladesh Journal of Bioethics** a renowned and esteemed journal!

Warm Regards

Professor Dr. Tahera Ahmed

Editor

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