



Dysthanasia

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Abstract

Dysthanasia in medicine is the artificial prolongation and delay of death in a terminal patient, using all available means. With the advancement of sophisticated medical technologies and care, the patient can be kept alive as long as possible in the terminal stages of the disease. Such a procedure brings little benefit to the patient, while increasing suffering and sorrow for the patient and their families. The ethical implications of using medical technology in *dysthanasia* are complex. The challenge lies in the ethical and judicious use of modern technologies to respect the dignity and wishes of patients while avoiding unnecessary suffering.

Key words: *Dysthanasia*; Biomedical technology; Dignity; Suffering; Terminal care; Stress, psychological.

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Citation:

Greš A, Staver D, Radovančević L.J. *Dysthanasia*. Scr Med. 2025 Jan-Feb;56(2):199-202.

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Received: 30 October 2024

Accepted: 13 December 2024

Introduction

“In the midst of death, life persists. In the midst of untruth, truth persists. In the midst of darkness, light persists.”

Mahatma Gandhi

Dysthanasia is still a lesser-known term, but it is often associated with a synonym for a futile and vain treatment that prolongs suffering that slows a painful death without any quality of life. Death is a painless way out of permanent incurable disease, suffering and pain. It is a cruel life without meanings, joy and surrounded with unsuccessful treatments.¹ The term *dysthanasia* is a neologism of Greek origin that is a compound of two Greek words: *dys* “evil” and *thanasia* “death”. Together these words designate a slow, painful and undignified death. The attempt to define the concept of uselessness has been controversial for several decades.² It prolongs the state of agony (state without consciousness or confused consciousness) before death, death struggle and dying *per se*. Greek word *agonia* means mortal fear, strug-

gle and anxiety. Word *agon* is a Greek term for conflict and contest. Combined they can denote the state of vegetation and unsuccessful treatment. The founder of the concept of *dysthanasia* was the doctor of bioethics and priest from Brazil Leo Pessini.³ The difference between *euthanasia* and *dysthanasia* is while *euthanasia* means shortening the life of an unworthy living, *dysthanasia* is medical assistance in prolonging life deprived of a social dimension.^{4,5} *Dysthanasia* has a similar meaning to medical futility, ie a procedure that does not give positive results and implies a series of useless medical procedures.⁶ In Western European countries the term “therapeutic persistence” is used, while in the USA the term “medical futility” is used. Along with *euthanasia* and *dysthanasia*, there is also the term *orthothanasia*, which means a dignified death, without shortening, but also without unnecessary prolongation of life.⁷ Doctors may misjudge the quality of life of the calming patient. Not every doctor has to know what is good or bad for a terminal patient

based on experience, which can be misleading and insufficient.⁸ Health should be preserved - *salus bonum optimum*.⁹ Recommendations can also be found in the writings of Hippocrates that there is a time when certain treatments should be stopped.¹⁰

Discussion

“The boundaries which divide Life from Death are at best shadowy and in vague. Who shall say where one ends, and where the other begins.”

Edgar Allan Poe

Dysthanasia raises profound ethical questions about the role of medical intervention in the dying process. The skill of living vs the arts of dying are the eternal preoccupations and problems of humanity and it's associated with many ethical dilemmas. Another important topic of *dysthanasia* is the tension between quality of life and quantity of life.¹¹ Dance Macabre says that we are all mortal, from the emperor to the beggar. But how to prolong dying patients' life at the very end so that time he can live with quality - this is what *dysthanasia vs euthanasia* is about.¹² It is a discipline that is opposed to *euthanasia*, especially from the ranks of the Catholic Church. They take into account *the reliquia reliquiarum* of the life actually lived and towards the end, before death worries take place, how to ease the waiting agony.^{13, 14}

Physical pain consists of many pains caused by a physical illness, when analgesics and opioids can no longer stop pain. So only medication remains, which actually represents an absence from life in a stupefying sleep. Everything depends on how a person realised himself in his previous life, so he comes to the threshold of death prepared, freed from the fear of the inevitable.^{11, 15} On the one side there is talk of a meaningless, painless life and on the other of a futile treatment. The point is to die with dignity, devoid of suffering. It consists of a painless confrontation with the inevitability of death. Not in reconciliation with it which must be undoubtedly expected. The great technological progress and medicine has postponed lethal *exitus*.¹⁶ It is an artificial delay that can have negative fatal consequences due to the insatiability of trying to tear life from the jaws of death. By all means necessary to pull a person

out of the grave, which is the old task of medicine. The question is to facilitate the decision within life, to deprive the dying from suffering and to enable - to save the dignity of man by advanced medical technologies, which undoubtedly helps. But all of these actions can unfortunately also go to the other extreme direction due to forgetting of adhere onto the ancient Greek stigma *meden agan* - nothing in excess.¹⁷

The improvement of hygienic conditions, sterilisation, eradication of infectious diseases, treatments of chronic diseases contributed greatly to the population expansion and prolonged lifespan in contemporary societies. The number of elderly people is increasing day by day.¹⁸ However, the ancient biblical mythological statements will not be reachable, because the human substance has a genetically programmed evolutionarily created, specific duration on earth. High age of the Old Testament heroes like Methuselah eg, today are trying to be interpreted by *dysthanasia*, also stretching time, which is Einsteinian relevant.¹⁹ Happiness is declared to be an autonomous internal state, that is, it has nothing to do with life. We are happy as long as we manage to convince ourselves of that.²⁰ We cannot ignore the artificial maintenance of life extension costs: treatment costs; hospital beds, profitability and benefit from treatment in general. Medical bioethics is involved in everything: it deals with terms and concepts; the dignity of the patient's death, the definition of death and whether treatment can be humiliating and unworthy for a dying person. Along with an effort to add the concept of futile and give useless treatment by prolonging life. This can be of great suffering and loss of dignity for the dying patient.²¹

Dysthanasia fails to perceive the moment and the state when therapeutic interventions become useless and vain. In the *dysthanasia* environment there are also situational disabilities, not only for terminally ill patients, but also for healthcare professionals, family members, hospitals and the pharmacological industry.²² An objective assessment of the effectiveness of the treatment is important to be reached. Medical practitioners often face ethical dilemmas in distinguishing between prolonging life and prolonging the dying process. Clear communication and ethical deliberations are essential to navigate these situations.⁴ A doctor's assessment is very important to estimate which procedure is a

useless treatment. A dangerous concentration of futile treatment can be the result of objective and subjective error, assessment during inspection, examination, prognostication, poor assessment of the probability of the result.²³

Patients and people in general are not afraid of death *per se*, but they are afraid of unbearable pain, pre-death suffering without hope for a favourable outcome of treatment. The very moment of death is painless. It is there, it comes uninvited, it is the last stop, the end.²⁴

The concept of *techne* is derived from ancient Greek philosophy and is typically translated as “craftsmanship” or “art.” The term *techne* is used to describe a skill or art that involves practical application and is based on knowledge and methodology. Aristotle in his works discussed the concept of *techne*, which he distinguished from *episteme* (scientific knowledge) and *phronesis* (practical wisdom). Medical *techne* also encompasses an ethical dimension, with the objective of ensuring that the application of medical skills and knowledge benefits patients, improves health outcomes and respects patient autonomy and dignity.²⁵

It is of high importance to consider how medical skills and interventions are applied at the end of life. The challenge is to utilise medical technology not merely to extend life at all costs, but to enhance the quality of life and align with the patient’s values and wishes. This necessitates the application of critical thinking, compassionate care and ethical decision-making, whereby the technical aspects of medical practice are balanced with the humanistic aspects of patient care.²⁶

Conclusion

Dysthanasia needs to be detailly studied in all forms and dimensions. The basic goal of medicine is to save and prolong life and to improve the quality of life. The dilemmas, anxieties and fears surrounding this topic needs to be given more attention in the academic community. There are still no clearly established guidelines regarding the futility of treatment. Death and dying are also an integral part of life. Each patient is a case for himself and an individual approach is required.

Ethics

This study was a secondary analysis based on the currently existing data and did not directly involve human participants or experimental animals. Therefore, the ethics approval was not required in this paper.

Acknowledgement

None.

Conflicts of interest

The authors declare that there is no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Data access

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

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