

**CENTRO DE AVALIAÇÃO DE SUFICIÊNCIA EM LÍNGUAS ESTRANGEIRAS**  
**EDITAL 02/2026**

**LÍNGUA INGLESA**

**TEXTO:**

**Assisted Dying: A Public Health Perspective**

Assisted dying, which includes euthanasia and assisted suicide, has become an increasingly important topic in public health discussions around the world. In recent years, more countries have legalized some form of assisted dying, and today more than 200 million people live in places where it is permitted. This expansion reflects changes in society, including aging populations, advances in medicine, and a growing demand for patient autonomy in end-of-life decisions.

Despite this global expansion, assisted dying is not regulated in the same way everywhere. Legal frameworks, terminology, and procedures vary significantly across countries and regions. These differences influence how assisted dying is understood, accepted, and practiced. In general, euthanasia refers to a situation in which a medical professional administers a substance to intentionally end a patient's life, usually at the patient's request. In contrast, assisted suicide occurs when a patient self-administers medication prescribed by a doctor.

The distinction between these practices is important, but it is not always clear in public discussions. Some countries use broader terms, such as "medical assistance in dying", to include both practices. These variations in language can affect how people **perceive** assisted dying. For example, some terms may sound more clinical or neutral, while others may carry stronger emotional or moral meanings. As a result, terminology plays a key role in shaping public opinion and policy decisions.

From a public health perspective, one major challenge is the lack of standardized terminology and data. Currently, there are no universal classification systems that clearly identify assisted dying in official statistics. This makes it difficult to compare data across countries or to understand global trends. Without reliable and comparable data, policymakers and researchers face challenges when trying to evaluate the impact of assisted dying or develop effective regulations.

Even with these limitations, existing data show some important trends. Assisted dying accounts for a small proportion of total deaths in most countries. In places where it has been recently introduced, it usually represents less than 1% of deaths. However, in countries where assisted dying has been legal for a longer time, the percentage is higher and continues to grow. This suggests that social acceptance and institutional experience may influence how often assisted dying is used.

Another important trend is the difference in the use of euthanasia and assisted suicide. In countries where both are legal, euthanasia is generally more common. This may be due to several factors. Some patients may prefer the involvement of a medical professional, especially if they are physically unable to administer medication themselves. In addition, euthanasia is often easier to organize within hospitals, where medical staff and procedures are already available.

Assisted suicide, on the other hand, may require more complex arrangements outside hospital settings. Patients may need support at home or in other care environments, which can create practical difficulties. These differences suggest that not only personal preferences, but also structural and institutional factors influence the choice between different forms of assisted dying.

Access to assisted dying is another important issue. Research suggests that socioeconomic factors can influence who is able to access these services. People with higher levels of education or income may have better access to

information and healthcare services. In contrast, individuals from disadvantaged backgrounds may face **barriers**, such as limited access to healthcare, lack of information, or financial difficulties. This raises important concerns about fairness and equality in end-of-life care.

It is also important to understand that assisted dying is only one part of a broader system of end-of-life care. Other services, such as palliative care, psychological support, and social assistance, play a crucial role in supporting patients and their families. Ensuring access to high-quality care in all these areas is essential for helping patients make informed and autonomous decisions.

As assisted dying becomes more integrated into health systems, attention must be given not only to legal aspects but also to how services are organized and delivered. Health systems must ensure that all options are presented clearly and that patients receive appropriate support. This includes providing accurate information, ensuring professional training, and maintaining ethical standards in medical practice.

In addition, there is a growing need for better data and international cooperation. Developing standardized terminology and improving data collection would allow researchers and policymakers to better understand trends and outcomes. It would also support more transparent and evidence-based decision-making.

In conclusion, assisted dying is a complex issue that continues to evolve in different parts of the world. While it offers new possibilities for end-of-life care, it also raises important questions about ethics, regulation, access, and data. To address these challenges, countries need to invest in better data systems, promote clear communication, and ensure that health services are fair, safe, and respectful of patient choices.

Fonte: Adaptado a partir do original acessado em 21/04/2026

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00245-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00245-2/fulltext)

---

#### QUESTÃO 01 (1,0)

---

O texto aborda principalmente:

- A) A substituição dos cuidados paliativos por novas tecnologias médicas.
- B) O desenvolvimento técnico de medicamentos utilizados no fim da vida.
- C) O crescimento global do *assisted dying* e seus desafios na saúde pública.
- D) A história da medicina em países desenvolvidos.

---

#### QUESTÃO 02 (1,0)

---

Na diferença entre os termos euthanasia e assisted suicide, seria correto afirmar que:

- A) Apenas euthanasia é permitida em países desenvolvidos.
- B) Em assisted suicide o paciente administra o medicamento.
- C) Em euthanasia o paciente não tem controle sobre o processo.
- D) Não há diferença entre os dois termos no texto.

---

#### QUESTÃO 03 (1,0)

---

A palavra “**perceive**” no texto (terceiro parágrafo) está mais próxima de:

- A) Ignorar
- B) Perceber
- C) Criar
- D) Controlar

---

**QUESTÃO 04** (1,0)

---

Considere os trechos:

- “*Assisted dying has become an increasingly important topic...*”
- “*Legal frameworks vary across countries.*”

Qual alternativa descreve melhor o uso dos tempos verbais nesses dois trechos?

- A) O primeiro destaca uma mudança recente com impacto no presente, enquanto o segundo descreve uma característica geral.
- B) O primeiro descreve uma ação concluída no passado, enquanto o segundo indica uma ação em progresso.
- C) Ambos descrevem ações habituais que ocorrem regularmente em diferentes países.
- D) O primeiro expressa uma previsão futura, enquanto o segundo apresenta uma condição permanente.

---

**QUESTÃO 05** (1,0)

---

No grupo nominal:

“*standardized international data collection systems*” qual alternativa descreve corretamente sua estrutura?

- A) “collection” é o núcleo e “systems” é um adjetivo.
- B) “data” é o núcleo, seguido de dois verbos no participípio.
- C) “international” é o núcleo e os outros termos são complementos.
- D) “systems” é o núcleo, modificado por três elementos descritivos.

---

**QUESTÃO 06** (1,0)

---

Por que a falta de dados padronizados é um problema?

- A) Porque aumenta os custos hospitalares
- B) Porque dificulta a comparação entre países
- C) Porque reduz o número de pacientes
- D) Porque impede o uso de tecnologia

---

**QUESTÃO 07** (1,0)

---

O texto sugere que o aumento do uso de assisted dying pode estar relacionado:

- A) À redução gradual do número total de mortes em vários países.
- B) À diminuição recente do investimento em sistemas públicos de saúde.
- C) À maior aceitação social e melhor organização dos serviços de saúde.
- D) À substituição progressiva de médicos por tecnologias automatizadas.

---

**QUESTÃO 08** (1,0)

---

A palavra “**barriers**” (oitavo parágrafo) significa:

- A) Soluções
- B) Benefícios
- C) Obstáculos**
- D) Resultados

---

**QUESTÃO 09** (1,0)

---

Qual problema social importante é destacado no texto?

- A) Falta de interesse dos pacientes
- B) Desigualdade no acesso aos serviços**
- C) Excesso de tecnologia médica
- D) Redução da qualidade hospitalar

---

**QUESTÃO 10** (1,0)

---

Segundo o texto, o que é necessário para melhorar o uso do *assisted dying*?

- A) Melhorar dados, comunicação e organização dos serviços de saúde.**
- B) Reduzir o número de instituições envolvidas nos cuidados de fim de vida.
- C) Limitar o acesso de pacientes aos serviços médicos especializados disponíveis.
- D) Substituir decisões clínicas humanas por sistemas automatizados avançados.