Chapter-IV

EUTHANASIA A BANE OR A BOON- A CRITICAL ANALYSIS

4. Introduction
The "pros" of a situation are the positive aspects of the subject whereas the "cons" are the negative. It means advantages and disadvantages of the topic. It considers both the sides of an issue in a debate and helps to apply to a proposal. The terms that come from both the sides in a debate helps to discover, consider then formulate an opinion. It throws interesting light on aspects of the topic and helps one to learn if it can be beneficial to society. It assists in finding out the moral implications of euthanasia.

The study in this chapter examines whether you opposed to it because of certain beliefs. In addition, if made applicable could it lead to undesirable consequences that an individual may not foresee? Euthanasia has become a significant question in the safeguard of human dignity. Medical science has become more proficient at prolonging life. But, it has been observed that it not necessarily made life valuable. Euthanasia is an option to be well thought-out by those who suffer, those who love the terminally ill, and those who are designated with their care.

The people involved in euthanasia believe that some conditions are so dreadful that death is an advantage over living. The principles of ethics and validity are not being considered, if done then administration becomes difficult. The intention of the performers of euthanasia is most of the times crystal clear it is to assist the patients and relieve them from the enduring pain. It is an extremely complex subject and is discussed recurrently throughout the world. Euthanasia is intentional killing of the person at its explicit request to end life. This intentional termination of an incurable person with an intention to benefit that person from suffering is euthanasia. It is determined end of one's life by
someone else at the demand of the person who is being put to death. In the 17th Century, Francis Bacon referred euthanasia as easy, painless and happy death. At the same time the “House of Lords Select Committee” from England interpreted it differently. This committee which researched on medical ethics narrated euthanasia as a premeditated interference done with a patient’s life after being articulated by him or her in order to rescue them from the torments of life they undergo. The subject is a divisive problem because of difference in moral feelings, and variety of other factors like traditions prevalent in the region, the religion followed in the area, the medical approach towards the issue and of course the legal background of the state.

The Europeans approach towards the subject is still further diverse. The Association of Palliative Care also recognized all over as E P A C describes euthanasia as a murder if it was non-voluntary or involuntary. This perception developed as it is basically performed in the stated forms without the consensus of the patient. According to the association euthanasia should be performed willingly by the patient. Then only it can be termed as mercy killing or honor killing.

There are different forms of euthanasia. These types are classified according to two chief considerations: the extent of consent on the part of the patient and the way in which the process is carried out. Most of the legal systems in the world treat all forms as criminal homicide. However, there are a few places where the legality depends on its kind

4.1 Euthanasia is classified as under

- Active Euthanasia
- Passive Euthanasia
- Voluntary Euthanasia
- Non-Voluntary Euthanasia
- In Voluntary Euthanasia
4.1.1 Active Euthanasia

Active euthanasia is also called “aggressive” euthanasia. It means action being taken to end another’s life. In this form of euthanasia a person intentionally intervenes to terminate, one’s life. It is a direct and deliberate action done to cause death. Active means are used to terminate the patient. Patients are injected lethal dose of a drug. It is a death brought by an act, many times the patient’s life is terminated by administering excess of pain relieving drugs. In active honor killing the patient's death is caused by commission of an action, which causes death. This is done out of mercy. A specific treatment to terminate life is given which is never a patient right, in health care. It is thus killing a patient indirectly .It is similar to murder.

Active euthanasia may be administered by the medical professionals, or any other person. It is a deliberate action done that causes the death of a patient. Thus, it is an intentional action which causes death. It is therefore considered by many as unethical and immoral. But it is the intention and not the end that should be considered important. The actual steps taken or avoided do not determine the morality of the situation. Active euthanasia should not be held wrong because the logic all over the globe states that populace needs to have a peaceful death. Patient has to be kept away from the agony and miseries when he or she is on death bed. If this is acceptable then even active euthanasia has to be accepted. It is administered in preservation of quality life and to end suffering from a vulnerable diseases impossible to cure. Not doing it so can be termed as inhuman.

Active euthanasia is generally not acceptable worldwide. There are many countries which approve of euthanasia but condemn active euthanasia.

“The Rights of the Terminally Ill Act” passed in 1995 by the Australian Northern Territory permitted active euthanasia, under vigilant reins. It was the first territory on globe to do so. Only four people benefited from it, before it was revoked on 25 March, 1997, Dr. Philip Nitschke assisted all of them to die.

In 2002, Netherlands became another country to legalize active euthanasia. However, active euthanasia was always permitted by their country's courts
since 1984 under certain guiding principle to be performed by physicians before administration. They had to administer when the patient was suffering with unbearably pain, misery and there was no scope for improvement. It was obligatory for them to get the approval of second doctor before assisting him to die. After Netherlands, Belgium and Luxembourough were the other two countries that approved active euthanasia in 2002. The European regulations allowed patients of another member state to ask and get it, in case it was not offered in their state. A Belgium doctor, Professor Pete Hoebeke invited a French patient Chantal Sebire who desired to be admitted in the hospital at Ghent to finish his last journey to death. Thus the liberal euthanasia laws aided the patient to terminate its life with the assistance of the doctors. In Luxembourg, also active euthanasia was allowed for those vulnerable patients who showed a keen expressed desire to end life. These requisitions were expected to be frequent from the patient. It was administered after an opinion from panel of specialist and consensus of at least two doctors.

4.1.2 Passive Euthanasia
Passive euthanasia means, letting nature take its course; death is brought about by an omission. Patients are not provided with treatment. It occurs when life-saving acts or treatments are willingly withheld. It is discontinuing of treatment of a patient, which could have been effective in preventing the patient's death. There is essentially a withdrawal or withholding of a treatment in view to be merciful to the patient. In this kind of form, the patient's life is not directly taken but they are just allowed to die. Switching off machines that keep a person alive, not performing a surgery that will extend life, leaving the patient untreated so that it kills the patient are some examples of passive euthanasia. It is necessarily in action. Not doing something that ordinarily should be done for a patient to keep him alive. It is discontinuing the use of special actions that are taken to delay death of the individual. Especially, when it is well established that living is impossible and demise is certain or unavoidable.

This kind of euthanasia has been practiced in history, it was then known as "orthothanasia". A flaccid demise. Curative acts essential to keep the patient
alive were forbidden and termination of life was smoothened. It was a submissive death. Thus, “orthothanasia”, basically meant that active measures were not to be performed to accelerate death. On the other hand inactive procedures were accepted to facilitate the patient to end his travel of life. This type of euthanasia depends on other factors for causing death of a
patient. It is lower and more uncomfortable process whereby the patient is made to suffer till death. It is intentionally done out of mercy for the patient on his/her desire. It is the basic right, or the individual's right to privacy which is respected, while administering this form of euthanasia. Passive euthanasia means is a silent spectator of death. In this form no efforts are made and the patients are allowed to die. The medical fraternity over here is merely refusing to save the patients. It is merely a norm in hospitals where decisions are taken by patients to terminate lives.

Passive euthanasia is thus more popular and accepted by majority of the people. Failure to save a life is not considered an offence. In this kind withholding treatment is considered as failure and therefore approved legally. It is moreover considered the need of the hour in most of the nations. For patients in vegetative state passive euthanasia should be permitted. However it has its own drawbacks. This form of euthanasia is considered morally unsatisfactory by many, as the physicians though actively do not kill anyone; they are also not saving the incurable ill. They fail to follow the Hippocratic oath administered to them.

Passive euthanasia is allowed in Sweden. Swedish physicians generally do not approve it. However the “Swedish Society of Medicine” recommends physicians that they should respect desires of the vulnerable making explicit desires of termination.. Sweden permits physicians to stop prolonging death treatments on the patient desires. This was allowed when a Swedish patient travelled to Switzerland to end his life.

India also recognizes Passive euthanasia. It has received validity because of the apex courts’s verdict pronounced on 7th March 2011 which permitted withholding of mechanism that keeps the permanent unconscious person alive medically.

Mexico is yet another country that permits passive euthanasia. In 2008 a law permitting it was passed. The patient himself/herself could request for it or his close relatives could do so. They were permitted to refuse further treatment. Canadian physicians are also allowed to withdraw life support, when the terminally ill patient desired it. In case the patient was incompetent family
members were allowed to do so. Passive euthanasia is known as appropriate care now because of its universal acceptance.

A lot of populace makes a moral division amongst the two forms of euthanasia viz. active and passive. The difference of opinion is on morality, whether active or passive euthanasia is morally better? Opponents of active euthanasia condemn termination of life as murdering the sick with a premeditated act. However they openly accept the act of restraining healing measures to pursue death of the patient. These arguments in favor and against morality have been a great problem of medical fraternity. Discontinuing medication and allowing the patient to die, and on the other hand intentional act that terminates life of a human being by another. First is considered as mercy while the other as merciful murder. Actually, if observed the annihilation, termination extinction of treatment of an incurable patient causes the same effect, as a lethal injection would do, that is the death of the patient. There is no real difference between the two. In such cases instead of observing the method adopted and formulating an opinion about morality, one should examine the intention behind the physician’s actions cautiously. If the intention behind the act is to alleviate pain, distress then the steps taken to attain end of life are to be given marginal importance, no moral significance. Hence, it is the purpose that should determine the act to be moral or not, distinction is useless. As withholding treatment, make up your mind not to carry out a specific treatment is a conscious act to cause patient’s death. Similarly, action taken deliberately knowing that it would lead to the terminally ill person’s death is also a conscious act.

Most of the philosophers rate it morally better faster, cheaper and less painful for the patient.

4.1.3 Voluntary Euthanasia

Voluntary euthanasia means a patient makes a cognizant decision to die and requests assistance to perform it.. It is a conscious choice made by the patient who wishes to die. It is where competent human being makes an enduring choice and voluntarily requests for assistance to die. Thus, euthanasia occurs
at the unequivocal request of a patient. Life-saving treatment is stopped with consent of the patient knowing that such an action may lead to his/her death. The patients who suffer from distressful, miserable circumstances due to the terminal illness want to die. He/she therefore exercise his right and dictates. The person therefore, requests for aid which shall help dying, refuses the medical treatment, requests the life supporting equipments to be discharged, removed, refuses food and just decides to end life. This is usually done by doctors, nurses, as agent of the society, who has the knowledge about its efficient implementation.

Voluntary euthanasia is the most acceptable form of terminating life amongst the masses. It helps the patient with considerable financial and legal benefits. It is a practical, morally sound alternative to end life. It preserves the patients autonomy, leads him to a dignified death, ensures quality living and wellbeing. It conserves the right mentioned in the Declaration of Independence, which is accepted by all. Therefore, for a number of years there have been intensive efforts to legalize this form viz. voluntary euthanasia. However, it has not been accepted all over. In some states where approved, there are accords amongst the physicians and the lawyers that none of the doctors shall be put on trial for helping a sick to terminate his life. This assurance is observed till physicians implement the definite assured guiding principles without any mischief on their part.

Though acceptable by a large population this form of euthanasia has not escaped from polarizing response. Advocates of euthanasia consider it a human key for death with dignity and happiness. Opponents consider it the other way they believe in the almighty’s ultimate right of ending the journey of his subjects.

The opponents therefore regard it as voluntary manslaughter, where patient is killed only with consent and therefore that killing is partially justified. A small number of governments have provided this form as legal, if not completely legal, it has been recognized.

Physician suicide: The phrase “physician assisted suicide” means intentional deliberate action undertaken by the third person who assists the sick in
performing death. In this type, physician aids patient to kill him or herself. This may be done with medication that is, a lethal dose or an over dose of medication.
Oregon in 1997 legalized physician-assisted suicide. The legislation levied regulations for its administration. The patient had to have a domicile of the Oregon state. He/she should have been minimum 18 years old, suffering from terminal sickness of a kind that would lead to death within 6 months, capable of decision making and further communicating to the physicians. It was mandatory for the doctors to re access and re confirm the decision taken pursuant to the patient’s health. The capacity of the sick also had to be taken into account before administration. Further, the act also demanded the Health Division of Oregon to issue and circulate yearly statistical statement of cases, where physician-assisted suicide was administered.

Similar to Oregon in the same year, 1997, the legitimate court of Colombia permitted desired euthanasia for the incurable sick who desired so. But Columbia’s governance did not approve it. Efforts are made for its regulation. In 2010, once again the constitutional court of Colombia delivered a verdict reconfirming the earlier decision that any individual who has been assisting in the performance of euthanasia shall not be prosecuted under the provisions of criminal law of the state. Incase this action was pursuant to the obvious approval of the patient to do so.

Washington was yet another state to follow Oregon. “The Washington Death with Dignity Act In 2008”, permitted voluntary euthanasia. Two oral and written requests had to be made by the patient not expecting to survive for more than six months. These consistent request had to be done 15 days before voluntary euthanasia could be administered.

In December 2009, the Montana First Judicial District Court gave a verdict allowing competent patients to die with lethal medications to be taken on their own. The doctors were permitted to provide these lethal medications or prescribe it to patients. The verdict of Baxter v. Montana thus promoted the patients autonomy to have a dignified death.

In December 2013, Vermont joined the list of countries to legalize voluntary euthanasia. Similar to Oregon and Washington, the terminally ill resident of Vermont had to make two oral and written requests for euthanasia. And
under act 39 of the End of Life Choices passed on 20th May 2013 it was administered.

Since 1941, Switzerland also has legalized physician and non-physician assisted suicide. Europeans all over Europe travel to Zurich to terminate lives. Dignitas, an organization founded in 1998 assists terminally ill people to end their lives.

Voluntary euthanasia is thus permissible in Netherlands, Belgium, Luxembourg, Oregon, Switzerland, Washington, Vermount in United States whereas illegal in the others.

4.1.4 Non-voluntary Euthanasia.

Non-voluntary euthanasia and involuntary euthanasia are considered synonyms; it is sometimes erroneously confused with involuntary euthanasia, which is actually a distinct phenomena. The term non-voluntary signifies that the act is carried out without the patient’s consent, and involuntary means that it is done against the patient’s expressed will.

This kind of euthanasia transpires while patient is unable to take the decision or give consent due to the incapacity of a patient to arrive at any decision, due to the severe ill health may be unconsciousness or coma. It is administered where the unequivocal, clear assent of the patient concerned is unavailable. In such situations some other person usually the close relations take decision to terminate life on behalf of the patient. Such decisions are taken on behalf of the patient as he or she is in a permanent unconscious state of mind. In such cases decisions are taken on behalf because the patient has initially articulated a wish for termination of their life in irretrievable circumstances. Hence, when a person is suffering from ill health and is incapable to make a noteworthy option between life and death, a proper individual taking care of the patient decides on behalf of the sick. Non-Voluntary euthanasia is also administered to sick children of an age where they can understand and exercise their wishes but are not competent to take
decision in eyes of law. In such circumstances the next friend of the child takes decision on their behalf.

In case where a newborn's life is challenged the parents determine their child's future. The parents along with the doctor take part in the decision making process. In some countries when there is unrelenting disagreement, the matter has been taken to court where the decision is given. This form of euthanasia is not recognized over the world as patient is unable to choose whether to live or die. Taking life of a person without his/her knowledge or consent is condemned. In spite of this it is practiced in the Netherlands on infants, on an agreement amidst the doctor and district attorneys. It has to be ratified by the “Dutch National Association of Pediatricians”.

Non-voluntary euthanasia is also noted as probable results of misuse, where exemptions are challenged and there is no respect for the rule. As many times it has been observed that regulations are not abided with. But this disagreement is not agreed. It is said that no one would take a life which each one values. It has been observed that sometimes life no longer has adequate value to authorize its continuance. It is also said that doctors shall not ever take life indiscriminately, because of the Hippocratic Oath which imposes them to take the best possible efforts for the patient to save his life. Further, the doctor's intents are not malicious. It is therefore an act of kindness administered by the medical fraternity in case of non-voluntary euthanasia. Hence, while implementing non-voluntary euthanasia sufficient protection should be guaranteed by the enclosure of suitable legal safeguards to avoid its abuse.

The ancient Greece practiced it and is known as the original pioneers of this form. They practiced these acts to improve the purity of mankind. One of its forms is infanticide. Netherlands is yet another state that practices this type. The Dutch practice it to end the needless suffering of its citizens.
4.1.5 Involuntary euthanasia

Involuntary euthanasia is referred to as murder. In this type of euthanasia, patient is killed against their explicit desire to live. The killing is done in the interest or for the benefit of the patient. Involuntary euthanasia is essentially administered without the consent and knowledge of the patient. Involuntary euthanasia is murdering the person. As it is directed by a third person and not the sick as they are unable to make his/her desires known. This usually happens when the patient is in an vegetative state or the age of the patient is such that he is unable to express his desires. It is also administered in cases where the patient has lost his mental faculties due to old age or suffers from
abnormal sensory motor development, to a great degree which makes him/her incapable of understanding anything, or suffering from severe brain injury and is in a state of not knowing about him or her. In all these cases involuntary euthanasia is performed without his or her consent, basically for the good of the patient, with intent to relieve him from a life that is not worth living.

In most of the cases, involuntary euthanasia is administered devoid of patients permission or knowledge by withdrawing care rather than actively killing the individual. This withdrawal may be done by the physician or the people taking care of that person.

“Involuntary or non-voluntary euthanasia are therefore many a times used as synonyms but they differ, the difference is marginal. Ethicists state in case of involuntary euthanasia patient’s wishes are not considered it is against their wishes but in case of non voluntary the wishes of the patient are not known, because he is in a state where he is not able to take decision. Hence to differentiate involuntary and non voluntary the only criteria would be the consent, and desire towards the act.

Similarly, it is also termed as murder. But proponents refuse to agree, they state that murder is an aggressive act committed with an intention to punish the wrong doer; whereas involuntary euthanasia is performed, where life is terminated for philosophical or rational reasons. But the legal systems do not accept this semantic difference and considered it as murder. This is because it is without a patient's consent, knowledge or desire.

The states of Holland and Belgium approve in voluntary euthanasia and also put it into practice.

There are many probable permutations of the above kinds of euthanasia and most of them are morally contentious. In spite of it some types of assisted voluntary forms of euthanasia are legal in some countries as discussed in the earlier chapter.

Euthanasia, and its alternate, assisted suicide, is wrong. As, they contradict to a proper perceptive of the dignity and value of human life, and also because they disbelieve the providence of God at the same time held correct as it preserves human independence and right to terminate life. This debate
over the issue can be sorted after considering the advantages and disadvantages of it.

4.2 Lets first review how, the Proponents of euthanasia support the subject.

4.2.1 Respecting patient’s independence

Every individual has authority to manage his own life, and hence also the power to take decision affecting all aspects of their lives. Most of the constitutions give the authority to the individual to end life with dignity, this is an absolute right. The terminally ill thus has power to decide whether he has to continue his life or not. The patient once takes this decision which is clear, considered and is informed; euthanasia should be a solution. Further, it is immoral to coerce people to continue to live with intolerable pain and misery, when there is no possibility of recovery in a patient. He/She then have to make a decision when and how they should die. The principles of autonomy and self-determination confer this right on the individual. Every individual has been conferred with the authority to manage themselves, and therefore a right to make their own decisions about how and when they should die also vest in them. It indicates the “living will”, a will abandoning the worldly possessions, money and existence. The patient should be given the liberty to decide the amount of pain agony misery he has to undergo before termination of his life after him the family members taking care of them can decide the endure.

Today's world is open and has forbearing climate for such actions, therefore discussions on the option with medical practitioners, family, lawyers, psychologist should be held, it shall accept rational suicide.

Right to die: This has been a controversial issue in the Indian constitution. Some interpret that right to live includes right to die. An independent right is absolutely not essential. The human rights conferred on us also incorporate the authority to us to end life. Further it can be justified as the right to die is absolutely a personal issue. The nation or other beings are really not affected by any individual's death nor does it cause any harm to anyone then in such a situation it is not appropriate for any person to impede in between their decision. Most of the populace is of the view that they exercise sole authority
over their soul, body, and life. This enables them to exercise the right as to when and how they should terminate life. Humans should be granted this independence and needless restrictions on their rights are not proper. Human rights also bestow a right to make our own decisions and to have a noble bereavement. An individual should be given the option to specify what quality of life he or she does not desire to fall below. Thus, a person should always be given the authority of controlling his life as far as possible. This idyllic confirms the Australian Councils code of the ageing. It states that all the people should be given the authority of involving themselves on all the matters related to their lives. It is absolutely justifiable to do so. Hence if the terminally ill think that they have to terminate their living euthanasia should be the measure to facilitate their desire. This shall enable the patient to have a excellent dignified living rather than live for sacredness.

4.2.2 Respecting quality of life
Proponents emphasize on quality of life rather than holiness of life. Individuals suffering from terminal illness value quality of life and are eager to end life to relieve from severe pain life. They also believe that it would allow the near ones to be away from legal jeopardy. It is further believed that it is our moral responsibility to relieve a incurable patient from his prolonged miserable sickness and assure to end their life comfortably. Rather it is their inherent right to have a quality life. Further the terminal ill may prefer death to dependency. Many individuals extremely dislike being dependent on others for their maintenance and survival. They believe it as consequential loss of solitude, self-respect and failure of excellence in life due to prolonged, incurable health. If a patient has expressed a desire to die, he/she has to be assisted in execution of their wishes as it shall bestow peace on them if not done it would definitely alleviate the agony of the patient further. It takes away from them their peace or pleasure, and degrades them further.
4.2.3 Beneficence/ Compassion

Euthanasia on compassionate grounds, for those in favor of it says that euthanasia is a step of sympathy. Eminence of living has to be considered of the terminally ill patient. This can be guaranteed if they are given the liberty to
decide their fate. The amount of pain they need to tolerate. They need to be discharged from the obligation of living if there is no recourse to their situation. The fundamental moral values of society, compassion and mercy, state that no patient should be allowed to suffer insufferably and euthanasia should be permissible. Relieving a patient from agony, suffering by performing euthanasia does more good.

Further, these patients can benefit others and save many lives. They can achieve “moksha” for the good deeds done by them before ending life willingly. The terminally ill patients can donate their organs. This shall eventually help in saving many individuals life that is precious. The sufferings which they are going through is believed by the religious proponents to be due to their bad karma. This donation can thus alleviate them in attaining spiritual gain. Moreover the thought of being worthy of others will also definitely relieve them self from the thought of being useless and burdensome. It sounds so ruthless but the truth is that if any of your loved was to undergo unbearable pain and suffering one shall be able to understand how euthanasia satisfies your conscience. The struggle to live long may then end

4.2.4 Saving resources

Palliative care relieves the terminally ill patients to a certain extent but definitely cannot cure a terminally ill patients, thus the long term palliative care is a waste of available medical resources. A country like ours where there is already a scarcity of medical assistance, medical decision-makers are already facing difficulties in choosing between competing demands. The low budget, less funding for hospital beds and increasing population, puts immense pressure on the prevalent infrastructure; euthanasia is thus a feasible option of cost reduction for those on the brink of death. Similarly the hospital beds can be reserved for those who do want to get better; this creates space for needy cases. Palliative care is a thus wasteful drain in such circumstances. It is therefore essential for us to think whether to waste precious resources on individuals whose life has been worthless and shown their keen desire to end life. It seems to be useless to keep an irretrievable patient alive, when those resources can be used for others in need? The same valuable resources
could be utilized for worthy lives where there are chances of revival, cure and also a strong desire to lead life.

The medical fraternity can also re-allocate these resources for further research of specific disease. This will unable to guaranty future generation’s quality care at a minimal charge. It shall lessen the sufferings of patients in general.

4.2.5 Liberates and Reduces relative’s agony

It is not only for the terminally ill, that they have to suffer from pain but it is the near ones who also suffer from the agony of seeing their beloved ones in distress. In most of the cases the terminally ill patient loses their original charm. Their looks are transformed drastically. They appear old then what they actually are. They also suffer from muscle atrophy. This leads to loss in mobility. In most of the cases the patients suffer in verbal communications this disturbs them the most it leads to weight loss, depression and anxiety. This psychologically disturbs the patient and gives away his hope for living. The terminally ill are condensed to silhouette. They suffer a slow and painful death, these troubles, pains the near ones and wish for their peaceful death, which shall relieve their loved ones to be out of their misery, and fulfill their last wish. The suffering of the people is unbearable for those witnessing it when they are aware that there is no probability of revival. They are in a situation of fix, they feel helpless and keep hoping for supernatural intervention without success. In such a situation the death of the patient is the only relief. It lifts their unnecessary, burden, anxiety, tension and liberates them to take up their other activities. Euthanasia satisfies the relative’s conscience. Though it seems to be ruthless the fact is that it relieves the loved ones from undergoing unbearable pain and suffering who are not going to live long.

4.2.6 Reduces economic burden

Medical expenses have reached skyrocketing prices. It is difficult for a common man to meet the routine medical expenses the big hospital bills.
Many a times family spends all their savings on medical bills, they are indebted in giving treatment to the sick suffering from incurable diseases. Meeting with palliative care expenses is further pinching the family. A person who does not want to live should not be burdened on the family. For the terminally ill also conserving limited resources of his family is significant. They think that the same could be used for benefits of other members of the family. There is a tremendous hike in medication expenses and are bound to increasing further. The apparent unseemliness of modern knowledge and pricey therapeutic measures for momentary prolonging death seems to be unreasonable. This is when death is determined and no possibility of recourse.

4.2.7 Reduce premature suicides.
Euthanasia if permitted shall definitely diminish the suicidal rates. The vulnerable patients who have been independent and strongly believe in doing things themselves shall secretly try to end life to save the trouble of their beloveds. Due to this some patients end their lives early at a premature stage even before fighting with their disease. This can cause an innocent death even before actually succumbing to the misery. Euthanasia could probably prevent such suicides as the patient is aware that in case of no cure, he is free to terminate his life.

4.2.8 Reduces legal jeopardy for those implementing euthanasia In case of euthanasia administered with assistance of a third person. The individual aiding in performance of the act commits a crime. Such people are prosecuted for the act committed. He/she is punished even if that the killing is a result of the request of the sufferer, and is done with a intention of sympathy and compassion. There seems to be no consideration for those people. To avoid the unnecessary punishment for such people it is essential that euthanasia should be legalized. There has to be some special considerations for such people if they adhere to specified rules. In such a situation a person who assisted death for the wisher would be protected from prosecution. In many
of the cases, relatives are doing so to relieve their beloveds from miseries. Hence, legalization of any kind shall reduce the peril. It will enable people to give their truthful confession. Euthanasia that occurs covertly would stop. Regulations for administering euthanasia on requisition from the
patients or their family member’s modes will definitely reduce the legal jeopardy for those implementing euthanasia.

**4.2.9 Death more acceptable**
Each one of us is mostly scared of death, may be a patient or any normal human being. If you have to wait on that death bed, it only increases the cruelty of death. Euthanasia lessens this cruelty. If euthanasia is permitted it would also be easy for the care takers of the patient to, accept death of their loved ones than otherwise.

Morally acceptable euthanasia does not violate one’s rights. The act is morally acceptable; as it is preeminent beneficial to everyone concerned that is the sick and his relatives.

**4.3 Opponents of euthanasia**

**4.3.1 Sanctity of life**
Human life should be respected and preserved. The religious and the social viewers of society strongly believe that life is gifted by the almighty and it is he only who has the right on it. It is the sole privilege of God to bequeath life and to cause death. Further the theory of continued existence of the genus specifies that existence of the human being has to be sheltered. Some believe that life is sacred, and taking life is a sin. Similarly conniving one or assisting a patient to end life is also a sin. It jeopardizes the probability of contended life for those who are helping them to terminate life. Further the person euthanized also is not relieved. They do not attain moksha, as to derive this spiritual benefit the virtues of the individual in his existing life are accounted for.

**4.3.2 Human rights abused**
“Universal Declaration of Human Rights” guarantees each one the authority to live. This authority does not allow the individual to die. The right conferred does not incorporate such a power. Therefore euthanasia is not justifiable. It contravenes the right to life. This principle of autonomy forbids the voluntary ending of one’s life. There are apprehensions that allowing euthanasia would
further push the practice to become the norm. It would be cheaper, easier to administer euthanasia than other forms of healthcare and thus diminish respect for life. The terminally sick shall have a preference to die. Those who strongly believe in self-sufficiency shall not like the idea of being dependent on others. They would term dependency as defeat of privacy and self-respect.

Recognition to euthanasia might lead to assault on individual’s autonomy.

4.3.3 Euthanasia a crime
Most of the countries Euthanasia is considered as crime. Killing another person is inherently wrong it amounts to murder and therefore not to be administered.

4.3.4 Role of palliative care
Modern therapeutic measures advanced palliative care systems prevalent have relieved the patient from pain and agony that he suffers. The advancement in the scientific field has relieved the patients from facing intolerable sufferings and anguish. Good palliative care changes the sick persons approach towards life, many a times they change their decision of administering euthanasia. The good palliative care brings a ray of hope to the terminally ill. This positive approach towards life benefits the patient himself, his relatives and near ones taking care of the patient as we live in an interdependent society.

4.3.5 Rights of vulnerable patients
Opponents state that euthanasia if accepted as a practice, it may give rise to situations that chip away the rights of helpless patients. It is apprehended that terminally ill patients receiving costly treatments might be forced to accept euthanasia as a solution because of the inflation prevalent in Indian society. The terminally ill individuals would feel pressurized to avail of euthanasia as they may begin to view themselves as a burden on their family, friends and society and a strain on limited healthcare resources. They will submit to euthanasia rather than protecting their individual interests.
4.3.6 The change in physician’s role

Opponents fear that euthanasia and physician assisted suicide shall undermine affiliation and the rapport that the sick and the physicians share amongst themselves. It shall destroy faith and confidence that subsist in such a relationship. They believe that doctor’s are to assist patients save their lives, and not end them. Asking doctors to administer euthanasia would weaken and compromise the objectives of the medical profession. The Hippocratic Oath administered to doctors would be a joke. The traditional role of the doctor as healer would create a conflict for the medical professionals in their practice. The physicians may be pushed into taking life against their own decisions.

4.3.7 Wrong decision of the victim.

The decision of the individual depends on condition of his mind, the agony they go through and dysphasia. Hence there is a likelihood of the decision thus taken to be wrong. If proper treatment is given to the sick, conditions which influence the decision may be relieved. The patient would change his decision of death and can have a positive approach towards his disease. Hence, it shall bring about a desire to live. The patient shall be able to make a more knowledgeable and proficient decision. Thus ascertainment about the exact desire of the patient in such a situation would be difficult.

4.3.8 Conflicts of interest

In case the patient is in a vegetative state the care takers are authorized to assess the situation and take decisions for terminally ill. This shall probably lead to misuse of the benefit conferred. There are chances that if profit accrues from the death of the patient to the care taker then, there are chances of arbitrary decisions being taken, without taking account the wish of the terminally ill patient.
4.3.9 Genocide may prevail

Euthanasia if permitted would lead to its abuse. Those people who believe in the superiority would make efforts to eliminate people who are uncreative and of no use to them. That is they shall use euthanasia to would eradicate those who are a burden on them and not really being any benefit to them. Basically that part of the community that is dependent shall be removed by the selfish individuals. It means that the tendency to remove the unwanted would grow. People who are incurable and well aware about the short life span which is positively going to end often suffer from a feeling of depression and hopelessness. Taking advantage of such a situation, those involved with the assisted suicide shall influence the sick in frail states of mind. There may be people, who are always looking for relief from their present situation. This shall lead to the abuse and genocide shall prevail

4.3.10 Lack of guarantee to transport an effortless death

A conventional process of administering effortless death may not necessarily give the desired results, and the individual may not face death in a rational period of time. This can lead to increase in the agony of the sick patient.

4.3.11 Malfunctioning in judgment, treatment, and care.

The opponents feel that if the terminally ill are allowed to decide their fate. Their elimination in shall have a bad impact on the society. The people who are progressive would refrain themselves from funding research. There shall be marginal progress in making better proviso for palliative care amenities. This shall also lead to reduction in train care takers of the patient. The physicians may hesitate to diagnose the ailment properly and might neglect treatment and care. The economic constraints shall further stimulate the legislators to relax and support euthanasia.

4.3.12 Diagnostic errors and medical advances

The doctor’s analysis may not be just right. It is a skill, a art, and so diagnosis may be wrong, mistakes can occur in prediction. As research advances
information enhances, novel medicines are introduced, advanced measures are implemented, new equipment are launched, the state of the vulnerable patients improve. The option of death can be transmitted to cure. Therefore, to accept euthanasia is risky. It may deprive the patients from the possibility of cure and continue of life.

They are also unlikely to benefit from the discovery of new medicines. Hastening death shall deprive the patient from advanced medical discoveries. It is true that at times the medical discipline cannot provide relief for the patient; there are ailments for which there is no existing treatment. But that does not point out that development, progression will not take place. At one point in time, polio, chicken pox and measles were fatal, but with advancement of medical science we could overcome the situation. Thus if assisted suicide are legalized, there is a possibility that research and clinical advancements shall be negated.

4.3.13 The Slippery slope shall be developed.

The "slippery slope" states that if exemptions are prevalent for any regulation. People tend to ignore the rule completely as they do not accept the disparity between the exception and the rule. This leads to misuse of the supremeness of the statute. The populace has the habit of then disobeying it further which then leads to disrespect for the regulation. This argument is based on the proverb "If you let the camel put its nose into the tent, pretty soon the whole camel will be in your tent". Thus it is believed that, if euthanasia allowed for terminally ill it can be used to remove the burdensome. Decisions shall be made for those who cannot decide for themselves. There also exists the probability of overruling the stated preferences of inept patients who clearly refused euthanasia. Hence, their exist a possibility that voluntary euthanasia would lead to involuntary euthanasia which shall be immoral. It is also believed by some that proponents presume the role of a God in terminating human life and when this is done the line that are blurred between voluntary involuntary euthanasia are irreparably crossed. To cite an example when a person assists someone who is dying of the incurable ailment shall assist when a person is diagnosed with that ailment.
Euthanasia is thus not a bad thing, but nay Sayers believe that allowing shall result in bad things happening. It would be a big risk to allow euthanasia because of the slippery slope.

**4.3.14 Religious viewpoint**

The religious component states that if one does not consider his life to be sacred, then no life shall be considered to be divine. Most of the religions Judeo, Christian, Muslims believe that God has the sole right to decide when life should begin or end. Euthanasia amounts to premature ending a life. It is
believed that one who commits it is exclude you from getting into heaven as it is considered a sin. Thus, euthanasia is highly condemned by this group of people. But these religious people forget that the drugs to end suffering early are God-given and can be used.

4.3.15 Euthanasia dangerous to society
The euthanasia movement is dangerous to the society as it would lead to organizations or authorities who work for assisting suicide in getting rid of the terminally ill, for example Switzerland. Thus, it is quite likely that the nation’s resources would be diverted in pursuit of death instead of life. They would want individuals who are likely to make contributions to the society and not those who are to be a drain on the system. Apart from this euthanasia would be a good for those who are in power to get rid of the weak that is those who are considered useless by the society. It shall enable them to justify that they are better off as they have put out of their misery. But in actual practice it may be done to improve the demographic or to avoid wasting time energy money resources on them.

4.3.16 Values to be preserved
Sufferings teach others to grow through it; it shows how a virtuous person handles life in adversities. A cognizant, dying patient indicates his or her commitment to community by not giving up on life. Similarly, the community can show that one cares for his or her membership in community. Thus, it is a chance to show valor in the phase of hardship by sacrificially caring for someone, knowing that nothing can be received back in return. Thus, one can prove that values and purpose are beyond happiness.

4.4 Jurists view about bane or boon
Jurists have also considered the boons of euthanasia. They have recommended a change in law. They expect the legislatures to review their opinions about euthanasia. They suggest that euthanasia can be permitted in
exceptional cases. This can be confirmed from the various cases discussed below.

In a euthanasia case in Italy an anesthetist Mario Riccio was investigated for consensual homicide as he switched off Piergiorgio Welby’s life support, a man suffering from muscular dystrophy and was protracting a legal dispute to allow end his life, which was held to be wrong as he had no right to do so. But ultimately the anesthetist was cleared and the judge recommended the politicians to have a change in the law.

Similarly the former Health Minister Livia Turco of Italy opined that it was a need of the hour that sick people should express their will. This was in pursuance of the death of 53-year-old former football referee Giovanni Nuvoli in 2007 who suffered from advanced muscular dystrophy. The referee had requested to die without suffering. This was refused as the police prohibited his physician, Tommaso Ciacca, from switching off his respirator, as it was a crime. The referee ultimately terminated his life by fasting till death because his wishes to end life according to his wishes without suffering were not met with.

The judges of court in Milan in July 2008 permitted disconnection of feeding tubes for Eluana Englaro. This 38 year lady suffered from permanent unconsciousness since she met with an car accident in 1992. The judges convinced with irreversible state of coma and her desire to die. She was permitted, to withhold the feeding tubes. In spite of the fact, that there was no clear law permitting the act. Pursuant to her death, it became essential for the senators and Health Minister Maurizio Sacconi to accelerate the task of drafting legislation on termination of life.

In another case in Canada Quebec Superior Court judge: ascertained in 1992 that a proficient grown-up has the power to reject life-extending measures if desired. Nancy B, a 25-year-old quadriplegic patient was allowed with her wishes of discontinuing the life support.

The overview of the above cases it seems that indirect euthanasia is now a form of analgesic cares. The general goal of this technique is the sick’s
comfort and therefore there is slight hesitation in administering whatever required for to hastened death. One should remember that it is not necessary that it would find doctors on the slippery slope. Those who have pulled the plug of terminally ill are desensitized or brutalized. As it has been experienced that physicians have many a time become kinder and gentler, the wishes of the individuals are respected and the importance of individual independence towards death is accepted.

It is observed in few cases that the jurist are also of the view, that where the desired relief is not to be achieved, even by palliative care. In case of irretrievable cases with severe sufferings, offering sedations or withdrawing life supporting treatments or discontinuance of medication, food and fluid should not be considered an offence. Hence, it can be experienced that they are in favor of legalizing passive euthanasia more than active euthanasia.

While some observe that euthanasia exhibits the slippery slope theory to be right and therefore a bane. They strongly reject euthanasia and they recommend that it should not be administered. They are of the opinion that if permitted can be misused. Thus, the potential abuse is also a cause of these divergent attitudes.

Gonzalo Miranda founder member of School of Bioethics Rome, expressed that “once the principle is laid that a human can be terminated because of the sufferings can be extended to those who request for it whether they are suffering or not”.

David N. O’Steen executive director of the “National Right to Life Committee” also opines that’ when doors are opened to justify killing it certainly grows further as it has in Holland .People who have not requested euthanasia are also given so.”

Similar observations are given by Eugene Volokh, J D, Gary T. Schwartz professors of law at the University of California at Los Angeles, “He states that Dutch courts declined to punish physicians assisting suicide of
terminally ill. Further extended it to people suffering with unbearable throbbing misery, suffering from melancholy, alcohol addicts, and drug addicts, with justification of intolerable abuse.

Prof. Dr. Omar Hassan Kasule Sr. opines in “Euthanasia: Ethic-Legal Issues that there is no lawful base for euthanasia. No individual has the right to interfere with ajal that is decided by Allah. Euthanasia in its any form is illegal”.  

4.5 Conclusion

Thus euthanasia remains a controversial subject. It is not essential that all what people take to be in their own best interest is morally acceptable or what people wish to have done to them is morally appropriate. It is difficult for many to decide whether it is a necessity or not. The argument for or against will be mostly be influenced by the individuals religious faith and commitments towards discharging the religious beliefs. The economic background, social commitment and his or her nature also have an significant position in displaying their desires. The differences in religiosity and educational attainment greatly influence the diversity. It is immaterial whether they believe in religion or not. It has been observed that secular nations approve of euthanasia more rather than the devout states.

Debate on principles ethics goodness and validity of the issue is phenomenon. The moral permissibility is been criticized, Opponents argue that there is an improvement in efficient analgesic care, hospice care and therefore euthanasia is unnecessary. The proponents argue the palliative care and hospice care misleading. It can lead to abuses which may lead to effectual miseries. The palliative care also attracts side effects and the care available is only in small proportions. It has been observed that meeting the medical expenses in our country is a challenge for the common man, then in such a situation shall one thing of palliative care that is spoken about by the proponents Apart from this the fact remains that even the state official are not able to satisfy the needs of the populace because of the exploding population.
Masses in our state are not educated to give these palliative treatments at home that can reduce cost. In such a scenario the hospice care seems to be a remedy just on papers. Further there have been cases where the palliative care do not offer the preferred results. Therefore, the honest issue of having legislation on euthanasia needs to be reviewed.

At times it seems to be a requisite when there is no rescue from acute pain, misery. At the same time it may also seems to be evil and a crime. It costs human life.
It can be observed that all murders are not considered illegal by all. Studies have observed that it is inexcusable when carried out with malaise motives but excusable when carried out for any other reason. It also depends on the process used to terminate the life of the patient. But for those who believe in euthanasia really do not distinguish between any of its form.

The above discussion enables us to understand the reasoning for & against euthanasia. It gives an individual an overview about euthanasia with its pros and cons. This shall help each one in formulating the opinion whether euthanasia is humane or not? Whether euthanasia should be practiced or not? It is a subject that is sure to have varied opinions. Even in countries like Belgium, Switzerland, America and Netherlands where it is legalized continues to be an issue of contention, then how can the rest of the states where it is not a law be silent on a controversial topic like euthanasia. The decision shall vary from person to person.

End Notes