Chapter-III

CONTINENT WISE PERSPECTIVE OF EUTHANASIA: A COMPARATIVE STUDY

3. Introduction

It has been observed that legal status of euthanasia present in most of the countries around the world is similar. It is illegal, but this has forced, pressurized people to travel overseas where allowed to get life-ending drugs, or to end life. This has increased the stress and difficulty on the terminally ill who are already facing unbearable difficulties in life. It has further been observed that it is not possible for each one who is desirous to do so because of the financial constraints. There are many people who sensibly take a sane decision to end their painful life which is not worth living. It is therefore essential for all countries to review their legislation on euthanasia. This makes it necessary to take an over view about the concept of euthanasia in different continents.

3.1 Euthanasia in the Australian Continent

Australia is the smallest of the seven conventional continents. It comprises of Australia, Tasmania, New Guinea, Seram, Timor, and the adjacent isles. In Australia, euthanasia is not recognized. It is unlawful; it is a crime to assist in euthanasia. It is a criminal offence, according to the criminal legislation of Australia, charges of murder or manslaughter are levied on those who administer or assist euthanasia. Although it is a crime, it has been observed that, prosecutions have been rare in Australia. In spite of all this the Australian law prohibits a doctor from acting on an appeal made by the vulnerable patient to have a peaceful death. It has twofold result of quickening person's demise and relieving him from the miseries of life.
It has been observed that in Australia this is permitted even where the law permits a physician to offer palliative care to relieve an individual from pain and suffering.

3.1.1 Support for Euthanasia

It is observed that majority of them are in support of euthanasia. The Australia Institute data of Nov 19, 2012 states that 70.6 per cent agree that euthanasia should be legal. They insist that it has to be permitted with the assistance of physicians only, and should be allowed to help a person suffering from non relievable and incurable disease. Euthanasia consequently exists as topic of ethical, spiritual, theoretical lawful and civil rights discussion. The inherent right to live has always been a challenge to vulnerable individuals who desire to die with self-respect. Several efforts were taken by legislature to make euthanasia lawful in various parts of Australia. However, Australia has always experienced strong opposition from a vocal minority. It has been observed that the political leaders have therefore feared and no courage and conviction to make it legal. They are extremely reluctant to act.

3.1.2 The Voluntary Euthanasia Bill 2012

An attempt by the legislature was made in form of a bill viz. “The Voluntary Euthanasia Bill 2012”.

The Bill proposed voluntary euthanasia to be legal. If a vulnerable competent major who was able to take decisions requested for euthanasia on his own desire. Further, the proposal, also mentioned that administration and prescribing of drug, to end life was allowed. Similarly inactions done for releasing life or retreating life support system was also acceptable. The bill also protected the, physicians and all the persons aiding the terminally ill patient in performance of euthanasia on their wish. They could not be prosecuted criminally nor did any civil liability accrue on the said act. However, the South Australian Parliament
was not able to put into practice a law for euthanasia in their state. At present, mercy killing remains unlawful.

3.2 Northern Territory of Australia

This territory legalized euthanasia for a short span. In fact it was the Northern Territory of Australia which has received the honor to legalize voluntary euthanasia for the first time in the world in July 1996. The legislation came to effect on 1\textsuperscript{st} of July 1996 but lasted only for nine months. The majority of the revolter's were Catholic; they had made up their mind to knock over the legislation of the northern territory of Australia. To achieve their goal they did not vest any power with the legislative assembly of the state. Hence the Act got repealed in March 1997 by the Federal Parliament.

Today euthanasia is illegal in all states and territories of Australia. Though this is the situation Australians strongly believe that terminally ill patients, with the assistance of the doctors should be allowed to die peacefully. They want their rights to make end of life, restored through legislation.

Southern Australia.

A number of reviews, assessments were organized in South Australia, to understand approach and experiences, of health professionals towards euthanasia in practice. It has been observed that around 50\% of the physicians examined have shown their willingness for legalization of euthanasia. In New South Wales majority supported for change in law to allow euthanasia. Similarly a research was conducted amongst the Victorian nurses. It was observed that three fourth of the population surveyed were in favor of legislation that permitted the physicians to execute euthanasia. Amongst the said population 65\% of the health care takers showed their willingness to participate in euthanasia if legalized. One more analysis of the research conducted on Victorian nurses who were basically indulged with the patients suffering from cancer and their palliative care also revealed that near about 40 \% of them were in favor of legalizing euthanasia. They were also ready to help the doctors in performing euthanasia. Moreover, it can be said that 50 per cent of the populace in the state were for
legislation, which could facilitate the physicians in taking measures to end the vulnerable life. This states that, medical professionals see a lot of sadness and unnecessary suffering. They genuinely feel that if euthanasia was legal, doctors would euthanize under instruction in the right circumstances.

3.2.1 The Dying with Dignity Bill 2009

A bill was introduced in 2009 in the Tasmanian parliament. The bill laid a provision of permitting the irretrievable sick people to terminate life on an appeal to the physician. The bill also stated that the doctor had to do so before the expiry of the 10th day when the desire was expressed to the physician. The proposed bill was introduced with stringent measures to avoid the possible misuse.

- The patient who requested euthanasia had to be above 18 years of age.
- The request made had to verified by quite a few medical practitioners.
- Psychiatrist had to assess the patient’s mental competency while taking the decision.

But the bid to introduce voluntary euthanasia legislation was rejected by the Tasmanian Parliament. This was basically because of the strong antagonism, resistance from the Anglican Bishop and the Catholic Church. They also manoeuvred the MPs of Tasmania to vote against the bill, mentioning it would cause great harm to the people of Tasmania. The objection was based on that it was only god who had the right to take away life. Intervention by any other person in the path of life and terminating life was condemned, and considered as a path to death. They were successful in their object. The MPs voted against the bill. The proponents have again forwarded a bill in 2014 to confirm the right of those suffering from an incurable illness and experiencing unbearable pain. They have urged for the aid of the doctor or a physician to end their life. This request made is solely with an aim to die with dignity. They also consider it necessary on humanitarian ground. However, the Prime Minister of the state has not considered this move. He does not favour the physicians support for permitting euthanasia with doctor’s aid.
3.2.2 The religious approach towards euthanasia

Australia being a Christian dominant continent, the move towards euthanasia has been negative. The Christians believe life is given by God and humans are his images. Therefore, interference in life is strongly condemned by the churches. For them no one had the authority to interfere the progression of dying. It should not be disturbed in any case. Further they valued all the human lives and there inherent dignity equally. For them intelligence, achievements in life, mobility, utility were not the criteria’s to value life or dignity of a person.

The Roman Catholics were also against euthanasia and held it morally wrong. They constantly preached and spoke about the commandment "You shall not kill". May it be a fetus, child, adult, old or a terminally ill, killing was banned. Pope John Paul II stressed that life was valuable and its measure cannot be decided on the wellbeing of a person and pleasure it brings. Therefore, suffering and pain could not be the cause of terminating life. According to them, each individual and all the people surrounding them should experience the course of dying with all its obscurity having faith in god. If they do so they would be said to die with dignity and loved unconditionally. Though they believe in human’s freedom they do not accept that it extends, to take an end of life decision. If allowed it shall overpower the Gods absolute supremacy of life and death.

3.2.3 Libertarian view on euthanasia

A minority Libertarian eloquent group but have always strongly supported euthanasia. They believe that it is nothing holy or to be blessed about having a human life. It is ethically insignificant to feel honored about it. The value that humans posses are to be determined on the loss it would cause to him. Euthanasia therefore should be permissible for those terminally ill whose value has been insignificant. They also believe that killing such individuals or allowing them to die is one and the same. The intentions behind the act and its effect are always the same in both the cases. The distinction believed by people is a
misnomer. Thus, they do not differentiate between passive or active euthanasia and state to be morally equivalent.

3.2.4 Medical fraternity outlook

The Australian medical practitioners believe in euthanasia. It has been observed that majority of doctors and nurses support and consider that they must be permitted in taking active measures to terminate the patient’s life when they foresee the inevitable death of a patient. Before doing so they also feel it essential to take the consent of the patient and his relatives who care for the patient. Thus, the Australian community of doctors is evidently in support of voluntary active euthanasia. In spite of it till date they do not have legislation for euthanasia.

The Australians thus believe that they are still backward, with the concept related to Euthanasia as it is legal in many other countries. The short of legalization in Australia is now forcing the citizens to travel abroad to get life-ending drugs and thus adding to their stress of an already hard end of life. The proponents strongly believe that they are worthy of having a right to choose freely whether the incurable illness should make their lives a living hell. They also insist that they should be allowed to indicate beforehand their decision so that the illness does not make them undergo a living hell.

3.3 Euthanasia in the American Continent

3.3.1 Historical background

In traditional American societies, various forms of euthanasia were prevalent. The elderly, Inuit’ ("Eskimos") who were incapable of a dignified living used to voluntarily die by exposing themselves to the freezing cold. The Inuit’s used to do this in sacred place or any outdoor location. This type of voluntary submission to embrace death by the aged was prevalent throughout America. The Traditional elder American who could no longer contribute to the family, community or look after their basic needs had no right to live. It was unfair of them to be a burden on their families and community. The Younger generation who were severely
disabled, diseased or suffered from incurable, ongoing pain also shared the same view of termination of life. The newborns born were not an exception. Newborns with severe, birth defects were also euthanized. They were placed in a natural body of water, usually a stream or river, to drown. Thus it can be observed that traditional Americans opined that, if a human was not fit for a dignified life he should not be allowed to live. They should not be forced to spend a life not worthy of living.

3.3.2 Legalization of Euthanasia
Euthanasia thus was prevalent in the American continent as a norm or part of their traditional practice. The Americans therefore made efforts to legalize this practice. A society working for euthanasia was established in 1938 by the Reverend Charles Francis Potter, which sincerely made efforts to change the law. It was called as “euthanasia society of America”. But it was in late 1970s and the 1980s that Americans favored right to die with dignity and proposed to have legislation on euthanasia for those who were suffering from terminal illness. The local campaign groups tried various measures to 'aid in making' laws. There were groups who conducted surveys, which showed that, 75% of the Americans were in favor of euthanasia. In the cities of Washington and New York groups moved the court to challenge the laws which restrained people to aid euthanasia. The apex court held that assisted suicide was constitutional and that the issue was up to each individual state to decide whether they have to ban it, or allow it.

3.3.3 Death with Dignity Act
The two cities Washington and California in 1991-92 moved a proposal for ‘Death with Dignity Act’. It proposed active physicians participation and aid for the vulnerable patients who desired to terminate life. This was with strict guidelines, regulations and control. They insisted that, irretrievable sick that were capable to make a request should be helped by Doctors to receive lethal dose under strict stipulation. But unfortunately when put to vote the 'Death with Dignity Act' lost the vote by 54% to 46%.
In spite of the same, the American ‘right to die’ campaigners never left hopes and again proposed for the ‘Death with Dignity Act’ in 1994. This time the Act was passed by a vote of 51% to 49%. It was the first legislation in the world on euthanasia. The opponents i.e. ‘National Right to Life Organization’ challenged the act in court of law holding its implementation. Finally, it came into force on 27th October 1997. The act allowed doctor assisted suicide for terminally ill with strict checks and guidelines. The lethal drugs were prescribed by Doctors, and the administration of the dose had to be done by the patients themselves. The Doctor before prescribing had to be confident on the diagnosis made by them. The prediction made about the consequences of the sickness and also the requestors capacity to administer lethal dose. Further they had to be satisfied that the patient had lost his independence. He was unable to contribute in any of the activities that were essential to keep him happy or make his living pleasurable. Further it was also essential that he sensed loss of selfrespect. The Oregon and Washington were the states to implement it.

3.3.4 Canadian bill “Euthanasia C-384, 2010” and “Bill 52, 2014”

Canada also considered euthanasia as a crime. Aiding death was a crime. The violator was penalized. 14 years of punishment was given in Canada for the offence. However, it has been observed that prosecution has been rare for this offence by the court. Efforts were made in 2010 for legalization. A bill “Euthanasia C-384” was presented in the parliament. The bill permitted the physicians to assist the terminally ill to die with dignity. This also ensured that the doctors would not be prosecuted for murder. The bill also had specified strict measures before its implementation. But the Canadian House of Commons rejected the bill. The MPs who rejected the bill feared of the slippery slope and citizens being also euthanized against their wishes. They emphasized that the government should in fact improvise end of life care facilities for the citizens, rather than legalizing euthanasia. Due to the rejection of the bill and importance given to palliative care there has been a reduction of euthanasia supporters in Canada. However, it has hardly restrain efforts for legalizing. The apex courts
decisions delivered protecting interest of the patients, made its way for the Quebec National Assembly to legalize euthanasia via the bill 52, 2014. The bill defined euthanasia as a form of health care and was approved by 94-22 votes.

3.3.5 Mexican bill on euthanasia

Mexico legalized passive euthanasia. The Mexican bill presented in the legislature on 22nd April, 2008 was wholly supported by the senate casting 70 votes in its favor against 0. According to the bill, the physicians were allowed to withdraw life supporting system and medication in case of terminally ill patients. Such patients or their family members had to give their unequivocal consent to the physicians for the suspension.

3.3.6 Euthanasia in the Southern and Central America

3.3.6.1 Judicial support to euthanasia in Columbia

Columbia does not have a legislation favoring euthanasia. Ending life is a crime in Columbia. Traditionally conservative, the Colombians prohibit abortion in all situations. But the land’s progressive judicial system has out placed the community’s outlook on social issues like euthanasia. The Colombian Constitutional court in 1997 permitted euthanasia in case of terminally ill patients, who gave their consent to do so and where medical treatment was not available. The court in this case also defined terminally ill and restricted the authorization to only those people. According to the court those who were suffering with acute pain, extreme suffering and with no chances of recourse were allowed euthanasia. It however refused euthanasia to people suffering with degenerative diseases. Since then euthanasia or ending life is not a crime, in case the norms of the decision are been observed. Thus, Columbia is the only Catholic nation where active euthanasia is permitted, practiced informally. The proponents are striving to legalize this practice to reduce abuse. While the opponents are taking efforts to ban the practice as it contradicts the legislation of the state. Columbian court directed nation to have a legislation to regulate the practice of euthanasia.
and ratify it, as physicians discreetly assist the terminally ill patients on their requisition.

### 3.3.6.2 Uruguay indirectly supports euthanasia

Uruguay does not have legislation for euthanasia in its favor. But it has been observed that nurses and physicians in number of hospitals carry out euthanasia. This may be predominantly as there have been no judicial sentences so far for the act. The judges in number of cases have not penalized people or forgone the punishments to those who have assisted in death if it was solely done on humanitarian and compassionate ground on repeated wishes of the patient. Due to this, the populace of Uruguay is in distraught situation. Being a predominantly Christian nation, the bishops persuading to defend life and take care of the totally helpless people in all its stages, draws it back to the traditional concept of it being a crime.

### 3.3.7 Anti euthanasia beliefs in American Continent

A predominant Catholic continent portrays euthanasia as a great sin. According to them God is sovereign master of all our lives. It is he who has gifted this life to us and hence duty bound to accept it gratefully as bestowed on us. It is an obligation on us to conserve it in his honor. We thus being the stewards of the almighty have no right to dispose it off. In case we attempt to do so it is contravention of the divine law, offence against humanity and a crime for which there is no forgiveness.

They believe that euthanasia means giving the individual the rights to be the master of one’s body and showing lack of gratitude towards oneself. This attitude would also reflect on the social obligations towards others and develop a contrary attitude towards self preservation.
3.3.7.1 Compassionate approach of the ELCA

The Archbishop of Canterbury states that the church cannot in any circumstances mitigate on euthanasia. The American Evangelical Lutheran Church, the chief Lutheran organization of United States also affirms that intentional killing of man, who is supposed to be the representative of the almighty is converse to the principles of Christianity. However, the ELCA admit the refusal of treatment by the health care professionals. This shall be done when they are confirmed that the risks and burdens outweigh the benefits. The physicians should conclude that artificially governed nourishment and hydration necessarily shall not improve the sick person’s situation or avoid his demise. Further the competent sick and their authorized representatives or their close designated family members should have identified their desires, in such situation it could ethically be accountable to withheld, suspend treatment and permit demise to transpire. This acceptance is based on the veracity of the doctor, as it is strongly believed that the physicians are for conserving life of the sick. They need to take care of his health. It is believed that this liability includes the management of pain, which may even result in an earlier death. They also believe that physicians who feel that they are accountable towards the patient’s health take efforts to select minor sin in adverse situations. However, this lenient approach is restricted to the circumstances mentioned above. Like any other churches, they condemned and oppose the legalization of physician-assisted death. As they strongly feel that the potential, for an abuse is high. Public control and regulation is difficult and it can increase private killing of one person by another vulnerable people.

3.3.8 Progressive View

However some Americans express in the present age with advanced modern medicine and humane care facilities such mercy killings are no longer essential. However, the contemporary American traditionalists opine that assisted suicide should be a matter of authorized, sanctioned individual option that they should be allowed to exercise. They thought that people of sound mind should exercise this option for themselves, and along with them the immediate family members
taking care of those who are in a permanent mental vegetative state and unable to take a decision for themselves.

3.4 Euthanasia in the European continent
There are different views prevalent in the European continent on euthanasia, or how to treat terminally ill.

3.4.1 Netherland Perspective
The Dutch accepted euthanasia since 1973. They believed that, when it was inevitable to control suffering of a patient, they should not be made to suffer further. If they did so it was like penalizing that patient who was already going through hell. They believed in euthanasia with stipulations. The rules were rigid and applicable to patients with incurable condition, facing unbearable suffering. The doctors played a major role. They along with the physical condition had to verify the mental faculties of a person, who made death requests. Further, they had to observe certain guidelines when committing euthanasia. Further It was essential for them to take a second medical opinion before euthanasia was administered. This was carried by the Dutch not only because of tradition but also because of the "Postma case" of 1973; In this case the doctor had assisted the lady to smoothen the progress of her mother’s death after her expressed frequent request to die. The court's in this case, opined and set criteria when a doctor could terminate the life of a terminally ill. This laid down criterion became a precedent in the cases to follow in the year 1980 and then after. However this did not legalize euthanasia. It was illegal for new-born, critically ill patient under 12.years as they were held incapable to make life-or-death choice, late abortions were also banned. But definitely this led to more and more people receiving doctor-administered death. Doctors adhered to the guidelines of due care in all the cases.

3.4.2 Enactment of Law
A formal legalization was enacted by the Dutch parliament in 2001. “The
Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002” was introduced. It was made effective from first April, 2002. It legalized mercy killing and suicide with doctor’s aid in precise conditions and specific matters. The act to further safeguard the act made it mandatory to have a local evaluation commission. This commission comprised of physician, lawyers and the medicinal specialist. Opinion of committee was valued. The social factors such as loneliness, strained financial resources, and a loss of social skills was also to be considered before arriving to the decision. Thus there was a transformation towards the subject. The clear in sights in the occurrence of euthanasia by the doctors with an aim to reduce the sufferings of the terminally ill was the major reason behind legalization. The act also helped the medical fraternity. It increased the watchfulness of the doctors while performing lifeterminating acts.

3.4.3 France a progressive state

France does not legalize euthanasia. They do not have legislation for assisted suicide. At the same time suicide is considered a crime according to their legislation. “The Leonitte law of 2005” however allows the physicians to give pain-killing drugs that may have a side effect of reducing the life span, but is illegal to administer drugs that may end life of the patient. Euthanasia in any form is illegal. Passive euthanasia that is to stop treatment of the patient has been done in most of the intensive care units of France. This is done on consensus of the sick and his relatives who take care of him/her. This is performed in case all the treatments and possible therapies fail to get the desired result making the condition intolerable for the patient. The Ethics committee also promotes the view that physicians should be given the authority to accelerate death in case the terminally ill urge and demand for it and the patient is in a vegetative state. The debate on euthanasia has been reignited in 2013 when old couple commit suicide in the hotel room leaving a letter to be treated as a formal complaint for not respecting there right of liberty and the right to die with dignity. Georgette, Bernard Cazes death has rejuvenated the supporters of euthanasia. Surveys
conducted in France have shown broad support to euthanasia. Assisted suicide should be permitted to those suffering from incurable sicknesses. The French parliament also is considering presenting a bill in the parliament for legislation on euthanasia.

### 3.4.4 Belgium and Luxembourgan anti euthanasia view transformed

The history of Belgium, Luxerbourg shows that it was not pro euthanasia. It has always opposed legislation for euthanasia. This is basically because the majority of population is catholic. They strongly believe that it is God alone who has a right to decide when one’s life should end. Along with them the medical professionals also were not in favor of euthanasia. The proponents had to fight a strong battle for convincing people for euthanasia. Public debate was also held to pursue people. Initially euthanasia was administered only to the terminally ill patients. The steady expansion of euthanasia in the Netherlands also helped in having legislation in Belgium. In 2002 Belgium took the honor of being the second European country after Netherlands to formulate legalization on euthanasia. They administered it only to those who requested for it repeatedly. The law allowed seriously chronically ill, people suffering serious disabilities, suffering from anguish or mental illness, profoundly depressed” and those suffering with early dementia, to terminate their life. It was also made applicable to disabled newborn babies. But to put into effect, the patients request, consensus of at least two physicians and board of specialist was mandatory.

Thus it allowed assisted suicide in rare and incurable cases only.

Now a days in Belgium even organ harvesting has developed with euthanasia. Organs of individuals are transplanted clinically for reuse. The medical fraternity largely supports it. It enables them to give life to a patient who would otherwise suffer death. This revolutionary change has been accepted from ethical, legal, and practical viewpoints in many countries that have legalized euthanasia. Here
two requests are made from patients to administer euthanasia and to donate their organs after death.

Luxembourg's followed the Dutch. It was not an easy task for them as it being primarily a state that follows Christianity. Further their medicinal fraternity was generally opposing the legalization it was not easy for Luxembour to have this change.

In December 2008 parliament voted to legalize euthanasia, after a fervent public debate. Jean- Claude Juncker the then prime minister of the state pressed for the charter to be re-constituted. He opined that this shall enable Grand Duke Henri to pass act on the subject.

This legislation for euthanasia and suicide with aid allowed patients in irretrievable situation to have a peaceful death. This act also emphasized on requisitions of patients to do so and along with that consensus of at least two physicians and board of specialist.

3.4.5 Italy- the controversial battle

Italy recognizes the terminally ill patient's authority decline care, healing action if desired. But at same time does not legalize euthanasia. There is no law in Italy pertaining to euthanasia. This has led to controversy and divided opinions in Italy. The politicians felt a need for legislation, after the court’s decision in 2008 allowing Englaro who was in coma for about 20 years to remove her feeding tubes. The decision was a result of a 10 years legal battle by her father. However, the states then Prime minister and the Vatican's tried their best to intervene and oppose the request. However her request had to be given results by shifting her to a private clinics, as the state prohibited the government hospitals from removal of life saving or health care devices. There was a difference of opinions among the senators, some agreed to expedite having a legislation to end life, while others were with the catholic view. The strong opposition from the Vatican Pope stating it is false solution and assassination of a living being. They emphasized on life being a gift of god and therefore it has to
be protected. They laid emphasis on palliative care to reduce suffering and not treatment that would prolong life with undue suffering. The bishop suggested for more love to be given to such patients that would help them overcome the sufferings. Thus, the Roman Catholics were furious over the court’s decision and prayed to god to forgive those who assisted in her death. While the Cardinal Angelo Bagnasco, head of the Italian bishops, stated the necessity of a law that was for the good of the society.

This had a mixed effect on the societal views. Subsequently there was flare in the debate on the subject again when a requisition for withdrawal of a machine was made in 2006 from a patient suffering from muscular dystrophy. This again led to bring about legislation for some form of euthanasia. But soon was bought to rest by the strong opposition of the catholic churches and a subsequent request from a 45-year-old sclerosis patient who expressed his desire to live in spite of the illness which had confined him to bed since 1998. The proponents upheld his desire and stated that those who have faith, it is essential for us to assist them to live to their religious values and hopes and also to assist those who don’t have faith to recognize inspirational character.

Thus the regular controversial arguments for and against have not been able to have legislation in Italy.

3.4.6 Suicide tourism of Switzerland

Switzerland has a history of euthanasia. Since 1940, euthanasia has been legal in Switzerland. Assisted suicide with the help of physicians or without their involvement is legal in Switzerland. As a result, non-physicians have taken part in assisted suicide. An organization, named Dignitas which was set up in 1998 to assist people to end their life suffering with terminal illnesses is established in Switzerland. The organization supplies lethal dose of barbiturates to those who wish to terminate life. These doses have to be taken themselves by patients. Many Europeans travel to Zurich because of Dignitas. Their staff works as volunteers. It has become a place where people who are disabled or depressed
come, to end their life. Further Switzerland does not have resident rules. Even foreigners who are critically ill can avail of this facility, which the state provides. Thus, suicide tourism has developed in Switzerland. Suicide entrepreneurs have opened pay suicide clinics where people from all over the world come to die. Suicide tourism is now not restricted to irretrievable patients but extended to those ones who desires. It is administered to people suffering with arthritis and mentally ill. The Swiss supreme court upholds the constitutional right of assisted suicide for the mentally ill, Further it has been observed that an elderly couple from Belgium who didn’t wish to live after the other passed away was also allowed joint suicide. In another case U.K. parents took their quadriplegic son, who had crippled in a rugby accident, to Switzerland for suicide. Thus it can be said that there are no limits to which the Swiss suicide clinics can serve. Among the right to die organizations in Switzerland it is only Dignitas, in Zurich that accepts foreigners that are terminally ill or clinically sick, depressed beyond treatment.

Swiss law is thus liberal; it punishes and prosecutes a person only if assists someone to commit suicide with a selfish motive.

3.4.7 Sweden confirms patient’s autonomy

Sweden approves Passive euthanasia. The doctors are allowed to halt lifeextending treatment to terminally ill patient if they wish strictly according to the new medical guidelines. The Swedish society of medicine levied these guidelines after a legal elucidation. In Sweden, the patient was given the right by law to decide when to terminate the treatment administered to him. At the same time, assisted suicide was punishable. To avoid the confusion the society approached the courts for a clarification in 2010. The ruling made passive euthanasia permissible on the patient’s desire. The decision was given after understanding the whole situation and the probable consequences it would have if not permitted.
Swedish law emphasizes that the will of patients should be respected by the doctors. This can be done by doctors only when the sick are competent to take their own decisions. To enable them to take a right decision it is essential that the patients are intimated in detail about their prevalent situation and also have been told about the options available to them. “The Swedish Society of Medicine”, now confers a great responsibility on Swedish doctors. Though passive euthanasia is allowed actively assisting someone to die, with lethal injections or by force still remains unlawful in the state.

3.4.8 Discordant attitude towards euthanasia in Spain

Euthanasia is illegal in Spain. The intensely discordant political and spiritual views about the subject in Spain has not been able to have legislation in the state.

The Spanish Catholic Church criticizes euthanasia as immoral and antisocial. The person who assists people to end their own life can be tried and found guilty of manslaughter. According to them it is inhuman, immoral antisocial act. However the Law of Patient Autonomy confirms the independence of the patient and the patient’s authority denying medicinal care. Since 2002 patients have a right to deny it so. It is accepted in Spain. They believe, it is not a crime as the patient passes away because of his or her sickness. The Socialist government of Spain wants to legalize it. They want to regulate the rights of patients, family members, and their doctors and also help the terminally ill patients to die without suffering. Though the opinion polls conducted reflect a strong support, Spain has been shaken by accusation of sedations resulting in untimely demises of their incurable patients. Pursuant to this in 2005 many doctors underwent investigation by regional health chief. The process continued till 2008, all doctors prosecuted
were held not guilty but this restricted many doctors from sedating patients for fear of court action.

The government also intends to regulate the palliative care of the terminally ill.

3.4.9 Germany recognizes patient’s right of autonomy.

Euthanasia is illegal in Germany. However, since 1751 physician-assisted suicide is legal. During the Hitler's rule the removal of those who are unfit to live and those who produce inferior offspring had no right to survive. The Nazi regime principles of racial hygiene, racial purity, and national health had also continued. These were considered useless in German society, a threat against the Aryan purity and therefore were deemed unworthy to live. Honor killing was a norm in Germany due to the agenda of Nazis. Killing the vulnerable by them could be termed as euthanasia. This had tapered down with the downfall of the Nazis.

There was no law on assisted suicide, as it was believed that physicians cannot violate the professional code of conduct and cannot breach their legal obligation to save life. Due to this many patients travelled to Dignitas to seek assistance. In view of this Dignitas, the Swiss organization, decided to open their first office abroad. They selected Germany to be their destination. The area office proposed only to offer assistance to those who desired to end their life. The office gave the required information and recommendation to assist people in their act. However they had the authority to give medication to terminate life. This raised strong arguments, debates in Germany.

“The German Society for Dying with Dignity” accepted the proposal of having a office of “dignitas” in Germany but it was observed that there were many who opposed it. More than half of the populace believed in escalation, enhancement in hospice care and development in palliative care. The German medical professionals also unanimously opposed the movement.

A former Hamburg Justice Minister Roger Kusch campaigned for assisted suicide. He suggested that the terminal sick individual should be fasten with two controlled intravenous injections injecting anesthetic and mortal matter.
simultaneously to enable a peaceful death of the patient. This movement was strongly opposed by the medical fraternity and the religious heads.

It is now legal in Germany, only to give life-shortening, drugs to a patient who has given their written consent. German medical professionals are also supposed to respect a patient's written consent. They are not supposed to give such patients advanced life-saving medical treatment.

**3.4.10 Changing perspective of the United Kingdom.**

United Kingdom does not recognize euthanasia. Any active participation taken to end another's life with consent or not, is illegal. It is considered as murder or manslaughter. Imprisonment up to 14 years can be pronounced in case of assisting suicide.

Since, the “Human Rights Act”, 1998 has been enacted, the proponents propagate that refusing a patient to relieve himself from the torturous miseries he suffers is inhuman. According to the European Convention on Human Rights, it amounts to violation of the right of privacy autonomy and demeaning the medical care given to the patient. The Suicide Act 1961 in United Kingdom declares suicide as legal. The campaigners submit that the legality of suicide amounts to discrimination. The denial of euthanasia means denial of an individual's inherent 'right to die' and live a dignified life. Hence, violation of rights according to the current legislation.

However, in a landmark judgment pronounced in Airedale case 1993 by the House of Lords which allowed removal of life-saving care. The ruling allowed 'assisted suicides' that involve 'omissions' by the physicians. Then after the ruling was applied in many cases and has set the law in case of incompetent patients. The doctors are permitted to withheld treatment or withdraw machinery that was keeping the patient alive if that was the best thing to do for the sick. The decision was also based on 13th Century principle; it is the onus of the state to take care of its subjects. This theory included protection of property and the individual in case they were incompetent to take care of themselves. The Court is a wing of
the State, it has therefore inherent jurisdiction which formerly belonged to the
Kings. It is they who can therefore decide. Due to this there has been change,
since 1993 it is not regarded as a crime.

Omissions or actions to remove life-saving care are legal but active euthanasia is
not approved. The Welsh and Scottish made clear division amongst the types of
euthanasia. Passive euthanasia was permitted. The law in England, Wales and
Scotland prosecutes a person assisting suicide or death as murderer.

In 2007, a bill was proposed in the Scottish Parliament, when Diane Pretty fought
to permit her to assist her husband end his life, who was suffering from terminal
motor neurone disease. A Scottish politician Margo MacDonald in the year
2008, suffered from a disease called “Parkinson's”. She expressed his wish to
terminate life in case his situation worsened to the extent where there is no
revival. She organized open discussions on the issue of right to end life with
assistance. In 2008 Keir Starmer QC, Director of Public Prosecutions, signaled
that people who helped shall not be prosecuted. He did not prosecute Daniel
James, a rugby player’s parents who took him to Dignitas However the efforts
made to convince the courts in this respect have failed. Active euthanasia thus
remains illegal.

3.4.11 Awaiting, a legislation on euthanasia

Norway,

Euthanasia is illegal even if it administered with good intentions. A charge of
accessory to murder is levied on the person helping a patient to die. A
Norweigian physician fought a long battle for legalization but in vain. The
association for a dignified death is making representations for a change in the
laws.

Finland

The term euthanasia not recognized in Finland. And hence there is no legislation
in Finland for euthanasia. According to the Finnish legislation suicide is not an
offence. Any competent person whether healthy or not can commit suicide.
Further the legislation is silent about assisted suicide. An assister can assist for suicide and be safe from any kind of prosecution. It has been observed that the assister many of the times himself inform the law enforcement authorities about the assistance. Thus passive euthanasia prevails in Finland on the final choice of the person. The practice usually involves providing with sleeping pills or drugs asked for.

Euthanasia now is an acceptable alternative for Finnish hospice care doctors if there is no revival. Cases where there is no resort and death is inevitable the doctors prefer it as an option. Euthanasia is thus gaining importance but yet time has not arrived for its legislation.

Poland
Poland condemns euthanasia. Being primarily Catholic country euthanasia is held to be an illegal act. Euthanasia in any of its type is not acceptable and considered illegal. It is not that the churches are against it but the medical fraternity also has strongly objected the same, thus there are no laws like the other states in the continent. The doctor’s job is to save and assure human life if allowed to administer euthanasia people would lose faith in the savior and his actions. Hence euthanasia is morally and socially opposed.

3.5 Euthanasia in the Asian continent
3.5.1 Japan a scope for change in euthanasia approach
The Japanese tradition does not permit them to speak about death and dying. Active euthanasia is not permitted in Japan; it is not socially or legally accepted in Japan. The conservative approach of the society is the major cause. Japan has no specific rules guidelines for euthanasia. The recent judicial judgments in Japan which has allowed passive euthanasia are responsible for the change. Individuals in Japan think that they should be able to have death with dignity. It now approves euthanasia only for those sick people who are suffering with an ailment where death is about to happen and there is no recourse possible.,
Secondly, the patient request for it is essential. This consent has to be obtained specifically after being informed about his health status. Thirdly, the medical professionals identify the real intention of the patient. Fourthly, the doctors should withdraw treatments in terminal phase for the death with dignity. Though the instances are rare, there is a hope for the change. In spite of the complicated taboos on suicide, death and dying euthanasia is prevalent in the state.

3.5.2 China following the footsteps of Japan

The Chinese traditions are similar to the Japanese, speaking about death is a social taboo and the thought of it or mention of the word is considered as illboding. They believe that death, is a natural thing and no one has a right to interfere with it. The Confucianism belief which has a great impact on the Chinese culture lays emphasis on supporting their parents till they die. If not it is considered as unfilial, that is disrespecting their parents. This has made the legislation of euthanasia in China a religion heated debate. The opponents laid emphasis on improving palliative care rather than administering euthanasia. Proponents however have a different opinion regarding the need of legislation. They wish to die with dignity rather than to put up with the serious diseases. Euthanasia is widely accepted among intellectuals, common man and physicians. They are in favor of legislation of euthanasia. They submit that an individual should be well-informed about his status and allowed to take a rational decision about her own life.

3.5.3 The National health Act 2007 of Thailand

The Thai society being primarily Buddhists, euthanasia is not legal and would probably not be legalized. Euthanasia raises many ethical and moral questions and therefore been an undesirable issue to be discussed. But the Thai society has been changing; people are now more involved and aware about their human rights. The National health Act 2007 has allowed a person to express his desire in writing to refrain from receiving health services, if they are in the final stages of life. Thus passive euthanasia is permitted in Thailand if the patient consents.
3.5.4 Malaysia, a staunch opponent of euthanasia

Euthanasia is considered a crime. It is illegal. Being a Muslim country, it strongly condemns euthanasia. Malaysians believe that life is given by Allah and therefore it is he who only has the right to take it away. In case if any one deliberately hastens the death of another, they are charged with an offence of murder. The hastening of death amounts to culpable homicide if done with consent, and murder if done without consent. Thus, the law of the state precludes termination of terminally ill patient.

3.5.5 Euthanasia in the gulf

All the gulf countries do not recognize euthanasia. It is highly criticized, condemned by all these countries. Considered as a crime and punished for with life imprisonment. The states of Saudi Arabia, Dubai are against legislation on euthanasia. The populace thinks that it cannot be and should not be introduced as a legal practice. The dominance of the Muslim community in the gulf is the reason behind this strong rejection. They are evidently against the practice of euthanasia. For them Allah is the one and only one creator, life is the sacred gift of the creator and therefore it is only him who could put an end to our lives. According to them taking life means, disobeying him, showing disrespect to him and lacking in trust faith towards him. They believe that when you suffer, Allah tests you to bring in good for you. Further, it is accepted as true by the Muslims that, Allah has forbidden them from causing harm to their bodies or even killing themselves, as it really does not belong to them but Allah. Thus, no one can commit a suicide or assist any one in doing so as both are sins according to the religion. It is “haram” to support euthanasia, it is unlawful. Further they point to the cases of errors, where the doctors have certified no recourse or cure and still miracles have taken place. They therefore forbid from ending life, which does not belongs to humans. Apart from these perspectives, they feel that legalization of euthanasia might lead to undermining the efforts taken by the physicians and nurses. This also promotes lacking of faith in the almighty. As you succumb to
the ailment you or the relatives think of ending it without having trust in god. It is further apprehended by them that the health authorities shall cut cost and use the medical facilities to the others. Thus it is been observed that the gulf has all the possible reasons of negation for euthanasia.

3.6 Euthanasia in the African continent

Euthanasia is a topic of debate in this continent too. The subject came in limelight in the year 2000; when “President Nelson Mandela” projected the end of life decisions. He proposed to the then Law Commission to table a bill “End of Life Decision Act”. The bill proposed to give legal rights to the physicians to terminate life on the requisition of the patient. The doctors were allowed to administer a lethal dose or discontinue the treatment of a patient on certain conditions. The bill also allowed the patient to refuse life sustaining medication to which the physician ought to respond. Thus, the act provided for active euthanasia as well as passive euthanasia with assistance of physicians. However, the bill did not get the desired support and never went further. The most vocal group opposing the legislation was the doctors for Life organization, which questioned the practical enforcement of it in the state. They also pointed the poor functioning of the police and justice system. They apprehended the slippery slope and abuse of law in country rather than the usage of the law.

3.6.1 Religious view about euthanasia

African community believes in religious humanism. Human life is sacred and all that there is, is said to have its source from God. The people from Tiv, Nigeria, Ghana etc. call it as Aondo. They do not wish to surrender their control of their lives and hand it over to others. They do not believe in self destruction and direct their hostility outwards rather than inwards. For them life is callous, hard. And religion and family safeguard self-destruction in any form. Further, they believe that when a person passes away, the soul passes to the world of the ancestral spirits where it persists to live. But if one commits suicide it turns into an evil spirit.
The Constitutional era in South Africa has shown that human rights have taken preference over moral, ethical beliefs. But still Euthanasia marked as illegal in South Africa, law is silent. Intentional termination considered as murder. Due to the apprehension of exposure to civil claims, criminal prosecution or professional censure some physicians are practising it secretly. The judicial trend in the continent depicts that a person suffering from terminal illness with no hopes of recourse should be allowed to end life. This has to be done by withdrawal of sustenance gadgets that keep the individual alive but in an unconscious state.

3.7. Comparative study

3.7.1 Australian and European continent
The Australian continent, though being the smallest has not been able to formulate legislation on euthanasia. The strong support from the medical field and the majority of the populace supporting it has not brought the desired results of the majority. The government is also not ready to take the bold step fearing the minority. The want of legislation has forced people to travel abroad for it. The approach seems to more conservative than the European continent.

In Europe, it has been observed that there is a growth in the permissive views towards right to die. There is an augmented prominence on self-determination. The advances in medication are not essentially making the life healthier and wealthier and therefore the necessity of the right has remained forever. Due to this, few countries like Netherland, Belgium and Luxerbourg have come with laws in the 20th century. But the overall view of Europe which comprises of forty seven states still hold the view that medical fraternity must stay away from the act. They must not indulge themselves even if the situation of the patient is vulnerable. The approach seems to more conservative.

3.7.2 Australian and American continent
Australia does not have a history of euthanasia practised in ancient times. It is only in the twentieth century that efforts have been made towards its legalisation.
For a very short period of nine months, voluntary euthanasia did prevail in the northern Australian continent. But the religious protagonist did not support any kind of euthanasia. American history depicts that euthanasia was prevalent even among the traditional American societies. Attempts for its legalisation have been comparatively faster in this continent. It was in the nineteenth century that bills were proposed in the house. As a result some states have legislation on euthanasia. Judicial approach towards the subject has been progressive and therefore permitted voluntary euthanasia. The American churches though have criticized and opposed it. The ELCA has an empathetic approach towards it and approved it in exceptional conditions.

3.7.3 Australian and Asian Continent

The Asian continent seems to be more progressive in its approach than the Australian continent. Legislation in this continent has been marginal. But judicial fraternity has allowed passive euthanasia in most of the countries in this continent. But in countries where religious beliefs have an upper hand
euthanasia is nowhere in their consideration. These countries have been staunch protestors like the Australian catholic bishops.

3.7.4 Australian and African Continent
The concept of euthanasia is comparatively new for the Africans as compared to the Australians. Though, new immediate steps were taken for its legalization. The concept was not supported; basically from the physicians who apprehended the slippery slope. But the decisions in the continent have followed the general trend in legal systems. Both the countries are awaiting legislation.

3.7.5 American and European continents
Concept of euthanasia is not new in both these continents and is prevalent in the continents since B.C. It has been therefore observed that both these continents are comparatively more progressive on the subject than the others. It was these who paved the way for having legislation on the subject of euthanasia. It was the European continent who took, the first honour to legalise euthanasia. In spite of the discordant views prevalent in both the continents, the protagonists have never shed their battle on the subject. The Christian dominance in both the continents plays a major role in the perception of people towards the subject. It has been experienced that conservative Christian communities in these continents are against any kind of euthanasia. However a few have allowed

passive euthanasia

The American continent thus has experienced a fight for legislation on euthanasia. Otherwise more or less both these continents have a similar insight and awareness about the subject.

3.7.6 American and Asian continent
Americans predominantly catholic continent describe euthanasia a sin. The Asian continent though not dominated with one religion does not recognise it. In
the countries in the gulf where Islam has dominance, it is a sin. Both the religions Christianity and Islam in these continents emphasis on the same viewpoint that life is a bequest of the almighty. It has to be preserved and no individual can disrespect it or cause harm to it. In spite of this common reasoning to censure euthanasia, it has been observed that American continent is more advanced with its research on the topic and has made better progress. Some countries in the continent already have legislation on the subject. The Asian continent is on the stage of proposition. It has been observed in the Asian continent that judicial decisions in this continent have favoured passive euthanasia. This errand is applicable only if the patient is in irreversible stage of life. Further it has to be implemented with sufficient guidelines. Hence the situation prevalent leaves a scope for euthanasia laws to be enacted sooner.

3.7.7 American and African continents

The African continent believes in religious humanism and therefore does not accept the concept of self-destruction. There is no law prevalent on the issue unlike the American continent. Efforts have been made by the proponents for the same but are yet to achieve results. Though, not legalised euthanasia does persist clandestinely in this continent.

3.7.8 European and Asian continent

Amongst most of the Asian Countries thinking or even speaking about euthanasia was a sin. Though the situation has changed a lot the populace in general is not ready to accept it. The judiciary in many states has helped the proponents of the subject to persuade people think in those directions, which was difficult earlier. There is no legislation prevalent in this continent on the subject matter except for Thailand. The Buddhist culture which prevails, accepts self sacrifice in exception. Compassion is the teaching of Buddhism and therefore it gives good reasoning to
accept euthanasia in rare cases. The human being is also alleviated from the torturous life. The cultural and religious diversity in this continent is also reason for these varied opinions in the continent. This is one of the causes for its slow growth as compared to Europe. Europe is predominantly governed by one religion that is Christianity. The changing views of one nation thus help in influencing the other with the same ideologies. The European continent in fact is the first to have legislation on Euthanasia. The emphasis on human rights, patient’s autonomy is the main base behind it. But it has been observed that passive euthanasia has been acceptable in both the continents.

3.7.9 European and African continent

European continent seems to be more advanced with the issue. There are states that have legislation on euthanasia. One of the states in the continent is also famous for suicide tourism which is unlike in the African continent. Populace of Africa are more against euthanasia than the European continent. However the recognition given to human rights in the continent, shall surely reduce the gap between the two different opinions prevalent in the continent.

3.8 Observations

The above study shows that legislation of, euthanasia is global controversial issue. The problems of end-of-life issues are extremely complicated and complex. Factors like social, ethical, legal moral and cultural are to be put into consideration while deciding about euthanasia. For almost all the religious systems such as Christianity, Islam, Buddhism, Taoism and Confucianism prevalent, euthanasia is unacceptable. The deliberate act of taking life of a human being is always morally and ethically wrong. The societal and cultural taboos mostly all over do not accept it. They feel that they set a wrong precept to terminate people who are a burden on the family. The line blurs between what is permitted and what is not. In such circumstances, there rises a high possibility of
innocent deaths. Trying to solve these problems through legislation is therefore often difficult. Morality and religion play a vital role. Societies where it is not morally accepted, there are huge arguments from a legal point of view. However, it has been experienced that passive euthanasia through refutation of drugs or withdrawal procedures is considered to be legal in almost all jurisdictions.
Even though the practice of euthanasia is illegal almost globally, surveys show that it does exist and is silently practiced almost in all the States. This makes the legislation of, euthanasia essential. Hence the question of legalising euthanasia is important. It has persuaded us to consider whether a person’s genuine beliefs are to take precedence within strict and controlled boundaries or not. The proponents struggle, continuous demands have brought a great change all over. In many of the states, passive euthanasia has been legalized. The concept of life with dignity and the European Union guarantee, of the healthy family life, which comprises of the liberty to assist in a family member’s death, has forced the society to change its outlook. Legalisation of euthanasia shall be a logical step towards individual liberty and offer a choice of a dignified death, but eventually time will be the only actual decider in such a controversial topic.

3.9 Conclusion

It has been observed that most of the nations disapprove euthanasia. It is considered illegal and a crime. In most of the states, religious belief of god being the ultimate decision maker of human’s life is the major ground for its rejection. Legalization of euthanasia in any form has become debatable topic in many countries. But it has been observed that this concept is slowly changing. The empirical studies, the promotion of its benefits, awareness created among the public, their active participation in debates, the physicians viewpoints, the practical approach of the people all over the clear insights of characteristics of euthanasia has made a difference in the public opinion all over the globe. It has been observed that the qualified educated class is more in favor of euthanasia. There resentment for it is marginal.

Amongst the various forms prevalent “Voluntary euthanasia” is a form that has been accepted in most of the nations. In the European continent Netherlands, Belgium and Switzerland are the states who believe in finishing of physical or psychological illness and extend individual autonomy. They have legalized euthanasia. The termination of life with medical assistance has now been a vital fraction of termination of existence care. Good quality dying is a right of person’s autonomy and an important goal, along with the traditional goals of prolonging life with the best possible
treatment available. Individuals must be endeavored with authority to finish his/her life in a dignified manner. If this right to die is not given people might be forced to severe resolutions as self-suicide to abstain suffering at home or in a hospital.

Further places where euthanasia is legalized it has improved the physicians legal certainty in performing the act. That is because the medical fraternity which includes physician, nurse or pharmacist are assured that there would be no criminal or civil litigation for the act performed by them. This is so incase the physician is aiding, supporting the patient in exercising his or her right to die with dignity willingly. It has been observed that countries where passive euthanasia is generally accepted do not have clear grounds laid for refusal of treatment. At the same time regulation are not mentioned for active euthanasia which is very multifaceted issue and therefore not approved by the states .However euthanasia should be strictly controlled and monitored. The demand for euthanasia should be really autonomous, well-informed and no other options should be available to practice euthanasia. That is no one else should be allowed to take the decision for the sick, neither guardian nor family members. This could avoid its abuse.

More education and debate is essential all over to understand the subject. At the same time unravel the opinions about the acts, which should be and which should not be regarded as euthanasia. This shall enable all to explore the possibility of its legal regulation. Else there is a possibility that people may travel to nations like Switzerland who permit euthanasia or PAS, and the prohibition of euthanasia or PAS shall turn futile. The position of not accepting the ‘right to die’ when you can travel abroad to obtain legal death especially for the rest of Europe remains questionable.