CHAPTER – VI

CHALLENGES RELATING TO EUTHANASIA

“To be, or not to be—that is the question:
Whether it is nobler in the mind to suffer
The sling and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them”

- Shakespeare, Hamlet, III, i.

6.1 INTRODUCTION

“Person’s rights and ability are somewhat clashes with medical sciences as it become more adept at prolonging life. It is a right of a person to choose, to accept, and to reject treatment which may prolong his life. Depression and intellectual disability may cause complication in the mental state of the patient by the effect of certain physical conditions on cognition e.g. Kidney damage, by religious and cultural beliefs, by balancing the rights and welfare of an individual against those of the population, and the practical costs and requirements of providing treatment and care”.

“Cognitive abilities of professional skilled persons in dealing with mental states and individual characteristics have a practical perspective to offer the debate on the rights of a hopeless sufferer to seek permission for euthanasia to voluntarily end his or her life. The following arguments without endorsement which are often advanced in favour of and opposite making euthanasia more accessible than it is now”
6.2 ARGUMENT AGAINST EUTHANASIA

6.2.1 The Roles of God and Man

6.2.1.1. The Sixth Commandment says ‘Thou shall not kill.’ That, opponents say, is sufficient reason to condemn any active euthanasia and is justification for denouncing it as a violation of God’s law.

If we are going to be bound by the command ‘Thou shall not kill,’ we would most certainly have to condemn all war in which men are sent to kill and be killed.

It is ironic that a society that permits and even requires the killing of healthy young men in the armed forces and of innocent civilians as well against their will refuses to permit a compassionate ending of the lives of hopelessly ill or aged person who have nothing to live for and who want to die.¹

Moreover, many biblical scholars say that a proper translation of the commandment is ‘Thou shall not murder.’ Murder is defined as the unlawful killing of a human being with malice aforethought. Surely, it is absurd to regard a merciful act of acceding to a person’s wish to be put out of his suffering or to be given the means to do so, as a malicious act. “But present law except in a few non English speaking countries, does not distinguish between the two. Clearly it is time for law to enunciate and recognize such a distinction”.

When cases of mercy killing have been brought to trial, judges and juries, moved by compassion when they learned the tragic circumstances, have almost always refused to convict the person for crime. Almost always they have found some pretext for circumventing the law, even when the evidence was clear that person did not kill. Surely this is an undesirable state of affairs. If the laws are so inadequate and inhumane that compassionate people will not enforce them, it is time for new laws to be enacted. The intent of the Ten Commandments was obviously to promote justice for all men and advance their welfare. Laws should do the same thing.

The greatest commandment is to love one’s fellow man. Jesus said do unto other as you would that they should do unto you and blessed are the merciful.

There are many situations in which to end hopeless suffering would be a merciful act. The Bible says “there are a time to be born, and a time to die a time to kill and a time to heal.” (Ecclesiastes 3:2)

6.2.1.2. Only God has the right to determine when life shall end. Man must not play God.

If so, it would be wrong to prolong life. But every day doctors prolong life, and usually this has been regarded as good. Perhaps it would be no more a trespass of God’s prerogative if in hopeless cases; doctors were given authority to shorten it. We do not leave it to God alone to meet our needs through life; why should we abdicate our responsibility if and when the time comes when our greatest need and most fervent wish is for death? Perhaps man has a responsibility to help meet this final need too².

Society now recognizes that men and women have responsibility for intelligent planning of birth. Has not the time come to recognize also their responsibility for intelligent planning of death? Now that the successes of medical science and technology have made it possible for doctors to keep many bodies functioning technically almost indefinitely, they are in effect, already playing God, and in a way that often results only in increased suffering.

Moreover some doctors admit that they given enough drugs to end the dying patient, and Pope Pius XII expressed approval of their certain circumstances. It is clear that the medical profession is already dedicated to playing role in determining when life shall end. And as Leroy Augenstein has said in his book Come, Let’s Play God, though we must never be arrogant and cannot be God, God has given us dominion over the earth, and man’s increasing knowledge now forces him to make decisions of life and death that cannot be sidestepped.

And Fletcher writes in Morals and Medicine in any ethical outlook of religious faith, men are people and not puppets. It is a false humility or a subtle determinism which asks us to ‘leave things in God’s hands.

² Augenstein Leroy “Come, Let’s Play God”
6.2.1.3. Human life is sacred and must not be taken by man\(^3\).

It is the life of the person that is sacred. A person has rights and one of those rights is surely the right to avoid needless suffering. Does society or any individual have the right to deny him the freedom to choose death to avoid hopeless suffering; provided that by so doing he neither harms another nor deprives society of useful services? Because human life is sacred, a person should not be degraded by being required to endure prolonged, useless suffering or humiliating deterioration or mind and body while waiting for physiological death.

In this day of organ transplants, there is much pressure to develop a new definition of death; already a few states have accepted brain death, i.e. absence of spontaneous brain function, as a new criterion for pronouncing a person dead. Many believe the time has come to give more attention to cerebral death-partial brain death and even to what some have called social death and psychological death of the body and death of the person.

If one is no longer conscious or able to communicate with others as a human being, one might say he is already socially, psychologically, and spiritually dead. It is quality of life rather that longevity that is important. It is the person and his rights as a person that is sacred. The traditional concept of the sanctity of life must be modified by concern for the quality of life.

6.2.1.4. Absolute respect for human life\(^4\)

Certain sets of beliefs will remain totally inconsistent with a belief in the propriety of euthanasia, regardless of particular situation. Persons holding these beliefs and opinions deserve to have them recognized. In most societies there are strict hands against taking human life except under prescribed circumstances such as war or sometimes capital punishment. Survival of the species demands that life be protected.

\(^3\) O. Ruth Russell “Freedom to Die: Moral & Legal Aspects of Euthanasia” (Revised Edition 1997 p.219)
\(^4\) Sanson Ann Associate Professor (Director of Social Issues, Convener), Ms. Dickens Elizabeth, Ms. Melita Beatrice, Mary Dr. Nixon, Mr. Rowe Justin, Ms Tudor Anne and Mr. Tyrrell Michael. “Psychological perspectives on euthanasia and the terminally ill”
Belief in the sanctity of life

“Certain belief systems hold not only that life is sacred but also that human beings sin by taking life. Some people believe that sin is punishable by a divine power, and that the taking of life will bring down punishment upon the perpetrator. These beliefs are incomplete with the acceptance of euthanasia.”

For some with these beliefs, it is acceptable to hasten death through “the principle of double effect whereby treatment aimed at easing suffering has the secondary effect of causing death. Some also believe it is acceptable to allow the withdrawal of or non implementation of life sustaining treatment under certain circumstances i.e. passive euthanasia is acceptable to some who reject active euthanasia.”

Theological

Voluntary Euthanasia has often been rejected as a violation of the sanctity of human life. Some theologians and other religious thinkers consider voluntary Euthanasia, a suicide generally as sinful acts i.e. unjustified killings.

Professional Role

“Critics argue that voluntary euthanasia could unduly compromise the professional role of health care employees especially doctors. They point out that European physicians of previous countries traditionally swore some variation of the Hippocratic Oath which in its ancient form excluded Euthanasia ‘to please no one will prescribe a deadly drug not give advice which may cause his death.’ However, since the 1970s, this oath has largely fallen out of use.”

Possibility of coercion, loss of autonomy

Public recognized that, “euthanasia is available might lead to assaults on individual autonomy and may be subjected to pressure to ask for their own death

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6 Ibid.
7 Ibid.
by being made to feel more guilty for the burden they impose on family and carers. Euthanasia may be offered as an option even when the patient had not previously raised it. Further, medical professionals may be pressed into taking life against their own judgments.”

6.2.2.2 Poor decision making by the sufferer

“A person’s expression of a desire to end his or her life may be influenced by a state of depression, uncontrolled pain or dysphasia, conditions which may be relieved by proper treatment.” Person is ever intended to live longer and longer, hence is very adaptive to take treatment but it is very difficult to ascertain the people’s capacity to make informed and competent decisions.

6.2.2.3 Conflicts of interest

This applies when the caretaker or relatives who are otherwise empowered to decide on behalf of an individual assuming total responsibility on the part of incapacitated person as to when and whether the sufferer should die. Although it may be considered as arbitrary decision as it does not evolve the wishes of the helpless person. This is purely a conflict with those of the sick person.

6.2.2.4 Misuse, such as genocide or ethnic cleansing

“The Nazi holocaust and more recent events in the Balkans and in Africa show the power can be misused to get rid of specified individuals or groups. Dreams of establishing a Master or superior human breed have at times surfaced and continue to do so e.g. as knowledge about genetic engineering. The effect of removing those who are alleged to be inferior or barren or those who consume but do not produce is feared to be possibility. While this argument applies to groups, it can equally be applied to individuals”.

6.2.2.5 Difficulty of enforcement and monitoring

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8 Ibid. P.9
It may be very difficult to discover, after a person’s death, whether that death had occurred from natural causes or as a result of properly or improperly carried out measures of euthanasia. “On the basis of a survey of medical practices in the Netherlands prior to 1993, Jochemsen in 1994 found that 65-75% of physicians reported that, following euthanasia, they attributed the death to natural causes”. It is very difficult to ascertain the cause of a death either by euthanasia or caused by nature, although provision for inquests and autopsies may provide some safeguards. This concern exists now with respect of recognition either by public or legal opinion.

6.2.2.6 Failure to bring about an easy death

How to cause euthanasia to a sufferer have great concern as it may cause more suffering to a patient as killing of a patient by adopting euthanasia procedure may take longer time as it seems to be. The same procedures may produce different results in different people.

6.2.2.7 Diagnostic errors and medical advances

“Diagnosis is not a perfect art, skill, nor science and mistakes can occur in prophecy about the outcome of any given medical or health condition. As knowledge expands, new drugs and new procedures and technologies are introduced, and a condition which may have been terminal at one time may respond to treatment at another time, or in another place. To accept euthanasia may therefore deprive people or the possibility of continuation of life.”

6.2.2.8 Reflection of efforts in diagnosis, treatment, and care

Availability of euthanasia may reduce efforts to provide diagnosis or to improve, treatment and care. If suffering persons are able to choose to die, and do so, their removal may reduce the motivation of financial sources to fund research

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9 Ibid., p.10
provisions of caring facilities and maintenance of support systems. Economic considerations may motivate authorities to support euthanasia.

6.2.2.9 Adequacy of modern medical and palliative care

“Some argue that advances in medical treatment, pain control and palliative care have been such that it is no longer necessary for terminally ill person to have to confront unbearable pain and suffering. This then removes one motivation for euthanasia.”

6.2.2.10 Feasibility of Implementation

Euthanasia can only be considered Voluntary if a patient is mentally competent to make the decision i.e. has a rational understanding of options and consequences competence and can be difficult to determine or ever define.

6.2.2.11 Necessity

If there are some reasons to believe the cause of patient’s illness or suffering or will soon be curable, the correct action is sometimes considered to attempt to be about a cure engage in palliative care.

6.2.2.12 Consent under Pressure\textsuperscript{10}

Given the economic grounds for Volunteer Euthanasia critics of volunteer euthanasia are concerned that patients may experience psychological pressure to consent to voluntary euthanasia rather than to be a financial burden on their covered by public money as in various European countries.

6.2.3 MORAL DILEMMAS\textsuperscript{11}

Some people consider Euthanasia of some or all types to be morally unacceptable. This view usually treats Euthanasia to be a type of murder and voluntary Euthanasia as a type of suicide, the morality of which is the subject of active debate.

\textsuperscript{10} Ibid.p.11
\textsuperscript{11} O. Ruth Russell “Freedom to Die: Moral & Legal Aspects of Euthanasia” (Revised Edition 1997 p.227-29)
6.2.3.1 The patient who has become a burden might feel pressure\textsuperscript{12} to sacrifice himself in consideration of other and request euthanasia.

John Donne’s reply to this first objection seems a good rebuttal and, in a shipwreck, may I not give my plank to another and drown? Captain Oates of the Antarctic Expedition, on becoming sick, went to voluntary death rather than endanger the lives of his Comrades, Martyrs, Saints, and Heroes have been lauded for risking or sacrificing their lives for others and nowhere in the Bible is suicide condemned. If a person is in an irremediable condition and has become grievous burden to his family and friends as well as himself, is there anything wrong with his wanting his family to be spared what in some cases may be disastrous consequences of caring for him or financing his care over a long period of time?

And if he is helpless and completely dependent on others and wants his death to be hastened partly because he wants to make the organs of his body available for transplantation purposes, should this be regarded as wrong and be denied him?

As for pressures from those who stand to gain from one’s demise, it is always possible that some unscrupulous person would attempt to circumvent the law and pressure old or dying persons to request euthanasia; there is no doubt that vigilance is needed, just as it is now needed in regard to possible pressures on such persons to make changes in their wills. But an individual would be free to reject such pressure as long as he is of testamentary capacity, and a good law would give him more protection from unscrupulous, scheming relatives or doctors that he has now when secrecy of action by a single doctor is being encouraged by those who say, don’t legalize euthanasia; please leave the matter to the doctor.

\textsuperscript{12} Ibid.
6.2.3.2 Legalization of euthanasia would cause a general weakening of public and social morality and a demoralization of doctors.\textsuperscript{13}

Opponents of any proposed new social legislation try to frighten people into believing that dire consequences would follow. But if the law is well written and its safeguards are adequate without being too burdensome, and it its purpose is to meet a humanitarian need, there need be no fear, provided the safeguards are enforced.

Instead of causing a weakening of morality there is every reason to think that legalization would increase confidence in man’s capacity and will to match noble words of compassion with noble deeds. The present tendency to encourage violation of law in order to be compassionate is indefensible. It is also morally indefensible to condemn human beings to useless suffering or a meaningless existence. We need a change in law in keeping with humanitarian instincts in today’s world. Without such a change out problems will increase until they become unmanageable.

6.2.4 THE ROLE OF MEDICINE\textsuperscript{14}

6.2.4.1 The Hippocratic Oath prohibits doctors from granting a request for euthanasia, doctor is meant to save life, not destroy it.

It is commonly said that doctors are bound by the Hippocratic Oath to use all means within their power to maintain life at all costs but such a requirement is not stated in the oath. Doctors who take it feel pledged both to preserve life and to relieve suffering, and sometimes these duties present the doctor with a dilemma. In many cases if he prolongs the patient’s life he also prolongs sufferings. Then the only way to relieve suffering is to either and the life or render the patient unconscious. Many doctors now believe that the duty to relieve suffering should take priority over the duty to maintain life in some instances.

The oath states among other things, “I will follow that method of treatment which according to my judgment, I consider for the benefit of my patients and into whatever houses I enter I will go into them for the benefit of the sick.” In the translations in common use there is nothing in the oath that prevents a doctor from

\textsuperscript{13} Ibid.
\textsuperscript{14} Ibid.
deciding that the inducement of death might be the noblest and most beneficial thing he can do for the patient.

Dr. Eric Cassell has pointed out that an ethic requiring beneficence towards the ill is not the same as an ethic requiring preservation of life at all costs:

Indeed it is the perversion of do benefit but no harm into preserve life at tall costs that has gotten us into trouble—and not solely in the care of the aged. Profound problems arise for society when considerations of a human being as a person and the utility of death for life are excluded from the operating purview of doctors. The effort to wave life at all costs has not only in many instances made a mockery of life; it has stolen from us the utility and meaning of death.

The clause in the oath that states ‘I will give no deadly drugs’ was aimed at preventing the practice of some doctors in the time of Hippocrates of entering a conspiracy with politicians who wanted the death of their opponents, according to the historian Ludwig Edelstein.

Many medical schools today do not require their students to pledge themselves to the oath, and many physicians have never done so. Moreover, the demand today for a revised oath and for new medical guidelines is increasing. If man can promulgate such an oath, then he can also revise it. Hippocrates, who lived more than 2,000 years ago, could not possibly have foreseen many of the problems physicians face today in this age of oxygen tents, dialysis machines, blood transfusions, intravenous feeding and organ transplants.

Medical schools in the past have mainly ignored the subject of death and dying and have taught that life, no matter what its quality, must be maintained at all costs. Death was viewed as an enemy that should always be fought to the very end. Today views are changing; some medical schools now realize that doctors must be trained to deal more forthrightly and humanely with dying patients. An increasing number of doctors believe that life has become meaningless with no reasonable hope of recovery, and they recognize that separate judgments must be made in each case. Such clichés as Preserve the life of the patient are tempting escapes from responsibility, but they ignore the individual needs of the person.
6.2.4.2. There would always be the possibility of a mistaken diagnosis and judgment of incurability or remission.

No one is omniscient, so this is possibility. But the chance of a mistaken diagnosis in advanced terminal case is negligible. Even if there is some doubt in certain cases, when prognosis is made by two or more doctors after such open collaboration as should ordinarily be required by a good euthanasia law, the chance of significant error is infinitesimal. Moreover, since the law would in no case be mandatory, a diagnosis of incurability would not necessitate euthanasia. The decision would still be in the hands of the patient or his family if he were not of testamentary capacity. Legal safeguards would protect his right to live if that were his wish.

6.2.4.3 Future discoveries hold a promise of a cure just around the corner; a disease or condition considered incurable today may be curable tomorrow.\textsuperscript{15}

This too is possible and in fact likely. However for a person who is already in the advanced stages of a terminal illness or who has had massive brain injury, it is highly unlikely that there will be a discovery capable of undoing the irreversible damage and deterioration that has already taken place. It is a cruel hoax for doctors or others to pretend otherwise. Moreover we must ask if it is fair to deny a dying patient the freedom to choose merciful death just because someone else might like to hold out a little longer in the hope of some discovery that might conceivably permit him to live a little longer.

\textsuperscript{15} Ibid.
6.2.4.4 The legalization of euthanasia would destroy the patient’s confidence in his doctor. A patient would view his physician as an executioner instead of a healer; he would be anxious lest he or the nurses end his life.

This argument is often used to opponents to frighten people into opposing any euthanasia law no matter how adequate its safeguards. A good law, however, would, on the contrary, give further protection to the person’s right to live. Any termination of life contrary to the patient’s wish would still be murder and punishable as such. The law would provide only for merciful action at the request of the patient if he is conscious, or at the request of the patient if he is conscious, or at the request of his next of kin or guardian if he is irreversibly non compos mentis. This argument of the opponents is as illogical as it would be to argue that surgery should not be permitted lest the doctor do the patient in.

For many people, it would inspire confidence and relieve anxiety instead of creating fear to know that their physician could legally carry out their wishes if the time should come when they are permanently incapacitated and want to die.

6.2.4.5 Many doctors oppose any euthanasia legislation.\textsuperscript{16}

This is true, although recent surveys have shown that many doctors favor it. In both England and the United States, doctors have been in the forefront in pointing out the need of legalization admit that they sometimes make decisions to stop treatment, and some privately admit that they prescribe drugs in doses that are lethal. Surely this kind of secretive action should not be encouraged or sanctioned.

If the action is morally justifiable, it is should be legally permissible. Doctors should abide by the law and by medical guidelines openly decided upon by the medical profession. Clandestine action is to be deplored; it is dangerous business.

\textsuperscript{16}\textit{Ibid.}
Changed times and conditions require that vital decision be made only after open consultation; but as long as the law remains unchanged, many doctors will be unwilling to risk open discussion of discontinuing treatment, much less any hastening of death. Some will risk taking secret action; others will continue to refuse their dying patient’s request for either active or passive euthanasia until new legislation is enacted.

Under present law, the right of the person to choose euthanasia is not recognized; as a result, whether or not a patient gets his wish granted depends on the views of a particular doctor and his willingness to risk violation of law. This ought not to be, even if some doctors do want it that way. It inevitably opens the door to abuse and unequal treatment of patients.

It is well known that the medical profession is a conservative body that has usually opposed new legislation such as that pertaining to birth control, abortion, and Medicare.

6.2.5 THE DANGER OF ABUSE

6.2.5.1 Legalization would lead to abuse of the law and foul play.

The heirs or enemies of an invalid or dying patient might pressure doctors to hasten death. Abuses\(^\text{17}\) of laws are always possible, but this is not justification for not enacting and enforcing a good law designed to protect and extend the rights and welfare of all persons. The possibility of abuse by heir and enemies exists at present and would only be reduced by a good euthanasia law designed to dispel the present trend towards secrecy of action. Any abuses that might arise from Legalization would be insignificant compared with the anguish that now results from forcibly prolonging the life of patients who want to die.

\(^{17}\text{Ibid., p.226}\)
6.2.5.2 Legalization of voluntary euthanasia would be the opening wedge to state imposed, compulsory euthanasia and Nazi-like elimination of all unwanted persons.\textsuperscript{18}

The wedge argument or slippery rope argument is a device used to try to defeat many kinds of legislation, and if heeded would prevent almost any kind of innovative legislation regardless of its merit. Though some may sincerely think there is a real danger in any legislation, many opponents use the wedge argument to arouse and emotional response instead of a reasoned one. The shock and horror of Nazi crimes are still so vivid that everyone rightly wants to avoid any possibility to such terrible action. But to argue that the enactment of good legislation would lead to Police-State action is fallacious and indefensible. As C.R Sweetingham, secretary of the Voluntary Euthanasia Society\textsuperscript{19} of England has said. “Human proposals may lead to more humane one but not to inhumane ones.” What the Nazis did was not ‘mercy killing’ but merciless killing, done secretly and in violation of German law.

As long as we have a free society in which policies and practices are openly discussed and legislation arrived at by democratic process, there is no need to have such fears. On the contrary, the safeguards of a good law would protect and patient’s right to live and prevent the kind of secret action employed by doctors in Germany in which the rights of the patient and his family were completely ignored and secret action taken without their knowledge, much less consent.

We ought not let a rightful abhorrence for what was done by the Nazis obscure the wisdom and compassion underlying present day proposals for euthanasia which would, instead of violating individual human rights, protect and extend them and do so in accordance with the best democratic principles, and with legal safeguards.\textsuperscript{20}

Several of the preceding arguments imply what has become known as the ‘slippery slope’ or ‘precedent’ argument. Mann in 1995 argued that, “once

\textsuperscript{18} Ibid., p.226
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
traditional prohibitions and taboos are broken, society may be drawn down an
unanticipated path towards acceptance of practices which, at the time of the initial
breach, would be considered unacceptable”.

Similarly Helme in 1993 discussed the possibility of euthanasia becoming
legal in some way, stated: if the law was to be changed, the balance of opinion
would alter so that what would be intended as an extension of the rights of some
and possibly only a small minority, might result in the transference of an
obligation to others. Once a legal precedent has been established, social
endorsement of euthanasia might place undue pressure on patients to class
themselves as a burden to others, and to submit to it rather than defend their
individual interests.

He suggested that, some patients may make a request for euthanasia ‘in bad
faith’ in order to manipulate, threaten or exploit over-conscientious careers. Helme
balanced these arguments by pointing out that other patients may enter their final
illnesses reassured by the knowledge that euthanasia was available to them, even
though they may never request it.

6.3 GROUNDS FOR JUSTIFICATION AND SPECIFICATION OF
EUTHANASIA

6.3.1 Compassion and plain common sense for today’s world must be the
basis of any consideration of euthanasia.

A person should not be required to endure useless suffering or the indignity
or prolonged and humiliating helplessness and deterioration of mind or body or
both, when there is no reasonable possibility of meaningful recovery. If
euthanasia were legally permissible, the fear many people now have or prolonged
dying and dependency would be greatly reduced. It is only logical that society
allow useless suffering to be ended.

21 Ibid. p.232
6.3.2 The right to die with dignity should be recognized as a basic human right.

Just as the right to live is a fundamental human right, to be protected from all incursions, so the right to die should also be recognized and protected. The Declaration of Independence states that “life, liberty and the pursuit of happiness” are unalienable rights. It does not, however, state that there is any compulsion to live when the pursuit of happiness is impossible because of irremediable incapacitation of body or mind. Nor does any other legal document state that the right to live implies compulsion to live.

The preamble to the U.N. Declaration of Human Rights declares that we aspire to a world in which human being shall enjoy freedom from fear,” but today fear of prolonged suffering, helplessness and dependency are being recognized, more and more, as the greatest fear of the elderly and others. The preamble states also, “The recognition of the inherent dignity of all members of the human family is the foundation of freedom. Article 5 of the Declaration stated that “No one shall be subjected to torture today while waiting for death, even though, of course, no intent to torture is involved”.

As long ago as 1891, The U.S. Supreme Court stated, No right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restrain or interference of others, unless by clear and un questionable authority of law\(^\text{22}\) (Union Pacific v. Botsford).

Cardozo in the 1914 Schloendorff case held, Every human being of adult years and sound mind has a right to determine what shall be done with his own body. Brandeis spoke in the Olmstead case in 1928 of ‘the right to be left alone’, and a Kansas court in the 1960 Natanson case held, he may, if he be of sound mind, expressly prohibit the performance of life-saving survey, or other medical treatment. And ruling\(^\text{23}\) of the Supreme Court in Griswold v. Connecticut that there is a constitutionally guaranteed right to privacy should support the claim that

\(^{22}\) *Union Pacific v. Botsford*, 141 USA Supreme Court 250 (1891)

\(^{23}\) *Griswold v. Connecticut*, 381 USA Supreme Court 479
the individual has the right to decide the extent to which his life should be prolonged.

Thus it would seem that the right of a person to choose permanent relief from suffering or a meaningless existence is a basic right; also it would seem that parents or other guardians should not only have the right but be encouraged to accept the responsibility of requesting that persons entrusted to their care be spared useless suffering or a tragic existence.

Those who oppose euthanasia on moral or religious grounds have, of course, the right to do so. But they should not be permitted to block legislation that would permit others with different beliefs to exercise their right to choose death for themselves or for persons for whom they are legally responsible. The epithets of murderer of executioner, often hurled freely by opponents of euthanasia, are patently inapplicable to the act of mercifully ending a painful and meaningless life.

It should be noted, however, that ‘the right to die with dignity’ can be interpreted in various ways. To some it means only the right to be left alone to die without unnatural prolongation of life by modern techniques and skills. To others it means the right to choose an end to life and to have the services of a qualified doctor in bringing it about painlessly. There can be little doubt that as long as we permit the former of these interpretations, while forbidding the latter, we will find ourselves faced with increasingly inconsistent and hypocritical moral situations.

6.3.3 What is morally right should be made legally permissible.

The Judeo-Christian ethic demands of man that he act mercifully. Yet mercy and legality—as it now stands—can pull a man in two opposite directions at once. Some kindly physicians obey the injunction, “Do unto others as you would that they should do unto you,” and without legal authority prescribe or administer a lethal drug or take other action that has the effect of ending the life of a dying or hopelessly incapacitated patient. Surely it should not be necessary for a doctor to have to choose between such merciful action and violation of the law. Society has the duty to make legally permissible action that is merciful and widely recognized
as morally right. It is a dangerous course to encourage secret action in violation of the law.

A sound euthanasia law would be permissive—not mandatory—and no doctor, nurse, or other person would be required to take any action contrary to his wishes, judgment, conscience, or religious principles and no patient would ever be required to submit to either positive or negative euthanasia against his will.

6.3.4 To respect sufferer's autonomy

This argument rests on the ideal of being able at all times to exercise as much control over one's own life as is possible. This ideal is stated, in ‘Principle 6 of the Australian Council of the Aegina’s Rights of the Elderly’. The right of individuals to consultation and participation in decisions affecting all aspects of their lives” The issue of self-control is the crux of such notions as ‘the right to die’ and ‘the right to die with dignity’ which imagine that “suffering persons have the absolute right to choose whether to live or to die, that the moral agent is the suffering person. If and when a sufferer decides that life should end, legal euthanasia would provide the means for ending it safely without placing another person or group of persons in legal jeopardy.

6.3.5 To allow individuals to value quality of life over sanctity of life

Here it is argued that, “people have the right to decide whether quality of life or sanctity of life is most important to them. When a person is suffering severe pain or is severely restricted by illness or when life depends e.g. on drugs which cloud consciousness and reduce control those who value quality of life more highly may seek an end to life”. Euthanasia would allow them to do so, without placing other people in legal jeopardy.

24 Sanson Ann, Ms. Dickens Elizabeth, Ms Melita Beatrice, Dr. Nixon Mary, Mr. Rowe Justin, Ms Tudor Anne and Mr. Tyrrell Michael “Psychological perspectives on euthanasia and the terminally ill” (P.7)
6.3.6 To end suffering

One argument in favor of making euthanasia a legal option for someone who is terminally or incurably ill or incapacitated is suffering intolerably and has expressed a wish to die rests on the belief that suffering would be relieved or ended, that suffering harms the suffers by robbing them of peace or pleasure and demeans them.

Another aspect, sometimes raised, concerns the suffering of careers: caring for or watching someone suffer, without any chance of relief or recovery can become difficult to tolerate for the careers and watchers, both emotionally and physically, so that the careers’ only prospect of relief resides in the death of the patient.

6.3.7 To reduce reliance on life support systems and/or advanced medical knowledge

The cost of health care has increased greatly and shows every sign of continuing to increase. The perceived impropriety of making use of high technology and expensive medical procedure in cases where the only positive outcome is the temporary lengthening of life without improvement in quality of life or prospect of recovery is often seen as an argument for euthanasia. While it is ethically distasteful to ask for establishment of priorities for access to advanced medical technology the issues of need and good outcome may make it imperative. “If such priorities are at least implicit in, say, medical policy and hospital practice, then those priorities would in fact, imply covert practice of euthanasia. Some form of legalization would allow a more honest acknowledgement that euthanasia is an option.

6.3.8 To reduce risk of premature suicides

Some terminally ill patients who wish to end their suffering without incriminating loved one take their own live in secret and sometimes violently. Knowing that they will be physically unable to do so at a later stage, some

25 Ibid.
26 Ibid.p.8
patients end their lives early on into their diseases. Seven percent of doctors questioned in a Medix-UK survey reported that at least one of their terminally ill patients had committed or attempted suicide.

6.3.9 To reduce the legal jeopardy of those who implement euthanasia

Euthanasia occurs now. Legally, a person who kills another or connives at the death of another, breaks the law and may be charged with a serious criminal offence and may be convicted and punished. That the killing resulted from requests from the sufferer, and that it was done from motives of empathy and compassion, will not necessarily alter the legal situation. If euthanasia were recognized as an option and provided that accompanying regulations were observed then a person who assists a person to die would be protected from prosecution or at least have a defense.

6.3.10 To allow regulation of procedures regarding euthanasia

It is broadly recognized that euthanasia does occur covertly. Overt recognition would allow regulations to be developed governing modes of request and consent counseling for sufferers and families decisions about modes of death and so on.

6.3.11 Changes in professional and public attitudes to euthanasia

Surveys and polls over the past decade show that both professionals and public are more ready to consider euthanasia as an alternative to sustaining a life or suffering. If it is believed that legislation should be responsive to public opinion and this would constitute an argument in favor of legislative change.

6.3.12 Choice

Proponents of Voluntary Euthanasia call attention to that choice is a fundamental principle for liberal democracies and free market systems.

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27 Ibid. p.8
28 Ibid. p.8
6.3.13 Quality of life

The pain and suffering a person feels during a disease, even with pain relievers, can be inexplicable to a person who has not gone through it. Even without considering the physical pain, it is often difficult for patients to overcome the emotional pain of losing their independence.

6.3.14 Economic Costs and Human Resources

Today in many countries there is a shortage of hospital space. The energy of doctors and hospital beds could be used for people whose lives could be saved instead of continuing the left of those who want to die which increases the general quality of case and shortens hospital waiting lists. It is an encumber to keep people alive past the point they can put in especially if the resources used could be spent on a curable ailment.

6.4 CONCLUSION

Suicide and euthanasia were more acceptable under Protestantism and during the Age of Enlightenment. Other cultures have taken difference approaches: for example, in Japan suicide has not traditionally been viewed as a sin, and accordingly the perceptions of euthanasia are different in Japan from those in other part of the world.

The very word Euthanasia reminds us about the ‘Holocaust’ as Adolf Hitler was supporter of the euthanasia programme as Nazi ideology was based on the principle of the ‘survival of the fittest’ and euthanasia programme formed an essential part of Nazi Genocidal policy of extermination which led to annihilation of about 6 million Jews at the concentration camps. The Nazi euthanasia though was not based on compassionate or nay humanitarian cause but was based on economic policy that ‘Life unworthy of life’ needs to be destroyed as their burdensome existence hampers the growth and development of national economy.