

Euthanasia – a Moral Debate

By
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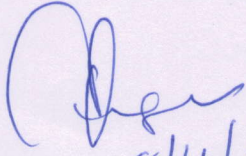
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Certificate

This is to certify that the dissertation entitled *Euthanasia – a Moral Debate* is the original work done by Chanda Acharya under my guidance. The result of the research presented in this dissertation has not previously formed the basis of any award or any degree or diploma of this or any other university


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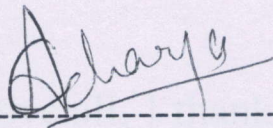
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Declaration

I, Chanda Acharya, hereby declare that this dissertation entitled *Euthanasia – a Moral Debate* is the outcome of my own study under the guidance of Dr. Norma Menezes, Assistant Professor at Goa University. It has not previously formed the basis of any award or any degree, diploma or certificate of this or any other University. I have duly acknowledged all the sources used by me in the preparation of this dissertation.



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Contents

Certificate	2
Declaration.....	3
Acknowledgements.....	4
INTRODUCTION	6
Types of Euthanasia.	7
Active VS Passive Euthanasia	8
Life.....	10
Sanctity of life.....	10
Value of Human Life	15
Right to life.....	15
Killing or Letting Die	16
The Morality of Killing	16
The Right to Death and the Right to Euthanasia.....	19
Decisions About Killing and Letting Die in Regards to Life Support.....	20
Starting and Stopping Life Support	21
Arguments For and Against Euthanasia	23
ARGUMENTS FOR EUTHANASIA.....	23
ARGUMENTS AGAINST EUTHANASIA.....	24
THE NEW LOOK AT THE ARGUMENTS.....	26
Consequences of Euthanasia.	27
Abuses of the law are likely.	27
The legalisation of Euthanasia will corrupt medicine and its practitioners.....	28
Acceptance of PAS will weaken the prohibition on killing.....	29
Patients will give up too easily.....	29
Improvement in palliative and medical care will cease.....	29
Case Studies	30
1. Karen Quinlan – The Debate Begins.....	30
2. The Cruzan Case: The Supreme Court Upholds the Right to Die.	32
Conclusion.....	35
References.....	36

EUTHANASIA

INTRODUCTION

To deal with Euthanasia we must first understand what the word means. Etymologically speaking the term Euthanasia meant easy death without suffering.

Euthanasia means 'good death.' It is ending a life in order to relieve pain and suffering. In simple words it means end of life when the person does not want to live longer. Another name for Euthanasia is 'Mercy Killing.' Proponents of Euthanasia say that Euthanasia means release from: - a useless and poor-quality life. Economic drain on hospital, family and family finances, emotional drain; and taking care of a handicapped, sick, or aging person. It means ending a life which has extreme suffering [mostly from an incurable disease] or ending the prolongation for many years of a life which could face heavy burdens on the family as well as the society. We need to understand in what way the word is used in the present document. Euthanasia is understood as an action or an omission which causes death in order to eliminate suffering forever.

Assisted Suicide

Assisted suicide is sometimes called as physician assisted suicide [PAS]. PAS means a doctor knowingly helps someone to end their life. The doctor helps to relieve a person from an incurable disease or extreme suffering.

Traditionally Euthanasia was not accepted as it was considered that no one has the right to permit killing of an innocent being whether a foetus or an embryo, an infant or an adult, an old person, someone suffering from an incurable disease as well as a person who is dying. In any situation a person has no right to take another person's life. Not only this, but a person is not even allowed to ask for the act of killing neither for himself or herself nor for his or her loved one or on behalf of someone. One cannot recommend or permit for this action. The simple reason behind this is that it is a question of violation of the Divine law, offence against the dignity of the person a crime against life and an attack on humanity.

Death is a part of life and we are mortal beings and therefore all of us are subject to death. When we think about death, we think of getting free from this life. And feel that we should not face death with extreme suffering. We even think about death by thinking that our family and friends should not face a burden because of us both financially and emotionally.

When we see such situations, it really shakes our thought process. Such considerations give euthanasia a strong appeal. Should we not allowed to snip the thread of life when the weight of suffering and hopelessness grows too heavy to bear.? the answer to this is not as simple as it seems. One might feel that whether a person must live or no depends on their

decision but this is not the case. It is not as easy as it seems. For hidden within it are several complicated issues.

Types of Euthanasia.

There are three types of Euthanasia. They are Voluntary Euthanasia, Non-Voluntary Euthanasia, and Involuntary Euthanasia.

Voluntary Euthanasia

Voluntary Euthanasia takes place when the patient himself wants to end his life to relieve pain and suffering. He wants to die for he sees death as the best solution for him to be free from a painful or an incurable disease. Voluntary Euthanasia may include the patient asking for help to end his life, asking for medical treatment to be stopped or life support machines to be switched off. They do not want to continue with burdensome treatment. Here the patient refuses to eat and simply wants to die.

Non-Voluntary Euthanasia

Non-Voluntary Euthanasia is when a person is not competent to decide or does not know what will be the best for him. This will include cases where the patient cannot take a decision may be because he is in Coma, is a small baby or too young to take his decision, is very old and has lost his mental faculties, the person is mentally retarded to a very severe extent, the patient is brain damaged or lastly the patient is so much mentally disturbed that he needs to be protected from himself and is not able to take life decisions.

Involuntary Euthanasia

Involuntary Euthanasia is when a patient is killed anyway. Here the patient does not want to die. Let us see some examples to understand involuntary euthanasia.

There is a soldier who has stomach blown open by a shell burst. He is in great pain and he is crying for help. As his love for the nation, he wants to get well soon so that he can serve the nation. So, he asks the army doctor to treat him as soon as possible. The doctor knows that he is not going to live for more than 10 minutes and decides that end the pain of the soldier who is anyways going to die within 10 minutes, he decides to shoot him dead.

Another example we will see that there is a person on the 10th floor of a building which has caught fire and the fire brigade has not arrived. He sees that the person's clothes are on fire. The person is screaming for help. A passer-by sees him and knows that in seconds he is going to suffer an agonizing death. He has a rifle in his hand with which he shoots the screaming person dead.

It is very important to distinguish between the three types of euthanasia. Voluntary euthanasia is when a person wants to himself end his life to remove the suffering and is taking the decision for himself without any decision of anyone else's. One may either ask the doctor for a lethal injection if he is in case of pain that he cannot control. Or he asks the doctor and his family to not permit the use of artificial support system. Involuntary euthanasia is when someone is killed in contrary to his wish. Those who oppose voluntary euthanasia and

nonvoluntary euthanasia give way to involuntary euthanasia. In nonvoluntary euthanasia the doctor his family and friends take a decision on their behalf that the patient should be given euthanasia. To end his suffering. The difference is not very clear. As the physicians or family members here assume that the patient is 'asking for death'. But in most of the cases this might not be true. One more important aspect here is that if the pain was very severe and the patient was capable to take his decision, he would take it. But if he has not meant that he has hope of loving and does not want end his life. So non voluntary Euthanasia is also not in the best interests of the patient as involuntary euthanasia.

Active VS Passive Euthanasia

We differentiate between active and passive euthanasia. Some people consider active euthanasia to be very cruel and passive euthanasia to be a little humane procedure. While there are others who feel that both these forms are not acceptable. The traditional difference between active and passive euthanasia requires critical analysis.

Active Euthanasia

In Active euthanasia the patient requests to the physician to end his/ her life. The doctor, nurse or a similar person administers a lethal agent with the intention of causing death. Those who favour euthanasia say that right to euthanasia comes from right to life and therefore those who are mentally competent should be allowed to take a decision whether they want to live or end their life. As per law no one can take another person's life. Medical teaching has always spoke of the need for preservation of life. Taking a life directly has always been wrong and illegal. Deliberately ending a person's life is considered as a criminal act or homicide. The law forbids euthanasia. When a person is suffering from an incurable disease and knows that he will not be cured he wishes to end his life and makes request for a swift death. They do not want to be a burden on their family and do not want to be dependent on them. There is increase in demand for death with dignity.

In west Germany, a doctor attending a patient desirous of putting an end to life, made available a potent life taking drink to be taken by the patient if this is what he desires. The drink was kept in the side on the table. Both the doctor and the patient knew the purpose. After the doctor left the room, the patient drank the mixture ending his life. In this case the motive was clear to end the person's life.

Passive Euthanasia

In Passive Euthanasia there is no active intervention to end a person's life. The doctor here stands by passively to let nature take its course. Here no medications are given. Life supporting measures are also avoided.

Let us consider an example here. There is a patient who has reached such a stage where his respiratory function has deteriorated to such an extent that he will not be able to survive without artificial life support systems. After considering all aspects a decision is made not to provide him with artificial life support system. He patient eventually dies.

We will see that there is such a moral distinction between active and passive euthanasia. Passive euthanasia can be permissible but active euthanasia is always forbidden as active euthanasia is less humane than passive euthanasia. It speaks of killing and letting die. Active

euthanasia will be considered as killing and passive euthanasia as letting die. The distinction between them is very crucial for metaethics. It is permissible to withhold the treatment and let the patient die but never permissible to kill the patient. This is accepted by all doctors and adopted by the House of Delegates of the American Medical Association on December 4 1973. To remove the extraordinary means which prolong the life should be the decision of the patient and his family. The doctor should inform them of the effects and consequences as well as advise them with the best available alternative.

Let us understand active and passive euthanasia by considering this example.

There is a patient who is suffering from an incurable cancer and it is sure that he is going to die within few days. Even if the treatment is continued. But the patient requests that he does not want to continue such a painful life. So, he asks the physician to end his life. And his family also agrees with him. Here, the physician has a reason to withhold the patient's treatment as he is in terrible agony. It will be wrong to prolong his suffering. So as passive euthanasia we have seen is more humane than active euthanasia we agree to it. So, he will withhold the treatment but we will see that it will take the patient longer to die and so he may suffer more than he would suffer in active euthanasia. Looking at this example we can say that active euthanasia is better than passive euthanasia. The process of passive euthanasia will be slow and painful whereas giving a lethal injection is relatively quick and painless. Let us see another example. In the United States about one in 600 babies are born with down syndrome. Most of these babies are otherwise healthy but need paediatric care. Some however are born with defects and require operations if they live. Sometimes the parents and doctors will decide not to operate and let the infant die.

The reason why there is a debate over the topic, passive euthanasia is better than active euthanasia is because of the moral implications of killing and letting die. We will consider a situation which has two sides. In one case there is killing and in the other just letting die. This is a case where two men named Jones and Smith want to kill their 6-year-old cousin. One day when the child was taking his bath Smith sneaks to the bathroom and drowns the child and then arranges things that will show that it was an accident. As Smith and Jones both do not want to be the villain themselves. Both of their motive is the same but do not want to show it. Here Jones has already planned what he can do to drown the child. Just as he enters the washroom, he sees that the child might have hit his head slipped and hit his head and fell face down in the water. After seeing this Jones was delighted as what he was supposed to do or what he wished, happened. So, his response to this is that he let the child die. The difference between Smith and Jones is that Smith killed the child and Jones let him die. But is this a difference? Is Jones better than Smith in any way? In the first place we will see that both of their motives were the same. Both acted in a way that they would fulfill their motive. Firstly, what can happen here is that someone might say that it was Smith who was the murderer as he killed the child. Jones just saw what was happening and if he was not there in the situation, the child would die! If letting die is considered as less bad than killing, then in this situation, Jones can plead for his mistake and say that I was just seeing what was happening and let the child die. But is this justified? And if we consider that killing and letting die is the same then in this situation Smith and Jones both are criminals.

According to me both active and passive euthanasia are wrong as their motive is the same. The basic difference between active euthanasia and passive euthanasia is that in active

euthanasia the doctor a lethal injection to kill the patient and in passive euthanasia the doctor withholds and withdraws the treatment. But, does nothing. But we cannot say that he does nothing as he lets the patient die!

Life

Sanctity of life

"Human life is created in God's image, and that makes it sacred."- Colin S. Smith, the 10 greatest struggles of your life.

Definition:

Most religions and states in the world have rituals to handle a dead body, such as burials, cremation etc. and have criminalized instances of selling, mutilating, or manhandling dead bodies. This arises from the major fact that human life is provided by God, and hence is sacred. The reason why people indulge in post death customs and rituals of their loved ones is because of the religious value imparted to human life.

Given the fact that human life is sacred, we are compelled to think that killing of people is wrong in all circumstances. But what about exceptional cases, such as killing someone as an act of self-defence or killing of criminals to stop more crime from happening? It is not clear whether the wrongness of killing should be treated as a kind of universal truth or whether it can be explained by appealing to some more fundamental principle or set of principles.

For any society which is built upon morals, we must always take into consideration the fact that life is sacred and it is morally wrong to take any human life.

In order to evaluate the view that life is sacred, it is important to distinguish two kinds of objections to killing- direct objections and those based on side effects.

1. Direct Objections and side effects: Direct objections to killing are those that relate solely to the person killed. Side effects of killings are effects on people other than the one killed.

Ex: Let us assume that a soldier of an army dies or is killed in warfare. The direct objection to his death would be that he could have lived a healthy and happy life if he would be alive and would be able to serve his nation. Also, he must have been a brave soldier who could take on the enemies single-handedly. The side effects would be that he left a family behind, (his wife, children, parents), who would be sad after his death. They would have less money to spend (if he was the only earning member). The soldier's death would also be a loss to the community because it will lose whatever good contribution the man would have otherwise made.

Most people only give weight to the side effects that would happen if a person is killed. But are these side effects enough to justify the wrongness of killing? Or should we also take into consideration that killing itself is a moral crime, owing to the sanctity of life?

To understand the objections to killing better, let us take another example of a serial killer who ran away from prison and got killed in a hit and run case. There would be no objection to his killing because his family and friends would have long given up on him. It might even be argued that consideration of side-effects tips the balance positively in favor of killing this man, since the cost of his food and shelter is a net loss to the community.

Though we cannot fully justify that the killing of this man was morally correct or morally neutral, we must at least for once accept that the act of killing itself is sometimes wrong for reasons independent of side effects.

2. Stating the principle of sanctity of life:

"Who are we to make such a decision? To allow another living being – any living being – to die, when ours is the power to prevent it?"-Reed Richards (Mister Fantastic)

Owing to the sanctity of life, one may be compelled to think that, 'taking life is always wrong.' But that will be absolute pacifism. The difference between a pacifist and a non-pacifist will come into picture when we state that "killing is permissible to avoid other evils." Killing someone directly, independent of the effects on others, is wrong. Killing is directly wrong where the person does not want to die or the years of which he is deprived would have been happy ones. These objections have nothing to do with the sanctity of life itself. So, we can state that 'taking life is intrinsically wrong.'

What is life though? Does it include animals? When we think of higher animals, we may want to say 'yes,' even though we may want to give animal life less weight than human life. But what about the food habits? Is it wrong for humans to kill animals for their food? Or to kill plants, because plants also have life. So, would it be wrong to kill insects if my house was infested with them? In order to avoid these difficulties, let us just consider human life, and conclude that 'taking human life is intrinsically wrong.'

But just by taking the sanctity of life into account, can we justify that taking all human life is wrong? The answer would be no. Because, although human life is sacred, the society run based on moral principles and not based on purely sanctity of life. So, in a society we have a system based on law and order, which decides which human life is justified to be taken, and which is not. Hence, we should reject the view that taking human life is *intrinsically* wrong, but retain the view that it is normally *directly* wrong: that most acts of killing people would be wrong in the absence of harmful side-effects.

3. The Boundary Between Life and Death

In earlier times, stopping of the heartbeat would be considered as death. But with the advancement in modern medicine, we know that the so-called "dead" person can be revived if his heart starts beating again. According to the current scenario, death can

be defined by two possibilities – one, where there is irreversible loss of electrical activity to the brain, and two, where there is irreversible loss of consciousness.

We consider the irreversible loss of consciousness as a criterion of death. Electrical activity in the brain need not be a sign of consciousness. Let us take an example of a person who has met with an accident and is considered brain dead. i.e., the person is not conscious anymore. Such type of person is called as a “vegetable” in medical terms. As per doctors, he will never regain consciousness. However, there may be some parts of his brain which might still be sending electrical signals to his body. Is this person considered to be an alive living being? The answer is no. From this example, we can draw the conclusion that choosing irreversible loss of consciousness is a better parameter for deciding if a person is dead rather than irreversible loss of electrical signals. Because, if a person is conscious, it is obvious that his body has electrical signals. But the vice versa may not be true. When we understand more about the neurophysiological basis of consciousness, we may reach the stage of being able to judge conclusively from the state of his brain, whether someone has irreversibly lost consciousness.

Glanville Williams has discussed a hypothetical case that might raise legal difficulties. Suppose a man's heart stops beating and, just as the doctor is about to revive him, the man's heir plunges a dagger into his breast. Glanville Williams wonders if this would count as murder or merely as illegal interference with a corpse. If we consider the traditional criteria of death as the boundary of life and death, then the heir's act would be that of murder. If, somehow, the doctor could revive the man, still we would prefer to take consciousness as the boundary of life and death which would give the heir a legal advantage. Also, irreversible loss of consciousness is considered as a boundary between life and death to avoid complications in such cases.

If a person is irreversibly comatose, then taking irreversible loss of consciousness as the only parameter for death is irrational. If the doctor must decide whether to shut down the respirator or not, we may also have to consider whether the person's respiratory and circulatory functions are still working. So, deciding whether a person is dead, depends on two factors – one, if the bodily functions such as respirations and circulation have stopped, and two, if the brain damage is so much that there is irreversible loss of consciousness. Again, for the doctor to make the decision whether to shut down the respirator or not, we must also consider, as to what do we consider as life? The only way of choosing is to decide whether or not we attach any value to the preservation of someone irreversibly comatose. Do we value life even if unconscious, or do we value life only as a vehicle for consciousness? Our attitude to the doctrine of the sanctity of life very much depends on our answer to this question.

4. Being Alive is Intrinsically Valuable

Is it wrong to take life just for the sake of its sanctity? Or is it wrong to take life for the value it holds? According to the double-test to declare a person dead, is it wrong to kill a permanently comatose person? The person in coma will not be able to

distinguish between coma state and death. Someone who thinks that taking life is intrinsically wrong may explain this by saying that the state of being alive is itself intrinsically valuable. There are some people who hold the belief that being alive, even though unconscious is intrinsically valuable.

There are cases of people suffering from great pain or incurable diseases. Will they still value life for its sanctity? Will they not consider being dead as a better alternative to alleviate their suffering? We could say that life has value, but that not being desperately miserable can have even more value.

"But actually, we feel this destruction only in the evils of illness or of old age; on the other hand, for the *subject*, death itself consists merely in the moment when consciousness vanishes, since the activity of the brain ceases. The extension of the stoppage to all the other parts of the organism which follows this is already an event after death. Therefore, in a subjective respect, death only concerns consciousness." – Schopenhauer on destruction of the body.

We can conclude from the above arguments that the subjective view of life means the existence of consciousness, as the absence of it would mean the person is dead. So, just being alive does not matter, what matters is the value imparted to the consciousness of the human being.

5. Being Conscious Is Intrinsically Valuable

The arguments we have made so far, hint at the fact that being conscious is intrinsically valuable. But is consciousness only valuable because it is necessary for happiness? When we talk about consciousness, it is necessary to distinguish between two ways in which we talk about it. Sometimes we talk about 'mere' consciousness and sometimes we talk about what might be called 'a high level of consciousness.'

'Mere' consciousness means simply to be aware of our surroundings or to have experiences. For example, when we are awake, we are aware of our surroundings. This comes to a halt when we faint or we are in a state of sleep. We will rely our deductions on the assumption that the more experiences we have, the higher our level of consciousness will be.

This brings us to the second type of consciousness, which needs to be at least metaphorically distinguished from the use of the word 'mere' consciousness. We sometimes say that men are at a higher level of consciousness than animals, or that a poor peasant may have more real-life experiences than a spoilt brat who has not seen any outside world other than the huge mansion in which he lives. But is the comparison between men and animals equivalent to the comparison between a poor peasant and a spoilt brat? But perhaps, what underlies such comparisons is an attempt to talk about a person's experiences in terms of the extent to which they are rich, varied, complex or subtle, or to the extent to which they involve emotional responses as well as various kinds of awareness. For the sake of simplicity, let us assume that

the claim that being conscious is intrinsically good is a claim about 'mere' consciousness, rather than about a high level of consciousness.

In order to compare between the two ways in which we talk about consciousness, let us consider an imaginary experiment, where there exist two identical universes, same in all aspects except that one contains a conscious being aware of its environment and the other does not. We might be inclined to think that the universe containing the conscious being would be the better one.

But such a thought experiment might seem unconvincing because, we might even have to assume that the conscious being in one of the universes, is just aware of his surroundings. He cannot react to his surrounding in any way, nor can feel or express any emotions. In other words, this being is just 'merely' conscious. The only way in which we could prefer the universe with the conscious being is for the hope that someday it will evolve a higher level of consciousness. That does not mean we are giving any intrinsic value to 'mere' consciousness. But otherwise, given the current scenario, there would be no reason to prefer one universe over the other.

In order to delve further into the meaning of consciousness, there are two ways. One, is by explaining it in terms of the presence or absence of whole 'dimensions' of consciousness. For example, a deaf man would be less aware of his surroundings as compared to a normal man. But if a lower degree of consciousness constitutes in the absence of a whole dimension such as hearing, or in senses with lower acuity than those of men, it is not wrong to say that animals are all less conscious than we are. If the sanctity of life is solely dependent on the degree of consciousness, then dogs have almost all the senses as a normal man. In fact, a dog would be more reactive to his surroundings than a deaf man. Does this mean that we value a dog's life more than a human's life?

The other way in which we talk of degrees of mere consciousness comes up in such contexts as waking up and falling asleep. In a sleepy state, we might be unaware of words that are softly spoken, or of soft noises. But we wake up immediately when we hear a loud or sharp noise. But this again fails to separate men from animals. An animal in sleep would be much more alert than a drowsy man.

We cannot disregard the fact that higher animals are almost as conscious as humans, if not more. If the whole basis of the ban on killing were the intrinsic value of mere consciousness, killing higher animals would be as bad as killing humans.

If at all we must impart any value to consciousness being intrinsic, we need to support it with more arguments, or else abandon the priority given to human life.

6. Being Human Is Intrinsically Valuable

Is taking a human life wrong just because we are humans? This contributes to speciesism, and this analogy can be compared to racism, in the sense that members of

a race should be given priority over others just because they belong to that race. This is objectionable partly because of its moral arbitrariness: unless some relevant empirical characteristics can be cited, there can be no argument for such discrimination. It is not morally correct to mistreat a creature just because it does not belong to our species. An adequate justification must cite relevant differences between the species.

Value of Human Life

Human life is foundation of all goods and the necessary source and condition of every human activity and of all society. Majority of the people think of life as sacred, as mentioned in the sanctity of life. Nobody has the right to take it away. Life for the believers, is the gift of God's love, which, one must preserve and make it fruitful. We will consider some points that will explain the believer's point of view. No one can oppose God's love or violate the fundamental right to life. And if someone does this, it is like committing a crime and going against God's will. Everyone has the duty to lead their life in accordance with God. Although there is no perfection in life, one must bear the fruits of his/her action in this world itself. And even though one knows that perfection is only in the eternal life.

If murder is wrong, then intentionally causing pain to oneself or another person, committing suicide or allowing someone to die is also a crime, and is equally wrong as murder. This will be considered as a rejection of God's plan. Suicide is a refusal of love for the self, or denial of instinct to live, and trying to escape from the duties given by God. These duties include loving our neighbour, love for community or the whole of society, etc.

Right to life

"Everyone has the right to life, liberty and security" (According to Universal Declaration of Human Rights.) and "every human being has the inherent right to life" (Article 6 of International Covenant on Civil and Political Rights.)

We see that according to these declarations, right to life is inherent in a person or a human being, and no one can be denied this right. We say that right to life is important and is inherent to a person, but we must first understand which life are we speaking about, and when does this life begin? We need to answer certain questions, who is a human being, who is a person, and after which stage of development of an embryo, a person comes into existence. Every person has a different perspective on this, and interpret personhood differently.

It is not easy to say that a person comes into existence when the foetus develops. We see that development takes place all the time. We cannot say that the fertilized ovum is not a person. Because, the fertilized ovum has within it all the components that is required for the growth and development of a person. Some people interpret the developing foetus to be a person and capable of independent existence. Some others say that the developing embryo should be considered as a person when the development of the brain begins. A widely accepted notion to which most of us agree, is, personhood comes on when fertilization occurs and we cannot draw a complete line of difference between an embryo and a person.

Killing or Letting Die

A common belief is that it is a doctor's duty to preserve a patient's life. The main reason for this thought is that human life is sacred. But many people think that this is unrealistic because death would be a benefit to some terminally ill patients. Another issue is concerned about which ways are morally permissible to bring about a patient's death. We can make some important distinctions with respect to euthanasia. First, euthanasia is voluntary when a patient requests their death, non-voluntary when no relevant request has been made, and involuntary when death is against the patient's wishes. Second, active euthanasia occurs when something is done to kill a patient (for example, a lethal injection is administered), whilst passive euthanasia refers to allowing a patient to die by natural causes, for example, by withholding a lifesaving intervention, when their life could have been preserved.

The Morality of Killing

In the strict sense, one kills a person, when one brings about the death of a person, it means that he has a proposal in mind and executes it directly, rather than finding other ways to do it. Killing is morally opposite to doing good to a person's life. It means abruptly ending a person's life. Thus, every act which causes the killing of a person is immoral. No other fact or argument can remove this immorality.

If one commits to killing someone, one constitutes himself as a murderer. This remains true even if he fails to execute his plan. For example, if someone else kills the intended victim first. It also remains true if he attempts to execute his plan, then fails. For example, he tries to shoot his victim, but the bullet misses its mark.

Although everything which directly causes the death of a person and is killing, which is strictly considered immoral, not every deadly deed is an act of killing in this sense. Some deadly deeds carry out a consciously projected design, but the execution does not follow the actor's choice of method to bring about the victim's death. Ex: A man has planned to kill his wife by failing her car brakes and making it look like an accident. But before she could go out, the couple have a fight at home, and the husband, in a fit of rage, stabs her with a knife, causing her to die. This does not conform to the definition of killing in the strict sense. Such actions are termed as "deadly deeds."

Finally, there are some other cases of causing death, such as in self-defence, which can neither be classified as killing in the strict sense, nor as a deadly deed. The plan adopted by the person self-defending the attacker might not just include incapacitating the attacker, but can result in the attacker's death if killing the attacker is the only viable option left to the defender.

There are also cases of one bringing about one's own death. Even in ordinary language, not all these deaths can be termed as "suicides." Martyrs kill themselves for the sake of others. That cannot be termed as suicide. Suicide is an act in which one deliberately takes the decision of ending one's life and acts upon it. So, suicide is morally wrong in all aspects.

If we try to put ourselves in the shoes of the person whose life is being ended, voluntary euthanasia seems to be no different from other cases of suicide. The aim is to bring about death to end pain and suffering. This aim, if acted upon, is an act of killing in the strict sense, and can never be justified as morally correct.

A person who is in severe pain and seeks death to escape it, without making another choice, is still compared to a person who has chosen suicide to avoid his responsibilities, and these sufferings push both kinds of people to perform a deadly deed against themselves.

However, if an individual plans to seek euthanasia and arranges for it well in advance of time of suffering, then the possibility that demand for death is a deliberate choice is lessened. The person who chooses voluntary euthanasia at the time of suffering, cannot justify the morality of his killing in the strict sense.

Nonvoluntary euthanasia also clearly proposes death as a treatment of choice. This act also amounts to killing in the strict sense. This violates both life and justice, in the sense that first, it violates the good of life, and second, the rights of those to be killed are also violated. Ex. By denial to them of equal protection for the laws.

Deliberately letting someone die, is also an act of killing in the strict sense. If someone has planned to kill a person, and realizes that not behaving in a certain way would bring about the death of the person, is also amounted to as murder. This commitment, although carried out by a non-performance, is morally speaking, an act of killing. It involves plans and actions contrary to the good of human life. Thus, anyone that thinks a person should die, and deliberately does nothing to save the person, is necessarily immoral.

For example, a child is born with many defects, and if the doctors and the parents decide that it is better to let the child die, than to bear the burden of the child for lifetime, they might prepare a plan to not perform a simple operation, which would have otherwise saved the child's life. In this case, there was no blood spilled, no poison injected, and the death certificate can show that the child died from complications arising from the defects. But this act is not morally different from the act of murder.

If one considers a case a case of killing and a case of letting die in which there is no difference except that killing occurs by the act of doing something to cause the person's death, and letting die means to not do something which would have otherwise saved the person's life. In this case, killing and letting die would not be considered any different from each other.

Both actions are killing in the strict sense, neither can ever be moral. However, there are omissions to the cases of letting someone die considered as an act of killing. The fundamental point about these omissions is that we cannot allow ourselves to do some good or prevent some evil without adopting any proposal which either is opposed to the good or embraces the evil.

For example, consider an emergency where several people are injured, and the resources of medical personnel and other hospital resources are limited. The medical personnel will have to decide which lives to save, and which to forego. Of course, the patients who will not be treated by the doctors will die. Can this act of letting die be equated to the act of killing? No. provided there is no partiality or other breach of faith with those not treated, the execution of a proposal to save others does not embrace the death of those who die, and no immorality is done.

A person who refuses life-saving or life-prolonging treatment, not because he wants to die, but because of the complications of the treatment, might have an obligation to maintain life in

order to fulfil duties towards others. For example, a dialysis patient, might wish to give up the treatment, because of the difficulties involved, and some people would refuse the treatment and accept death without any moral fault. But a parent with children in need of constant care and attention, or a professional person with grave responsibilities, must prolong their lives even it means to sacrifice themselves, as they are morally bound to do so.

Similarly, if one refuses, withholds, or withdraws life-saving or life-prolonging treatment for another because of the grave burdens entailed by such treatment, the burdens must be grave indeed. One must however not refuse the treatments just because they have a suicidal thought in mind, otherwise one would accept a very grave moral wrongdoing.

In the medical profession, entrusting doctors with the responsibility to decide to kill a patient or not, would alter the moral ethos of medicine as to necessitate a new basis for trust. By trust, we mean that we have the understanding that others will respect our moral limits. We expect others not to lie to us or harm us in any way, and we have confidence in them or rely on them in times of need. Trust in the context of medical care involves the expectation that medical practitioners will work for our health and life, will provide 'personal care,' and do us no harm.

The patient's vulnerability and dependence put him in close relation with the physician, and the patient must have blind faith in the physician, as most of the medical care is dependent on it. The patient trusts the physician to make decisions in best of his interests. Trust plays an important role in successful medical care. Trust is fragile, and once broken cannot be restored. Let us now talk about this trust in context of euthanasia.

"Euthanasia would threaten the patient-physician relationship: confidence might give way to suspicion... Can the physician, historic battler for life, become an affirmative agent of death without jeopardizing the trust of his dependents?" – David Louisell.

Trust within medical care is impossible unless we hold all killing as morally wrong. But now, the trust between a patient and a physician would be based on the medical profession's implicit and explicit commitments in dealing with life and health. These commitments will now be weakened due to the process of selective killing. The distinction between killing and letting die is the one that forms basis for the patient's care. To remove this distinction would mean, to remove the basis for our faith in medical practitioners.

A strong argument to enable the physician to perform euthanasia is that the patient is suffering from pain, which is unbearable, and so, his pain needs to be relieved. Euthanasia is in the best interests of the patients. Knowing that the patient will not get cured, and there will be no improvement in his condition, but still letting him suffer is morally wrong. There are some cases outside the medical context that can show that killing is at times less humane than allowing to die. An example of this would be that of a truck driver who is caught in a fire with excruciating flames. He cries for help and mercy, that is, to be killed. In such a case, it would be in his best interests to kill him and end his life abruptly, then to allow him to suffer in the burning fire. In such a situation, it would not be completely right to say that killing is wrong. There are, nevertheless, serious objections to building into medical practice an explicit exception: Physicians may kill their patients in order to relieve great pain and suffering that cannot be controlled or managed by other means.

There may rarely be any cases in the medical field parallel to the truck driver's case. Also, the physician will have all the means to abruptly kill the patient and end his suffering, that may not be available to a bystander at the scene of the truck driver's incident.

Even if medical practitioners confront such emergency cases, we need to follow some emergency ethics, that mercy killing will be allowed only in rare and extreme cases, and should not be made as a regular medical practice.

Limiting killing to cases of voluntary euthanasia, or assisted suicide, has serious drawbacks. Patients only have the request to be dead, rather than to be killed. This would require the physician, to act as an agent or instrument in facilitating the patient's death. This contradicts the very fact that the job of the physician is to save lives, and not to end them. So, any change in policies regarding voluntary euthanasia or assisted suicide, will need to be done with utmost care to maintain the ethos of the medical fraternity.

Currently, voluntary euthanasia is prohibited. But proponents of it give the justification that it violates the principle of liberty by refusing to respect individual wishes. But they do not merely want suicide or refusal of treatment allowing a patient to die. They want the patient to be dead, when he wants to be dead, and the onus of this is put on the physician. Before we implement this change in the law, we must make sure to have the evidence that the positive outcomes will outweigh the negative ones.

Another argument that dictates the distinction between killing and letting die is that the decisions of the physician will be made on irrelevant grounds. Going back to the example of the defective new-borns, the decision made in the best interest of the patient would be to allow the patient to die. But there are cases where the patient's best interest might dictate that they would better be dead rather than living a life of suffering. Here, the patient would remove them off life support and allow them to die. But it is also possible that the patient might continue to live even after the removal of life support. Why should the means of meeting the patient's interest be limited to the fact that the patient might continue to live even after the discontinuation of life support?

While it is true that some patients may continue to live when it is not in their interests to do so, our society should tolerate that "cost" in order to preserve the primary commitment of the medical profession to care for life and death.

Killing the patient might be like the deciding of allowing the patient to die. A satisfactory decision of letting some patients die would require the attention to the conditions under which such decisions would be justified. Although we need to make decisions based on the person's best of interests, we also need to take into consideration other factors such as quality of life, living wills, and procedures for making sure that the patient's wishes and interests are respected.

The Right to Death and the Right to Euthanasia

Discussions on euthanasia focus on two aspects of the problem – one, does a person have a right to death? And second, is there any distinction between active and passive euthanasia? We ordinarily believe that a person has a greater moral duty of not causing harm to others, than he has in doing good or helping others. Similarly, right to life is seen not as preserving life or doing good for life, but more of an obligation as not to do anything which will end that life. This concept, assumes that for a right to be meaningful, it is necessary that some

duty or obligation be correlated with that right. To relate a positive duty in relation with the right to life, would impose enormous and unreasonable positive obligations for other people to supply aid.

In the debate of right to life and right to death, let us consider an example a foetus. We may argue that the foetus has a right to life. But does this right imply the impermissibility of abortion? No. Even if the foetus is assumed to have a right to life, it is not a moral obligation to the mother to retain that life. Similarly, if a patient asks for euthanasia, stating that he has a right to death, does it mean that it is a moral obligation of others to instrument his wishes? Again, the answer is no. Right to death does not mean that euthanasia is permissible in all circumstances.

Going by this line of thought, right to death correlates with the negative duty not to prolong one's life, then an individual should be seen to have a right to passive but not active euthanasia. An individual cannot force others to do what is required of them to end his life. Passive but not active euthanasia can be seen as obligatory in the sense that it emanates from the patient's right to death.

Passive euthanasia can therefore be seen as obligatory from two perspectives – that of the patient's right to death and that of the physician's role as healer.

Decisions About Killing and Letting Die in Regards to Life Support

Physicians must accept their patient's decisions to be allowed to die, but the act of deliberately killing a patient is morally different, and is rarely done by physicians. Killing is, no more morally wrong than allowing to die as is the difference between acts and omissions that result in death. If a person does an action, which takes the life of a person who would have otherwise not died, then it is considered as killing. Letting die is when a person refuses to take action to save the life of the person who might die if the action is not taken.

For example: if a group of people are on a boat, and a person pushes another deliberately out of the boat, knowing that the person pushed cannot swim, then it is an act of killing. On the other hand, if a person accidentally falls overboard and does not know how to swim, not throwing him an available lifebelt would be an act of allowing to let die.

Most actual instances, especially those outside the medical field are morally worst than instances of allowing to die. The intentions of most of those who kill are probably worse than the intentions of those who allow to let die. The cost to the potential agent in not killing is far less than the cost of not allowing anyone to die. When we compare killing and letting die, we find no other moral difference between the two, other than simply stating that one is act of killing and the other is act of letting die. Below is the well-known example of two such cases by James Rachel (1975), which explains this:

1. In the first, Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening, while the child is taking his bath, Smith sneaks into the bathroom, and drowns the child., and then arranges things so that it will look like an accident.
2. In the second, Jones also stands to gain if anything happens to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he

enters the bathroom, Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted: he stands by, ready to push the child's head back under if it is necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, "accidentally," as Jones watches and does nothing.

Rachels invites us to reflect on whether we believe that what Smith did was any worse than what Jones did. But there is no moral difference between the two. Since most people believe that all decisions to let go of life sustaining treatment are cases of allowing to die, the moral difference might not be imperative here.

Consider a patient with a terminal illness where an old woman has progressed to the point where she can no longer breathe on her own, and requires artificial equipment for respiration. Her condition is become such that she can no longer move on her own, and there are no signs of improvement. In this case, it would only be in the patient's best of interest for the physician to remove the artificial respiratory system and allow the lady to end her suffering and die. Let us assume that the lady had expressed the will of not being put on life support at all, much before her condition had worsened. Then, the physician would have not started the respirator and would have allowed her to die of her condition. Although in both cases, the physician respects the patient's wishes and allows her to die, still, the first case where the respirator is removed on purpose, will be considered as killing.

To see why it is so, consider the same case as above, except for that now, the old lady has a greedy son, who, in want of the greed for her property, enters the hospital room while she is sedated, extubates her, and she dies. When the medical staff finds out what the son has done, they confront him and question him. He merely answers by saying, "I did not kill her. I just allowed her to die. Her illness took her life." Physically, the son did the same things what the physician would have done. So, if the son's act of extubating his mother was termed as killing, then what the physician would do would also be labelled as the same. However, one important thing to note here is that the physician has acted with the patient's consent, with a good motive to respect the patient's wishes, and in a social role in which he is authorized to stop the treatment. Whatever the son did, was deliberately to end the life of the old woman for his own personal greed. So, while the doctor did what we can consider as letting die, the son's action is clearly an act of killing. From the above scenario, we can conclude the following: when the physician removes the breathing tube that is supplying oxygen to the patient and turns off the respirator, he performs an action that causes the patient to die when otherwise she would have continued to live; that is, he kills. On the other hand, suppose the physician had not intubated the patient when she initially went into respiratory distress because of the patient's prior decision to refuse that treatment; then he would have allowed her to die.

Starting and Stopping Life Support

Some people believe that not starting or stopping life support are considered as allowing to die. Stopping life support is not morally justified in the same way as not starting life support is. In this view, the difference between not starting and stopping life support is explained in the below example:

A seriously ill patient comes into the hospital emergency room from a nursing home and is sent to the intensive care unit. The patient starts having respiratory failure which will require life support very soon. Just when the doctors and the medical staff began assessing his

situation, the patient's attending physician and family members arrive at the ICU and inform that there had been extensive discussion about the requirement of life support for the patient in future, and all these discussions happened when the patient was perfectly healthy. At that time, the patient had decided to never be put on life support, no matter how bad the situation gets. His family members also produce the patient's advance directive to that effect. Most would hold that this patient should not be intubated and placed on a respirator against his will. Suppose now that the situation is the same except that the attending physician and the family are delayed in traffic and arrive 15 minutes later – just after the patient has been intubated and been placed on the respirator. What should be done in this case now? Could it possibly justify a morally a refusal by the staff to remove the patient from the respirator? Do not factor like the patient's condition, prognosis and firmly expressed wishes when competent morally determine what should be done, not whether we do not start, or 15 minutes later, stop the respirator?

Often the decision to start a life-sustaining treatment, like respiratory support, or dialysis, is made in conditions of uncertainty about whether it will provide a benefit. If it is tried, and proves not to provide the hope for benefit, the initial uncertainty is removed and there is then reason to stop the treatment, which did not exist earlier not to start it. What is morally important, are the risks and benefits of the treatment, not whether it started or must be stopped.

Arguments For and Against Euthanasia

ARGUMENTS FOR EUTHANASIA.

Over the years there has been debates over whether Euthanasia should be legalised or not for the terminally ill patients. There is a tendency of writing in favour for euthanasia as it is in favour of the patients who want to end their suffering and do not want to continue with a life full of suffering.

1. Right to Self-Determination

As we have seen that, we all have the right to life. In the same way, we also have right to self-determination, and thus, should be allowed to choose our own fate.

2. Euthanasia Helps to Relieve Pain and Suffering

It is painful for people to see their loved ones suffer in the miseries of illness, so people would prefer euthanasia to end the suffering of their loved ones. At least they would be able to console themselves by knowing that their loved ones are not suffering anymore.

3. Constitution of India

The article 21 of the Indian Constitution states the right to life as a natural right. But euthanasia is unnatural termination of life, and therefore it is incompatible with the concept of right to life. It is the duty of the state to protect life, but in the same way, it is also the doctor's duty not to harm the patients. Therefore, if a person chooses euthanasia, and wanted to end his life, he should be allowed to.

4. Caregivers burden

The supporters of right to die say that if we know that a person has an incurable disease or a condition from which he can never be cured, he should be allowed to die in dignity. The caregivers' burden is huge and it cuts across various domains such as financial, emotional, mental, and social. It is very difficult to see your loved one in pain, and therefore in this process, not only the patient is suffering, but the caregiver is also suffering.

5. Refusing Care

Just as everyone has the right to life, right to refuse medical treatment is also recognized in law (medical treatment that will prolong life and suffering). A person should have the access to euthanasia or he will continue to suffer. For example, if there is a patient who is suffering from blood cancer, can refuse treatment or deny feeds through a nasogastric tube. (Passive euthanasia).

6. Encouraging Organ Transplantation

Not only euthanasia gives right to die for the terminally ill, but also the right to life for organ needy patients. Many patients who have opted for euthanasia can donate their organs to the needy. This will help many patients with organ failure waiting for transplantation.

7. The Argument of Poor Quality of Life

Those who believe that euthanasia should be legalized, and it is the best alternative to relieve a person from pain and suffering, strongly argue that living is worse than dying, and feel that euthanasia is a way of dying with dignity, and an act of humanity. Euthanasia is also an act of beneficence to end the suffering of terminally ill patients. This leads to a poor quality of life. The patient not only experiences pain, but also loss of freedom, dependence on others, physical discomforts, such as nausea, inability to talk, helplessness. At this point, the patient has only one thing in mind, and that is, death is preferable, as there is no meaning to such a life.

8. Respect for Autonomy

In this argument, we will see that everyone can choose their own destiny. We have the right to choose death over intolerable suffering. A person has the right to request another agent to intervene to bring his or her death. Even when we argue that there is palliative care, there are also cases where it is not possible to avoid or lessen the suffering.

ARGUMENTS AGAINST EUTHANASIA

Despite of the arguments that are used in favour of Euthanasia, there are several arguments used by individuals who are against it. As euthanasia is a moral debate. Although Euthanasia is meant to end the suffering of a person and free him from the pain. There are many ways in which it will be misused. And there are many reasons why legalising and accepting euthanasia will create a problem to the patient, his family, and friends as well as the society. Let us go through some of the arguments against Euthanasia.

1. Euthanasia is a homicide

Homicide means the killing of one human by another. Euthanasia means ending a person's life in order to relieve pain and suffering. But we see that euthanasia is a homicide because even if in our mind we have the intention to ease the pain of a person who has severe illness, it will still be considered as murder.

2. Advent of Palliative Care

Palliative care is provided by a well-trained team to help the patient, his family, and his loved ones. This palliative care will help us control our physical, spiritual, psychological, and social suffering. With the help of palliative care, the patient as well as his loved ones feel secure about the consequences; as opposed to the patient being admit in the hospital where the family would be in constant worry about the patient's well-being. Palliative care helps both the patient as well their family by supporting them during this tough time.

3. The Right to Die Implies a Duty to Kill

As far as euthanasia is concerned, the sole purpose of it is to end a person's life to relieve pain and suffering. But this gives the moral obligation to someone (doctor) to end the person's life. This should itself be considered as murder.

4. Euthanasia Devalues Some Lives

If euthanasia is allowed to happen frequently, it may pose a threat to lives of those who might 'seemingly' be considered as a burden to the society, for example, the elderly, handicapped, etc. Many murders also may be justified in the name of euthanasia. If all kinds of euthanasia will be legalized, then people may think that it is better to be dead than to be sick or disabled.

5. Euthanasia Is Not in the Best Interest of the Person

Sometimes the patient can be cured, but because he has fear of the failure of treatment, he may opt for euthanasia. The patient may have wanted to live longer, but he chooses to die of euthanasia thinking about the consequences of the failure of the treatment. And in this process, he loses the precious years of his life which he could have lived happily if the treatment was successful. The patient is depressed and thinks that his situation is worse than it is. Euthanasia is a cry for help that the patient asks the doctor so that he is relieved of his pain. Euthanasia is not in a person's best interests because, old age parents will be killed for property by their greedy heir.

6. Euthanasia Encourages Vulnerable People to End Their Lives

Because of euthanasia, a lot of pressure is imposed on the elderly and the people with disabilities. This pressure comes from family or the society. In most cases, the patient does not want to die, but still opts for euthanasia because he feels that he is dependent, worthless, and a burden to his family. This creates a pressure on the patients and this is the reason they think that death is better than this pressure which is given to them by their family members or society. In this case the patient feels that euthanasia is the only solution so that they are out of the pressure of their family.

7. Not All Deaths Are Painful

Doctors will try their best to treat a patient and with the advancement of medical science, there is solution to most of the illnesses. But if one will consider euthanasia to be their last alternative, then people would lose the will to fight for their life. Allowing euthanasia will discourage the search for new cures and treatments for the terminally ill and will take away credibility from the doctor.

8. Belief in God

According to the Bible, God gave this life to us, therefore only He has the right to take it away, as discussed in the sanctity of life, that life is a sacred gift. We do not have the right to destroy it. People will start losing faith in God's miracle.

9. Countries which have legalised assisted suicide or euthanasia are experiencing serious problems.

In Holland 1 in every 32 deaths are occurring because of Euthanasia. If euthanasia will be legalised there are high chances that the lethal drugs that the doctors receive to end a person's life which is also called as active euthanasia, can be injected to a person even who is not actually wanting euthanasia, but just waiting for a dose to treat them.

THE NEW LOOK AT THE ARGUMENTS.

Euthanasia has been a moral issue from the beginning. We will see some arguments here, such as the Oregon's Death with Dignity Act, Consequences of PAS and some deontological considerations.

1. Oregon's Death with Dignity Act: -

Once a person who is above the age of 18 and is a resident of Oregon is allowed to make medical decisions for himself. The patient can request for lethal medication. The request should be made to a licenced Oregon physician. There are some things that need to be considered:

a] The patient must make at least 2 oral requests to the physician with a gap of at least 15 days. The reason for the gap of 15 days is that it may be the case that when the patient is admitted to the hospital for whatever reasons it might be, after hearing what all treatments he may get feared and think that euthanasia will be in his best interest. Or even when the patient is in pain or suffering from an incurable illness he may wish to ask for Euthanasia. So, there is given 15 days of time for the patient to think upon his decision and in many cases the patients tend to change their decision after seeing changes in their situation or having a hope to be cured.

B] The patient must provide a written request to his or her physician, signed in the presence of two witnesses. This is required as without informed consent we cannot know or have any proof that the patient has asked for Euthanasia. And the reason to have witnesses is because there can be situations when the patient is forced to take the decision to end their life. [like old parents forced by their children to take such a decision]

C] The diagnosis and prognosis should be confirmed by the prescribing physician as well as the consulting physician. There should be a doctor who prescribes the prescription drugs as well the consultant who is an expert and a senior doctor who practices any medical specialities.

D] The prescribing physician and the consulting physician will decide whether giving euthanasia is an option for the patient. As in most of the cases the patients can get cured too of their illnesses.

E] If the physician feels that the patient has some psychological disorder or impaired by a psychiatric disorder, the patient will be taken to a psychiatrist. This is necessary as if a patient has any kind of psychological disorder, he/she is not able to take life decisions and in this case the assistance of a psychiatrist is very important.

F] the patient should be informed of all the alternatives that are available. Like there are painkillers, care from the hospitals, comfort care, as well as palliative care. These are the

alternatives for physician assisted suicide. As the patient will have a chance to think twice on his/her decision.

G] Lastly, the prescribing physician should try to convince the patient by making him understand the importance of life and everything problem has a solution. But also consider the autonomy of the patient and if the patient really does not want to change his/her mind and is sure to choose euthanasia then he should be granted his wish.

If all the steps are followed and lethal prescription is written, the prescribing physician must file a report with the Oregon Department of Human Services. But if all these procedures are not followed then the physician has no right or authority to conduct any kind of euthanasia.

Consequences of Euthanasia.

1. If we legalise Euthanasia there are many problems that will occur. We will start down the slippery slope to Non-Voluntary Euthanasia. And eventually will end up with a social policy of endorsing Involuntary Euthanasia.

A proponent of this Slippery Slope Argument, Gay Williams says that: -

A person apparently hopelessly ill may be able to take his own life. Then he may be permitted to deputize others to do it for him should he no longer be able to act! It is then a small leap from voluntary euthanasia to directed euthanasia. In order to receive a prescription for medication to end his life in a humane and dignified manner, there should be a request made by the patient first an oral request and then a written request. There should be one moral oral request that the patient should make in a gap of 15 days. [so that the patient gets time to think about his decision or change his decision. The patient should however make the request by himself. And the decision should not be an outcome of some force by another person. As this law does not allow non-voluntary or in-voluntary euthanasia.

Critics have argued that there are many cases of non-voluntary euthanasia reported in Netherlands. Each year there is roughly at least 1000 patients who die as a result of non-voluntary euthanasia.

Abuses of the law are likely.

There is no such evidence that there were abuses in euthanasia in every case. We will see some situations where something could be the case but was not in Oregon. But we will see that these are of the abuses of euthanasia but in case of the Oregon there were no evidence of these abuses.

A] Patients might be pressured by family members or members of insurance companies to seek for Euthanasia

There is no evidence or allegations that insurance companies have pressured anyone to PAS. On the other hand, there is no decisive evidence that the family members have pressured the patients to choose for euthanasia. But the critics of Euthanasia have said that there was a case where an 85 year old dying of terminal cancer. In 1999, Kate Cheney requested a prescription for lethal medication. The doctors said that first she should be taken to a psychiatrist to see if she was competent to take the decision to end her life. The psychiatrist said that she was not

competent to take her decision and her request to end her life should not be granted to her. Mrs Cheney went for a second competency evaluation, this time by a clinical psychologist. He too said that Mrs Cheney was not competent to take her decision to end her life and added that by looking at her and observing her behaviour I can just conclude one thing that she is under some pressure and, she does not want to end her life. Her daughter Erika was very disappointed with the decision taken by the psychiatrist and the clinical psychologist. This clearly stated that her daughter wanted her mother to end herself. Critics said that it was because of her daughter's pressure that she wanted to end her life but in reality, she wanted to live. Later, it was seen that she herself said that it is not under my daughters or any other family members pressure that I am taking this decision. It is my own decision and I do not want to live a life of suffering and pain and wish to end my life. Furthermore Ms. Cheney's physician was convinced that she was competent to take her decision and therefore should be allowed to act as she wished. He later added that it she had the desire to end her life and she was not under any pressure.

Between 1998-2004, 208 people died after ingesting a lethal dose of medicate on prescribed under the Oregon's Death with Dignity Act. 74 people [around 34 percent] of the 208 people cited burden on family, friends, or caregivers. But here also people argued that it was not because of family members putting pressure on the patient but the patient himself did not want to be a burden on their family or friends.

B] The elderly, poor and minority will be more likely to take advantage of PAS due to discrimination.

This prediction that the elderly will be the targets of euthanasia was off the mark. In Oregon terminally ill persons were significantly more like to use PAS than the elderly. The age range of 208 people who died after giving a lethal medication prescribed under Oregon's Death with Dignity Act between 1998 and 2004 was 25-94 with only 16 [8 percent] over the range of 85. And even the other patients were not necessarily poor or uneducated. Data from the Netherlands suggested that there was no evidence that the vulnerable were the targets of euthanasia. And euthanasia was actually common among those who had the highest socio-economic status.

C] People without insurance will request PAS because they do not see that they have any option.

Again, this prediction was also not proved. 129 out of the 208 had private health insurance and they had medical care. Of all those who were seeking for PAS only 2 percent lacked insurance.

The legalisation of Euthanasia will corrupt medicine and its practitioners.
Gay Williams says that; -

If Euthanasia will be legalised then will be a corrupting influence so that any case that is severe the doctors and nurses will not try hard enough to save the patient. The physicians might think that the patient is better off dead than trying so hard to cure the patient. This will be a decline in the quality of medical care.

Critics say that this is a slippery slope argument. We have no reason to believe that if we legalise Euthanasia it will lead to any problem. In fact, there is proof that the care for the terminally ill has improved after the Oregon law was passed. The Dutch government launched several initiatives in the 1990s to improve terminal care.

Acceptance of PAS will weaken the prohibition on killing.

Critics say that if this was the case then there would be increase in the homicide rate after passing of the Oregon law. And we have not seen any increase. In fact, the homicide rate has gone down. The Death with Dignity act was passed in 1997 that time the homicide rate was 2.9. in 2000 the rate was 2.0. The homicide rate was very low even in the Netherlands.

Patients will give up too easily.

Some believed that if euthanasia will be legalised and everyone will accept Euthanasia as an easy tool to end a life full of suffering then patients will give up very easily. They will abandon their hopes and will consider killing themselves will be the best option. Citizens will begin to fear hospitals.

This too is considered as a prediction that has turned out to be way off the mark. In 2004 we say that only 1 of 800 people died because of euthanasia. The law is available to those who choose and it is not forcing the people to choose euthanasia. Roughly, in 2000 in the Netherlands 140,000 people died.

Improvement in palliative and medical care will cease.

The improvement in palliative and medical care itself was made to minimise suffering. If euthanasia was legalised very before and everyone followed it then the efforts made by them would go in vain.

But this also remains an assumption that if euthanasia will be legalised everyone will make a use of it. We see that between 1998 to 2004 there were 64,706 patients in Oregon suffering from the same disease but only 208 of them chose Euthanasia. Palliative care has also improved in the Netherlands. So, there is no reason to believe that improvements in palliative care will cease if euthanasia will be legalised.

We have seen some consequences that could be possible if euthanasia was legalised. But the evidence shows that all the predictions were wrong. There was only one prediction that was thought to be true which was that the patients were pressured by their family members to seek Euthanasia. But here also we cannot say for sure that the prediction was not false as the patient herself never said that she was forced or pressured by her family member to chose Euthanasia.

Case Studies

1. Karen Quinlan – The Debate Begins.

At two in the morning on Tuesday, April 14, 1975, Mrs. Julie Quinlan was awakened by a telephone call. When she hung up, she was crying. "Karen is very sick," Mrs. Quinlan said to her husband, Joseph. "She's unconscious, and we have to go to Newton Hospital right away."

The Quinlan's thought their twenty-one-year-old adopted daughter might have been in an automobile accident. But the doctor in the intensive-care unit told them it was not so. Karen was in a critical comatose state of unknown cause and was being given oxygen through a mask taped over her nose and mouth. She had been brought to the hospital by two friends who had been with her at a birthday party. After a few drinks, she started to pass out, and her friends decided she must be drunk and put her to bed. Then someone checked on her later in the evening and found that Karen was not breathing. Her friends gave her mouth-to-mouth resuscitation and rushed her to the nearest hospital.

Blood and urine tests showed that Karen had not consumed a dangerous amount of alcohol. They also showed the presence of 0.6 milligram of aspirin and the tranquilizer Valium. 2 milligrams would have been toxic, 5 lethal. The reason why Karen stopped breathing was mysterious. But it was during that time that part of her brain died from oxygen depletion.

After Karen had been unconscious for about a week, she was moved to St. Claire's Hospital in nearby Denville, where testing and life support facilities were better. Dr. Robert J Morse, a neurologist, and Dr. Arshad Javed, became her physicians. Extensive brain damage was confirmed, and several possible causes of coma were ruled out.

No Longer the Same

During the early days, the Quinlan's were hopeful. Karen's eyes opened and closed. Her mother and her sister detected signs that Karen recognized them. But her condition started to deteriorate. Her weight dropped from 120 pound to 70 pounds. Her body began to contract into a foetal position. Her 5-foot 2-inch frame was bent into a shape hardly longer than 3 feet. She was now breathing mechanically by means of a respirator that pumped air through a tube in her throat. By early July, Karen's physician and her mother, sister and brother had come to believe it was hopeless to expect her ever to regain consciousness.

Only her father believed that it might be possible. But when he told Dr. Morse about some encouraging sign that he noticed, Dr. Morse said to him, even if God did perform a miracle so that Karen would live, her damage is so extensive, she would spend the rest of her life in an institution. Mr. Quinlan then realised that Karen would never again be as he remembered her. He now agreed with Karen's sister, "Karen would never want to be kept alive on machines like this. She would hate this."

Need to Go to Court

The Quinlan's went to their priest and asked them a question, 'Before making my decision I just want to ask you a question, Am I playing God?' To this the priest replied, God has made the decision that Karen is going to die. You're just agreeing with Gods decision that's all. After Karen had been unconscious for three and a half months, on July 31, the Quinlan's gave

permission to the doctors to take Karen off the respirator. They signed a letter authorizing the discontinuance of the extraordinary procedures.

But the next morning the Quinlan got a call from Dr. Morse saying that, 'I have a moral problem about what we agreed on last night. I feel I have to consult somebody else and see how he feels about it and the next morning Dr. Morse said I will not do it.

Karen's parents were very upset by listening to Dr. Morse and decided to talk to the hospital attorney and then they were told that Karen was 21 and they were no longer their legal guardian. So, they need to go to the court and be appointed to guardianship, after that the court might or not might take the decision to remove Karen from the respirator.

Legal Arguments

Mr. Armstrong filed a plea with Judge Robert Muir of the New Superior Court on September 12, 1975. He requested that Mr. Quinlan be appointed as Karen's guardian so that he would have the power to authorizing the discontinuance of all the extraordinary means of sustain her life.

Later, on October 20, Mr. Armstrong argued the case on three constitutional grounds. First, he claimed that there is a right to privacy guaranteed by the constitution and that right permits individual or others acting for them to terminate the use of extraordinary medical measures, even when death may result. Secondly, He argued that the First Amendment guarantee of religious freedom extended to the Quinlan case. If the court did not allow them to act in accordance with the doctrines of the church, their religious liberty would be infringed. Finally, he argued that clause of the Eighth Amendment He claimed that 'For the state to require that Karen Quinlan be kept alive, against her will as well as against her parents will be cruel. Karen's mother, sister and one of her friends said that she often talked about not wanting to be kept alive by machines. As experts witness, Karen was in a chronic vegetative state and they were sure that she would never regain consciousness. Karen's physicians agreed with this. But they argued that, her brain still showed patterns of electrical activity and therefore she was considered dead by legal or medical criteria.

On November 10, Judge John Muir, said that he understands Mr. Quinlan is Karen's father and therefore has concern for her father but because he is the father, he might take a bias decision and he should not be made the guardian of Karen. Furthermore, he said that Karen is legally and medically alive so the court should not allow the termination of the respirator. To do so would be homicide and an act of euthanasia.

Appeal and the End after 10 years

Mr. Armstrong again appealed the decision to the supreme court and this time the court's ruling was favourable. The court agreed that Mr. Quinlan could assert the right to privacy on Karen's behalf and whatever he decided for her should be accepted by the society It also set aside any criminal liability for removing the respirator, claiming that if death resulted it would not be considered as homicide. And even if it is homicide is will not be unlawful. They also said that if Karen's physicians were unwilling to take her off the respirator, Mr. Quinlan was free to find another physician who would accept his request. But it was not as easy as it seemed to be. Even after 6 weeks of the court's decision, the respirator had not been turned

off. In fact, another machine to control her body temperature was added. Mr. Quinlan again requested that they should remove the respirator.

Finally, they agreed and she was removed from the respirator and soon they realised that she was breathing without medical assistance. Dr. Morse was determined that she would not die if she was under their care. But because Karen's parents saw that she was still alive and in a much better state they began a long search for a chronic-care hospital. More than twenty institutions turned them away, physicians said that they do not want to get involved in this case. Finally, Dr. Joseph Fennelly volunteered to treat Karen and on June 9 she was moved from St. Claires to the Morris View Nursing Home.

Karen Quinlan continued to breathe. She received high nutrient feedings and regular doses of antibiotics for her infections. During sometimes she was more active than usual and made reflexive responses to sound and touch. On June 11, in the evening she finally died after being in Coma for 10 years. She was thirty-one years old when she died.

2. The Cruzan Case: The Supreme Court Upholds the Right to Die.

On 11 January, in the morning a twenty-five-year-old Nancy Cruzan was driving on a deserted country road in Missouri. The road was icy and the car skidded, then flipped over and crashed. Nancy was thrown from the driver's seat and landed face down in a ditch by the side of the road. An ambulance arrived quickly, but not quickly enough to save her from suffering irreversible brain damage. Because of this she never regained consciousness and the physicians declared that she had entered the persistent vegetative state. She was awake but unaware of anything that happened around her. The brain functions which is responsible for recognition, memory, comprehension all had been lost.

Her arms and legs were in a foetal position, her knees against her chest and her body had become stiff and contracted. She responded only to some neurological reflexes such as sounds or painful stimuli. After seeing her situation, Her father was really disturbed and After seeing Nancy he just said one thing that Nancy did not have any awareness of herself. She was incapable of eating by herself and her body was sustained by a feeding tube surgically implanted in her stomach. She was a patient at the Missouri Rehabilitation Centre. Her family as well as her parents knew that she could only be kept alive. The cost of Nancys care was \$130,000 a year. The bill was paid by the state. Because she was a legal adult when her accident occurred, her family was not responsible for her medical care.

Eight years later.

In 1991, after eight years of her accident she was almost thirty-five years old and her doctors estimated that she would live for another years. At this situation of living or letting die, one who really loves someone will not let them suffer but feel that they are better off dead. Nancys parents had lost all their hopes and had accepted that Nancy will never recover and regain consciousness or awareness. Seeing this they did not want their daughter to suffer more and thought death would relieve her pain and suffering. They asked the physicians to withdraw the feeding tubes which were there to keep her alive. But the physicians, officials at the Missouri Rehabilitation Centre did not agree to her parents Joe and Louise Cruzan and they had no option but go to the court.

Lower Court Decisions.

During the court hearings, her parents said that Nancy would never want to be kept alive in this condition. Her sister Christy said that once her sister told her that she would never want to live or be kept alive 'just as a vegetable' Her friend too said that once Nancy told her that if she was injured or sick, she would not want to continue her life. In July 1988, Judge Charles E. Teel said that artificially prolonging a life would violate the constitutional right of the person. There is a fundamental right in our constitution, 'The Right to Liberty'

In November 1988 the Missouri Supreme Court overruled the decision of the lower court and ordered that Nancys parents will not be allowed to disconnect the feeding tube. The court was focusing on the state's living will statute. As the law says that the doctor will be permitted to withdraw artificial life support in cases in which individuals are hopelessly ill or injured and there is clear and convincing evidence that the patient wants to end their life to end the suffering that they are going through forever. The act completely forbids withdrawing or withholding food and water. Even after listening to Nancy's parents, sister and friends that Nancy would not want to live in such a situation the Court announced that it was not clear and convincing as they wanted to hear it from Nancy itself. The court found 'no principled legal basis' to permit the Cruzan's to choose death of their ward.

Supreme Court Decision

Nancys parents had lost their case. Listening to the order by the Court, Nancys parents thought that it was very cruel of them to let Nancy suffer for whole of her life. The order was that euthanasia can be conducted only in one condition that the patient voluntarily says that he/she wants to end their life. Or give an informed consent saying that he/she does not want to live. But in this case, it was not possible. As the patient was not in a condition to give the informed consent. But deep down the physicians knew that continuing treatment was also not of any use.

One of the important aspects of the decision was that the court made no distinction between providing nutrition and hydration and other forms of medical treatment. The Missouri living will statute forbids the withdrawal of food and water. But this law was not applicable to Nancys case as the law was passed after her accident took place. The courts said that although humans have the right to die, they do not have the right to the assistance of others in killing them. More than twenty-one states have passed the laws against assisted suicide. But only Oregon has made it legal for doctors to prescribe drugs to help patients end their life.

A Final Court Ruling

There was a hearing held to consider Nancy's condition as well as her parents say on this matter. On December 14, 1990, Judge Charles Teel ruled that there was evidence to show that her intent, if mentally able would be to terminate her nutrition and hydration and authorized the request to remove the feeding tube. Even after the tube was removed the controversy did not end. About twenty-five protestors came to the hospital to reconnect the feeding tube. Twelve days after the tube was removed on 26 December 1990, Nancy Cruzan died. Her sister and parents were besides her. Finally, her father said we all feel good and relieved that Nancy is free at last.

We saw that it took eight long years since Nancy's accident took place. Finally, she died. Her parents were relieved seeing Nancy be free. And these eight years of her life just became a matter of debate.

Conclusion

Euthanasia refers to deliberately ending a person's life in order to relieve pain and suffering. As we have seen, there are three kinds of euthanasia – voluntary euthanasia, involuntary euthanasia, and non-voluntary euthanasia. Voluntary euthanasia is when a person makes a conscious decision to end his/her life after giving consent and agreeing to the consequences of euthanasia. Non-voluntary euthanasia is when a person is not able to take a decision, either to live or end his life, mostly because, psychological disorders or old age. So, a close family member usually takes this decision. Involuntary euthanasia is when a person does not want to willingly end his/her life.

We have seen that active and passive euthanasia has been a debate in meta-ethics. Active euthanasia is when a physician gives a lethal injection or medication to the patient. Passive euthanasia is when the doctor does not actively intervene to end a person's life. People say that active euthanasia is not humane and therefore not justified.

People have debated over the legality of euthanasia. Laws about euthanasia are different across different states. The Netherlands became the first country in the world to legalize both active euthanasia and assisted suicide on April 1, 2002. The Supreme Court of India has legalized passive euthanasia in 2018 stating that it was a matter of living will.

In the sanctity of life, we have seen that human life is created in God's image, and that makes it sacred. Everyone has the right to life, liberty, and security. Life is given by God, and only He has the right to take it. Being alive is intrinsically valuable. Being conscious is intrinsically valuable. Being human is intrinsically valuable. Killing or letting die remains a debate as to which is preferable. Both aim at taking away a life even though they justify that taking life is to free the patient from his pain and suffering. By understanding active and passive euthanasia, we saw that, passive euthanasia is also as cruel as active euthanasia.

Whether euthanasia should be legalized, and whether euthanasia is beneficial remains a debate. There are many arguments for euthanasia such as right to self-determination, caregiver's burden, refusing care, encouraging organ transplantation and respect for autonomy. As well as there are arguments against euthanasia where we see that euthanasia is a homicide, right to die implies a right to kill, euthanasia devalues some lives, euthanasia is not in the best interests of the person, and euthanasia is going against God's will.

According to me, voluntary euthanasia should be legalized all over the world. People should have self-autonomy and should have the right to choose their own fate. If a person has an incurable disease, then he should be allowed to die with dignity rather than prolonging their suffering. Involuntary euthanasia, in my opinion, is wrong, as it implies killing of an innocent being, without the permission of the patient. Non-voluntary euthanasia is a controversial topic as we give others a right to choose between life and death, which should be a decision of the individual itself. There are many cases where euthanasia is misused, for example, children killing their old parents for property or simply because they consider them as a burden. If euthanasia is allowed, then there will be misuse of it especially for the handicapped, people with other physical and mental disabilities, old aged, and children with down syndrome as their rights will not be considered and everyone will want to free themselves by letting them die. Lastly, we should consider life as a gift of God, and not end it. We should accept pain and suffering as a part of life and believe in God's plan for us.

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