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RESEARCH ARTICLE

EUTHANASIA: RIGHT TO LIVE & RIGHT TO DIE

*Nipin Kalal

College of Nursing, All India Institute of Medical Sciences, Jodhpur (India)

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ABSTRACT

The word euthanasia triggers a spate of controversy worldwide as there are different forms of practicing euthanasia. At the extreme ends of disagreement, few country have different opinion on euthanasia who support it and saying that patients has right to die. At the other end, there are opponents of euthanasia who believe that this method is a form of murder. In the present article, the authors give a brief description about the subject, different types of euthanasia and act of euthanasia in different country.

Key Words:

Euthanasia, Legitimate medical Euthanasia,
Pros and cons of euthanasia.

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INTRODUCTION

Everyone in this world wants to live a long life and want a painless death. But sometime it is not possible to have immense pleasurable death. Some people have lots of pain and struggle at last stage of dying. Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering. From the moment of his birth, a person is clothed with basic human rights. Right to life is one of the basic as well as fundamental right without which all rights cannot be enjoyed. Right to life means a human being has an essential right to live, particularly that such human being has the right not to be killed by another human being. But the question arises that if a person has a right to live, whether he has a right not to live i.e whether he has a right to die? The word euthanasia is linked to the Greek words for good (eu), and death (thanatos). Euthanasia is therefore associated with the idea of wanting to die free from suffering, or to have a good death (Du Gas, 2006). Euthanasia is defined as a process which is aimed to cause painless death in a person to end his/her life (Burkhardt, 2002).

Pros and Cons of Euthanasia

The pros of Euthanasia

1. An End To Suffering
2. Death With Dignity
3. Frees Up Funds And Equipment
4. The Freedom To Choose

The cons of Euthanasia

1. Devalues Human Lives
2. Religious and Ethical Problems
3. Corruption Of The Worst Kind

Classification of Euthanasia

The word *euthanasia* originated from the Greek language means a peaceful death. It also means the intentional termination of life at the explicit request of the person who dies. However, *euthanasia* includes different forms in practice which can be broadly categorized as follows:

Active Euthanasia

It is an act of Commission. Is identical to mercy killing and involves taking action to end a life. Active euthanasia is defined as any treatment initiated by a physician, with the intent of hastening the death of another human being, who is terminally ill, with the motive of relieving that person from great suffering. For example, intentionally giving a person a lethal dose of a drug to end a painful and prolonged period of dying (Van den Berg, 1969).

Passive Euthanasia

It is an act of Omission. It means discontinuing or not using extraordinary life sustaining measures to prolong life. For example failure to resuscitate a terminally ill or incapacitated patient (e.g. a severely defective newborn infant). Other methods include discontinuing a feeding tube, or not carrying out a life –extending operation or not giving life extending

*Corresponding author: Nipin Kalal,
College of nursing, All India Institute of Medical Sciences, Jodhpur (India).

drugs etc. "Letting die" means to give way to an ongoing inner-organismic process of disintegration, without supporting or sustaining vital functions. Therefore the extubation (removal from a ventilator) of an incurably ill patient, though a physical action with subsequent death, is not killing in its proper meaning. The extubation does not produce the effect of death; it only influences the time of its occurrence (Reddy, 2007).

Voluntary Euthanasia

In voluntary *euthanasia* death is caused by the direct action done by a person in response to a request from the patient. Voluntary *euthanasia* means, the intentional administration of lethal drugs in order to terminate painlessly the life of a patient suffering from an incurable condition deemed unbearable by the patient at the patient's request.⁵ The request for voluntary *euthanasia* must be made by whoever is the subject to intolerable or intractable pain or is suffering from terminal illness. The main argument in support of legalization of active voluntary *euthanasia* is based on the principle of self-determination and right to self-autonomy. According to these two principles each human being has value and is worthy of respect, he has his basic rights, and freedom including the final decision making capacity (Harris, 1995).

Non-Voluntary Euthanasia

When it is practiced without the scope to make the desire of the subject available. This includes cases where:

- a. The person is in a coma
- b. The person is too young
- c. The person is senile
- d. The person is mentally retarded to a very severe extent
- e. The person is severely brain damaged
- f. The person is mentally disturbed in such a way that they should be protected from themselves"

Involuntary Euthanasia

Involuntary *euthanasia* is completely a different concept, wherein the patient is not in a condition to explicitly request for assistance in dying or to permanently relieve himself from the intolerable pain. An act of involuntary *euthanasia* involves ending the patient's life without a personal request. The motive in both voluntary and involuntary *euthanasia* is the same- the release from suffering, but what differs is the request to die or the decision to end the life. This is applicable for the patients who are in a PVS, the state in which the patient becomes a complete vegetable, loses all his physical and mental functions but is biologically alive. The major worry involved in Involuntary *euthanasia* is whether such a practice will bring more harm than social benefits (Gorsuch, 2006).

Physician assisted Euthanasia

Assisted suicide: Someone provides an individual with the information, guidance, and means to take his or her own life with the intention that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called "physician assisted suicide or doctor assisted suicide" (www.religioustolerance.org/euthanasia). In doctor assisted-suicide, the doctor provides the patient with medical know-how (i.e. discussing painless and effective medical means of committing suicide) enabling the patient to end his / her own

life (Vij Krishan, 2005). The right to physician assisted suicide is generally premised on two different Constitutional rights, the first is a privacy right referred to as "decisional privacy"- the right to make decisions of a highly personal nature without interference from the State. A second Constitutional basis for establishing the right to physician assisted suicide is found in cases addressing medical decision-making regarding bodily integrity, autonomy and liberty. We are talking about a *Constitutionalright* of choice, the right to make the choice whether or not to hasten inevitable death. What is protected by the *Constitution* is choice in matters of personal autonomy (Kline, Robert, 1996).

Legitimate medical Euthanasia

This means providing treatment (usually to reduce pain) that has the side-effect of speeding the patient's death. It is based on the doctrine of "dual effect" and concerns the use of lethal dosing, or terminal sedation, by some medical professionals. Administration of terminal sedation, i.e., lethal dosing, to a competent, terminally ill patient by the physician, which by its "dual effect" may hasten the patient's death, is both ethical and legal as long as the terminal treatment is intended to relieve the pain and suffering of an agonizing terminal illness (editorial classification of euthanasia).

Trends of euthanasia in different countries

Euthanasia in Belgium

Belgium's Senate approved the law proposing euthanasia by a significant majority on October 25, 2001. On May 16, 2002, after two days of debate, the lower house of the Belgian parliament endorsed the bill by 86 votes in favor, 51 against, and 10 abstentions. The legislation established the conditions under which doctors may end the lives of patients who are hopelessly ill and suffering unbearably. The candidates for euthanasia need to reside in Belgium to be granted this right. The age of patients should be at least 18 years and specific, voluntary, and repeated requests are needed that their lives be ended. The exact number of "repeated requests" is not provided and open to interpretation.¹¹ On February 13, 2014, Belgium legalized euthanasia by lethal injection for children. By a vote of 86 to 44 with 12 abstentions, the lower house of Parliament approved the law which had previously been passed by the country's Senate. Young children will be allowed to end their lives with the help of a doctor in the world's most radical extension of a euthanasia law. Under the law there is no age limit to minors who can seek a lethal injection (<http://www.patientsrights council.org/site/belgium/>).

Euthanasia in the Netherlands

The Netherlands was one of the first countries to permit active euthanasia. Euthanasia became legal in the Netherlands with the April 12th 2001 law, entitled the "Law for the Termination of Life on Request and Assisted Suicide", which became effective on April 1st 2002. It is the result of a long process of debates which began in the 70s-80s, with a more "understanding" vision for doctors, formed by case law, and based on several legislative proposals. The law of PAS was mentioned as the prescription of drugs by a physician, for the purpose of self-administration by the patient. The law stipulated five criteria for granting a euthanasia request:

- The patient's request shall be voluntary and well considered
- The patient's suffering should be unbearable and hopeless
- The patient shall be informed about their situation and prospects
- There are no available reasonable alternatives
- Further, another physician should be consulted; and Euthanasia should be performed with due medical care and attention. If the request for euthanasia is made by a mentally ill patient, two independent physicians must have been consulted, including at least one psychiatrist (Gevers, 1996).

Euthanasia in United States

1. Doctors are allowed to prescribe lethal doses of medicine to terminally ill patients in five US states. Euthanasia, however, is illegal. In recent years, the "aid in dying" movement has made incremental gains, but the issue remains controversial. Oregon was the first US state to legalise assisted suicide. The law took effect in 1997, and allows for terminally ill, mentally competent patients with less than six months to live to request a prescription for life-ending medication. More than a decade later, Washington State approved a measure that was modelled on Oregon's law. And last year, the Vermont legislature passed a similar law. Court decisions rendered the practice legal in Montana and, most recently, in New Mexico (<http://english.samajalive.in/the-list-of-countries-where-euthanasia-is-legal/>).

Euthanasia in Australia

Euthanasia is illegal in Australia, though a law to allow voluntary assisted dying in the Australian state of Victoria will come into effect in mid-2019 (ABC News, 2017).

Euthanasia in India

Since March 2018, passive euthanasia is legal in India under strict guidelines. Patients must consent through a living will, and must be either terminally ill or in a vegetative state. On 9 March 2018 the Supreme Court of India legalized passive euthanasia by means of the withdrawal of life support to patients in a permanent vegetative state. The decision was made as part of the verdict in a case involving Aruna Shanbaug, who had been in a Persistent Vegetative State (PVS) until her death in 2015. On 9 March 2018, the Supreme Court of India, passed a historic judgement-law permitting Passive Euthanasia in the country. This judgment was passed in wake of Pinki Virani's plea to lust highest court in December 2009 under the Constitutional provision of "Next Friend". It's a landmark law which places the power of choice in the hands of the individual, over government, medical or religious control which sees all suffering as "destiny". The Supreme Court specified two irreversible conditions to permit Passive Euthanasia Law in its 2011 Law: (I) The brain-dead for whom the ventilator can be switched off (II) Those in a Persistent Vegetative State (PVS) for whom the feed can be tapered out and pain-managing palliatives be added, according to laid-down international specifications. The same judgment-law also asked for the scrapping of 309, the code which penalizes those who survive suicide-attempts. In December 2014, government of India declared it's intention to do so.

However, on 25 February 2014, a three-judge bench of Supreme Court of India had termed the judgment in the Aruna Shanbaug case to be 'inconsistent in itself' and has referred the issue of euthanasia to its five-judge Constitution bench. On 9 March 2018, the Supreme Court of India permitting Passive Euthanasia in the country (Common Cause, 2015).

Aruna Shanbaug Case

Aruna Shanbaug was a nurse working at the King Edward Memorial Hospital, Parel, Mumbai. On 27 November 1973 she was strangled and sodomized by Sohanlal Walmiki, a sweeper. During the attack she was strangled with a chain, and the deprivation of oxygen has left her in a vegetative state ever since. She has been treated at KEM since the incident and is kept alive by feeding tube. On behalf of Aruna, her friend Pinki Virani, a social activist, filed a petition in the Supreme Court arguing that the "continued existence of Aruna is in violation of her right to live in dignity". The Supreme Court made its decision on 7 March 2011 (After 36 yrs of immobility, a fresh hope of death, 2009). The court rejected the plea to discontinue Aruna's life support but issued a set of broad guidelines legalising passive euthanasia in India. The Supreme Court's decision to reject the discontinuation of Aruna's life support was based on the fact that the hospital staff who treat and take care of her did not support euthanizing her.¹⁸ She died from pneumonia on 18 May 2015, after being in a coma for a period of 42 years.

Conclusion

Today there is ranging controversy all over the world as to its legal standing aside from the moral and ethical issues involved. Having seen that the law is not unprepared to reexamine former rigid attitude toward the sanctity of life those in favour of Euthanasia exhibit some zeal in supporting their views (Vij Krishan, 2008). The opponents of Euthanasia state that there are moral, religious and ethical obligations which cannot be ignored. They argue that no one has right to take away the life of an individual not even individual him or herself. The concept of sanctity of life is inviolable and doctors having taken an oath (The Hippocratic oath) "to preserve life at all cost" cannot justify a patient to die or passive means (Pillay, 2010). Euthanasia is may be good for the person who is really in a severe pain but at same side it may be dangerous if advantage is taken in wrong way, so it is must necessary that it should be done in a supervision with the rules. However, the result of implication of euthanasia needs to be reexamined again at regular intervals depending upon the evolution of society with regard to providing health care to disabled and terminally ill patients. The survey results will help in forming rules of euthanasia.

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