



EUTHANASIA: AIMING TO KILL WITH A COUNTER FULL OF OPTIONS?

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ABSTRACT Euthanasia or assisted suicide has been a matter of contention for many years with various types of euthanasia including voluntary, non-voluntary, involuntary, active and passive euthanasia being argued for around the world. This article highlights the types of euthanasia while analyzing the ethical, legal, economical and spiritual dilemmas surrounding them. It also compares euthanasia laws of countries around the world with the Indian stand taken by the Supreme Court in legalizing passive euthanasia. There exists a fine line between life and death. It is the duty of a medical practitioner to assess these situations critically while preserving a patient's autonomy. To deny a person the right to end their life with dignity is equivalent to depriving them of a meaningful existence.

KEYWORDS : Euthanasia; ethics; palliative care; legality.

Does a terminally ill individual have the right to ask the physician to hasten his death by administering a medication or withdrawing treatment to end his suffering? Do the relatives of an unconscious patient with no hopes of recovery, have any right to ask for the life support system to be switched off? Through this article an attempt has been made not only to highlight the legal and ethical dilemma faced by medical practitioners but also the socio-cultural, economical and spiritual aspects of euthanasia.

The role of euthanasia and other practices in healthcare have been a subject of debate for as long as one can remember. The increasing desire for ending the life prematurely may be thought of various factors. [1] Euthanasia or 'mercy-killing' is the act of killing someone painlessly, especially for relieving the suffering of a person with an incurable illness. [2] Physician-assisted suicide (PAS), on the other hand, is when a doctor assists to end the patient's suffering by issuing a prescription for a lethal combination of drugs, however, the patient performs the physical act of actually taking the drugs. Euthanasia may be classified into various types including voluntary, non-voluntary, involuntary, active and passive euthanasia.

Voluntary euthanasia is where a person's life is ended on their request to relieve them from suffering while involuntary euthanasia refers to a patient being killed against his or her will. In some cases, euthanasia is conducted when the patient is in a vegetative state or in case of a young child, where the patient's consent is unavailable. This is known as non-voluntary euthanasia. Active euthanasia refers to the physicians' deliberate act, usually by the administration of lethal drugs, to end an incurable or terminally ill patient's life. Passive euthanasia refers to withholding or withdrawing treatment which is necessary for maintaining life. [3]

In many beliefs, euthanasia is perceived as an irrational and impractical alternative to alleviate physical pain and mental distress, however, the implications of this idea could arguably be crystal clear and devoid of the evolving misconceptions. Hinduism believes that helping to end a life is disturbing the cycle of karma and violates the sacred idea of ahimsa. [4] Similarly, Islam quotes "Do not take life, which Allah made sacred, other than in the course of justice". [5] Christianity strongly stands by the statement, "intentional euthanasia, whatever its forms or motives, is murder". [6] This provides enough evidence that the concept of suicide and euthanasia are explicitly forbidden in most of the religions. Yet here we stand today, where various nations around the globe provide an opportunity to die with the same dignity that one intends to live with, rather than begging the same gods to have mercy on them. *I will abstain from all intentional wrongdoing and harm* and *"I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan."* The two excerpts from one of the oldest binding documents in the history of medicine, the Hippocratic Oath, is held sacred by all practicing physicians. Nonetheless, it is pertinent to question some aspects of the medical ethics written centuries ago in a society that has dynamically changed economically, politically, scientifically and socially over the years.

Adversaries may argue that supporting the notion of mercy killing marks the end of traditional palliative care. Evidence shows that the legalization of euthanasia enhances rather than undermines other aspects of palliative and end-of-life care. [7] India, with a population of over 1.3 billion and limited financial and medical resources, most of the patients end up in the pitfalls of palliative care at the cost of those who may have a chance at survival. This is where assisted suicide comes into action and reposes a patient of the unbearable suffering complemented by a fate of dying with equal dignity as one intends to live. Another important acknowledgement goes out to the family of the concerned patient. The relatives should be spared from the agony of watching their loved ones suffer, especially in cases where death remains inevitable.

The treatment options for severely incompetent patients are adjudged to be of no 'benefit' or are too 'burdensome' and such patients are seen incapable of benefiting from extending life itself. In these scenarios, the clinician must make critical decisions whether the life of the patient in question is worth prolonging. As a result, in such cases the withdrawal of treatment is deemed to be in the best interest of the patient while being consistent to protect this interest with due care. [8]

One of the most popular examples is of Nathan (born Nancy) Verhelst, who had undergone gender reassignment surgery and was unsuccessfully treated which left him in a depressive mental state. In 2013, the Belgian government "mercifully" killed this 44-year-old individual due to his unbearable psychological suffering. [9] In India, both euthanasia and assisted suicide are considered as punishable offences. The 196th report of The Law Commission of India, on 'Medical treatment to terminally ill patients (protection of patients and medical practitioners)' states that the act of killing a patient painlessly for relieving his suffering from an incurable illness, subject to appropriate supervision and control is only lawful if treatment is either withheld or withdrawn. [2] In several countries such as Ireland, passive euthanasia is authorized whereas active euthanasia is illegal. Correspondingly, passive euthanasia is legal in only three states of the United States of America while all the others stand opposed to the very idea of 'playing the God'. [10] Thus, the establishment of formal blanket euthanasia measures does not cater to the need of the hour. The world today needs a premise of reformed "mercy killing" that fulfils the criteria of being humanitarian and is remedial in its dealings.

The proposition for euthanasia or "death on demand" has been a matter under consideration for the entirety of this century with laws and ethical considerations of opposing nature being in effect over polities around the world. The Netherlands, in its espousal for euthanasia, established the idea of 'right to die with dignity' as early as 2001. [11] In 2018, The Honorable Supreme Court of India in its verdict legalized passive euthanasia wherein it allowed withdrawal of support only for patients already in persistent vegetative state. This verdict was based on Aruna Shanbaug, who was in persistent vegetative stage for 37 years till she met her death in 2015 although she failed in her multiple attempts seeking legal permission for euthanasia. The court increased the ambit of the 'Right to Life and Personal Liberty' mentioned under

Article 21 to include the right to die with dignity along with the right to live. [12] The Supreme Court arrived at this decision after great introspection while taking into account the notable laws in various countries. The court discussed judgements and statutory law from regions of Canada, France, Switzerland, the Netherlands, the United Kingdom and the United States of America. [10]

As rightly said by a renowned poet, William Ernest Henley, “*I am the master of my fate, I am the captain of my soul*”, it is believed that this is the beginning of the debate on mercy-killing and dignity of death which will hopefully lead to establish a balance between patient's autonomy and his or her best social interests. [13] However, the autonomy that we talk about is only from the patient's point of view and a physicians' disposition is rarely considered. 'Pulling the plug' can be one of the hardest duties that a doctor may have to perform when this noble profession operates on the fundamental principle of “*Primum non nocere*”. The question that remains: what caps the legitimacy of mercy killing? Where do we draw the line between murder and kindness?

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