

Euthanasia: A Critical Analysis in Understanding the Dilemma between Life and Death

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Abstract: The very meaning of the term Euthanasia raises the question as to what is good death? The general conceptual understanding is that it involves a person who acts on the individual's behalf to facilitate death. The whole debate stands on the grounds of morality. Can euthanasia be vindicated on moral principles? This enduring debate hasn't still come to its ethical and legal inferences. The present study looks at the strife between 'Active and Passive Euthanasia' and attempts to try to identify whether the religious faith one follows has any implication on the acceptance of euthanasia. Legitimizing euthanasia is a debatable subject and looks at the understanding of this concept in undergraduate students. The respondents were categorized into two groups - medical students and non-medical students to provide dual perspective, one from those who may have to perform the act of euthanasia on patients in near future and the other group who may have to make a decision for their dear ones. Young adults were chosen as the respondents, as they are the future of the society, their understanding will help us trace the trajectory regarding the acceptance of euthanasia in the coming time. The results of the present study showed that many of the subjects not just understood the concept, but also accepted it to be put into practice.

Keywords: Euthanasia, Legal, Mercy killing, Morality, Suicide.

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I. INTRODUCTION

Sir Francis Bacon in the 17th century introduced the term 'EUTHANASIA', having a Greek origin which in a self-explanatory manner can be interpreted as 'good death'. Can a death that is desirable, pain-free and serene be defined as the characteristics of a good death? Death as defined by Britannica, is "the total cessation of life processes that eventually occurs in all living organisms." Even though we all know that death is an inevitable part of life, do humans really desire death? Desiring death is not a trait that we find in every human on regular basis. Yet, generalizing the most commonly observed notion can be menacing. Certain obstacles that some individuals face in life may seem like an eternity for them, long sufferings does prompt the cravings for death, as it seems the only solution to the problem/s they seem to face. But, can there be positive analysis of death conceived for the person who dies, without any regrets of the opportunity cost?

Euthanasia is divided on the basis of "voluntary", "involuntary", "active" and "passive". In this study we look into the plight in acceptance of 'Active Euthanasia' and 'Passive Euthanasia'. However, the intent of all these types is the same, i.e. to relieve the patient from torment, indignity, emotional distress and financial overload. There is also another bifurcation as: Physician-assisted suicide and Patient-assisted suicide. The only difference between the two is who is the last one to act. It has to be noted that there is a stark distinction between the concept of 'suicide' and 'euthanasia'. Suicide is when an individual deliberately chooses to end one's life, due to manifestation of a mental illness, most commonly depression and acute stress. Whereas, euthanasia is the act of terminating someone's life who is very ill, most often in a vegetative state and wish no longer wishes to suffer or cause sufferings to family and friends emotionally and financially. It is commonly executed by physicians and thus also called 'Medically Assisted Dying'. But because of the terminologies used in the bifurcations, it is easy for a lay man to get confused between the terms - suicide and euthanasia.

The idea of Involuntary Euthanasia is to terminate the life of the patient in intense agony who hasn't requested for it, but the intention of the physician is to relieve the patient from his/her incurable agony. This act is parallel to the idea of mercy killing and thus is also called the same. The notion of Voluntary Euthanasia is that the patient himself/herself appeals to the physician to hasten death and relieve them off their sufferings.

Based on how this act of hastening death is undertaken by the physician, it is classified as 'Voluntary Active Euthanasia' (also called commission) and 'Voluntary Passive Euthanasia' (also called omission). In active euthanasia, the physician deliberately acts in a way that ends the patient's life. In passive euthanasia, the physician holds back the necessary treatment that was meant to sustain the patient's life. The consent of the patient is what brings the contradiction between Voluntary and Involuntary Euthanasia. Sullivan T.D. in his study pointed out by citing an example, the act of commission can be enacted by removing the feeding tube and the intention of the act is to induce death, which is killing. Not providing nutriment in the feeding tube constitutes the act of omission. This is also carried out with the intent of inducing death, which is again killing. The only difference is in the act by which the same intension is carried out. So does this really cause any difference for which Euthanasia is split into 'Active' and 'Passive', and that some countries legalize Passive Euthanasia and not Active Euthanasia? This study therefore attempts to bring about clarity in the conception of euthanasia and aims to provide an answer to the study's objectives:

- Is euthanasia a deviant act?
- Should Euthanasia be legalized in India?
- How is suicide different from Euthanasia?
- The religion angle in relation to acceptance of euthanasia.

It was the case of P. Rathinam and Aruna Shanbaug vs the union of India that sparked the talks on the subject and triggered the Indian court to alter its laws concerning euthanasia. On that account, these two cases were taken into consideration as reference for the study.

II. REVIEW OF LITERATURE

The concept of death in the recent times has undergone tremendous changes and gets redefined from time to time. There has been an extensive study done and articles written on euthanasia. Almost all these writings deal with the age long debate on the moral conflicts of justifying the act of euthanasia and discussing the dilemma of life and death. Ogunbanjo and Knapp van Bogaert (2013), in their study (Is there a place for voluntary active euthanasia in modern-day medicine?) have put forth three steps to explain euthanasia - (i) quiet and easy death; (ii) means of procuring it; (iii) action to induce. In countries like Netherlands, Belgium, Switzerland, and the states of Oregon, Vermont, Montana, and Washington in the United States have legalized euthanasia. Even the countries that are conservatively catholic country like Columbia, Latin America, despite opposition from the church have open it's doorways for voluntary euthanasia. Whereas in some countries like our state has legalized passive euthanasia only. To understand the disputes in legitimizing of Euthanasia, one must know the arguments put forward by both the proponents and the opponents of Euthanasia; where one section lays prominence on the quality of life whereas the other section holds life as a holy entity.

The advocates for euthanasia propose it to be as a "rationale decision", given the circumstances of patient's incapability to function independently, who are in need for medical assistance even to run their biological processes. The core of Emily Jackson's argument in her work 'Debating Euthanasia', she writes, that we must owe it to people who experience permanent and irreversible suffering, and to those whose worry is well founded of what lies ahead, to do all we can to alleviate their distress". With such notions and more, the arguments put forth by the proponents this really cause any difference for which Euthanasia is split into 'Active' and 'Passive', and that some countries legalize Passive Euthanasia and not Active Euthanasia? This study therefore attempts to bring about clarity in the conception of euthanasia and aims to provide an answer to the study's objectives:

- The right to autonomy naturally extends and entitles an individual to opt for a painless death.
- They believe that the patient and the dear ones should be liberated from the long sufferings of the gradually approaching death.
- These advocated deduce that medical-assisted dying as an act of expressing humanity to the patients who're suffering from chronic illness.
- There is a consent given by the dying patient to hasten death.
- The fact of simply feeling that one can choose and control the manner in which they can die and at what time may serve as a "psychological insurance" (as pointed out in a study by Sinha, et al.) for the dying patient by eliminating some of the stress associated with the dying process. Is euthanasia a deviant act?
- The dignity of the patient stoops down so low, the medication lead drug abuse, the eternal suffering of pain, that death seems to be the only get away; hence becoming ethical and justifiable.

The advocates against euthanasia state that the act violates the very essence of the doctrine of the medical profession. The arguments put forth by the opponents are:

- The very thought of seeking voluntary euthanasia can be a result of poor medical or palliative care by the hospital staff and by the loved ones.
- Hippocratic Oath which is taken by the physicians, by which they pledge never to do any harm to anyone and to not prescribe deadly drugs or give advice that may lead to someone's death. This oath gets jeopardized when physicians will have to perform euthanasia on the patients.
- If at all euthanasia becomes legalized, then it would become an expected choice from a patient and not free choice as the terminally ill patients will be put under tremendous social, psychological and financial pressures from the kins.
- The question of credibility in the decision making by a patient who is terminally ill. Is the patient demanding such a choice rightly justified is the raised concerned.
- The religion conviction that god is the only one who decides on life and death of individuals, and no man has the right to change this fate.
- If voluntary euthanasia is legalized, there is a high chance of this law to be misused, and also observe the rise in involuntary euthanasia, especially in the lower strata of the socio-economic class.

There are studies which provide significant data to support that religiosity is definitely associated with acceptance of euthanasia. A research conducted in Iran showed that there is more of a positive attitude towards euthanasia in student population when compared to the general population. This can mark the trend of accepting of euthanasia in the society. Though this study was localized in nature, further studies on similar basis with more representative samples should be collected. Studies also show that euthanasia is having better acceptance rate in recent times in the eastern countries, and has much greater acceptance in the developed countries. This leaves us with a expectation that in near future, more countries shall legalize euthanasia.

III. METHODOLOGY

The conflicting views regarding euthanasia have existed for quite a long time. These views are from philosophers, preachers, people from legislation and academicians who get a platform to voice their opinions. Little is known about the point of view of that of common citizens. Therefore, 50 undergraduate students (age group 18-25 years) were chosen for the study to provide responses to a survey circulated. The selection of this age group as subjects is because, they are in the threshold between care-free college life and being responsible citizens. They form the future of the societal demography. The survey circulated had questions first to assess their understanding of euthanasia and the latter half of the survey included a hypothetical situation in which they were asked whether they would give consent to euthanize their dear one admitted for a chronic incurable illness. The respondents were categorized into two groups - medical students (i.e. 24% of the respondents) & non-medical students (i.e. 76% of the respondents are from other varied streams). This categorization gave dual perspective, one from the point of view of the performer, and the other from the point of view of a caregiver.

IV. DATA ANALYSIS AND INTERPRETATION

Figure 1 seen below shows the acceptance of euthanasia among the respondents. As seen in the data, approximately 9 out of 10 people today seem to accept euthanasia. In that 1 out of 10, accept only active euthanasia, while 3 out of 10 accept only passive euthanasia. It is only 1 out of 10 people who do not accept euthanasia as a practice to be adopted.

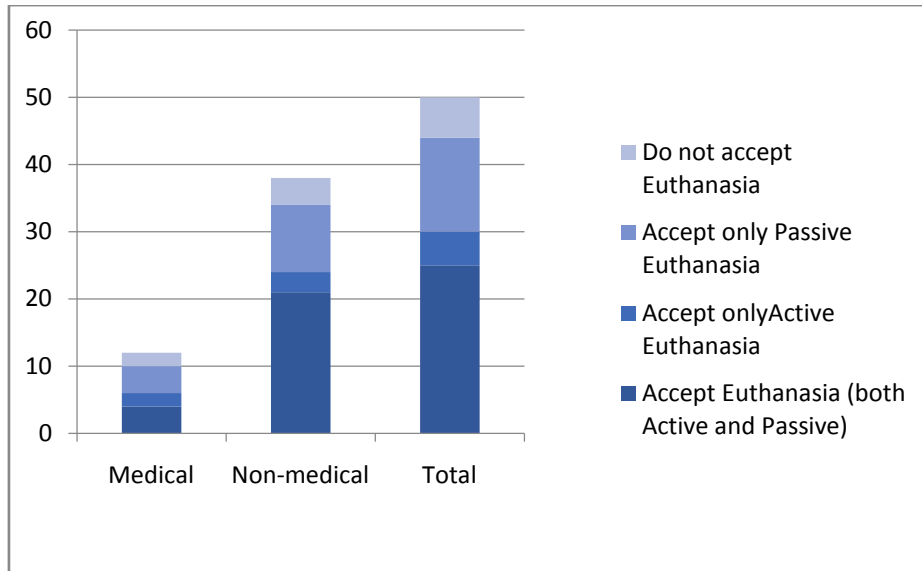


Fig. 1: Acceptance of Euthanasia

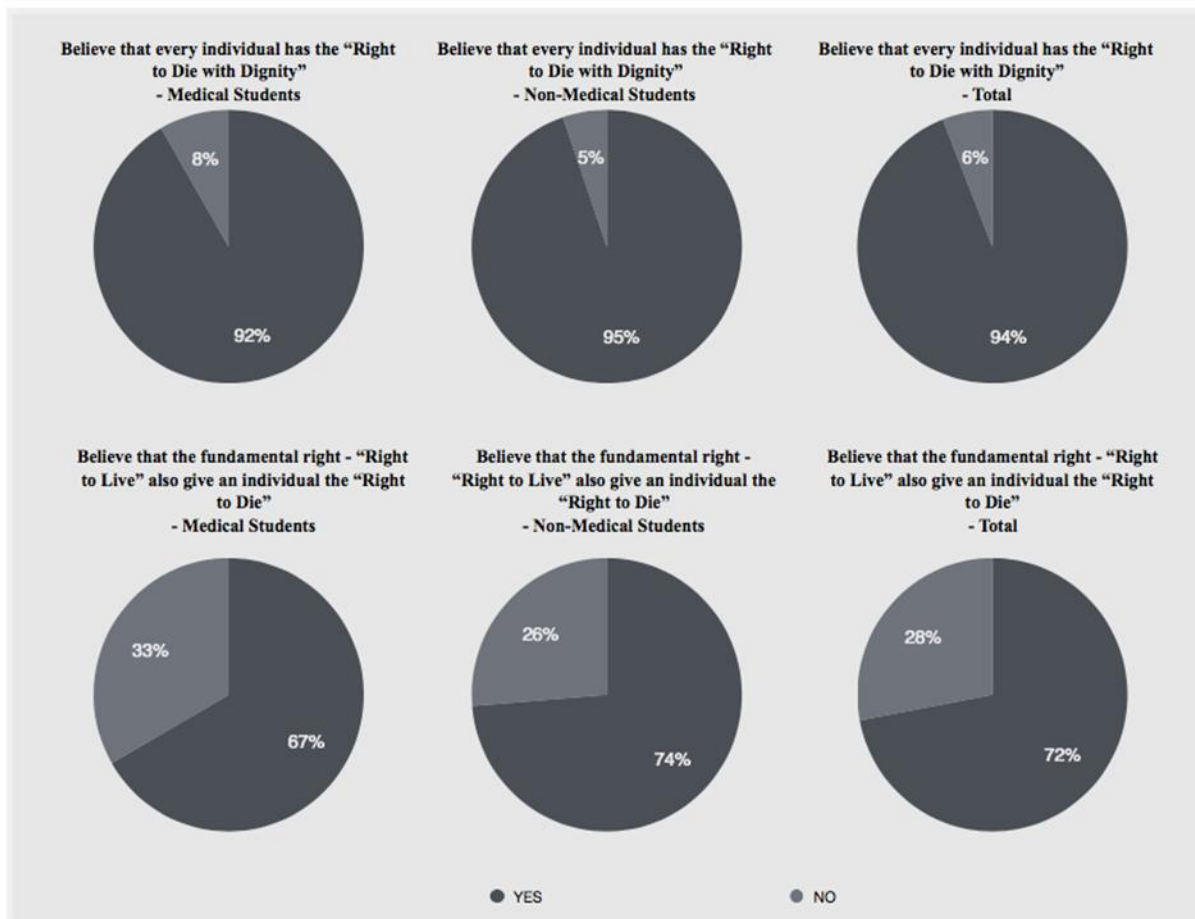
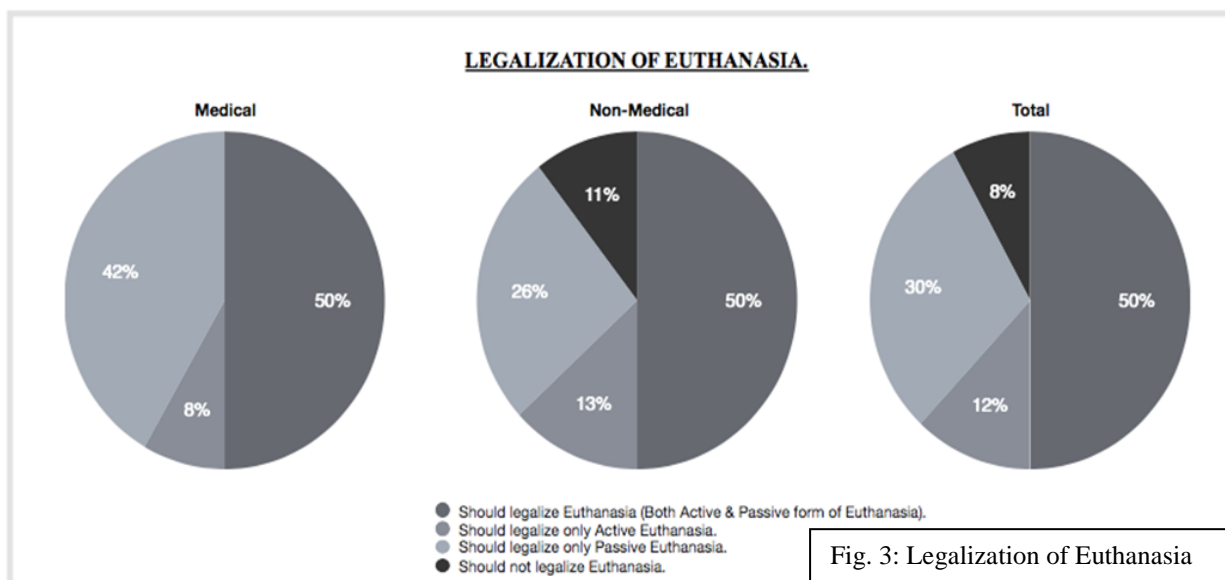


Fig. 2: Medical Students vs. Non-medical students – “Right to Die with Dignity & “Right to Live”

The data in the chart above (Fig. 2) clearly indicates that 94% of the respondents believe that every individual has at the “Right to Die with Dignity”. Also nearly 3/4th of the sampled studied believe that “Right to Live” also gives an individual the “Right to Die”, i.e. right to not live.



When coming to the main motive behind this long disputed debate regarding the legalization of Euthanasia, as per the data gathered and presented in Table 3 from 50 students, we see that 1/2 of the sample, irrespective of the course they are studying support the notion that euthanasia be it active or passive should be legalized in the country. It should be noted that all of the medical student surveyed want euthanasia to be legalized. It is only the non-medical students that form the 8% of the total sample surveyed to not want to legalize euthanasia. In India, Passive Euthanasia is the form of euthanasia that is legally accepted provided the guidelines are met. 3 out of 10 people are satisfied with the judicial stance and wish no further change in the laws regarding euthanasia.

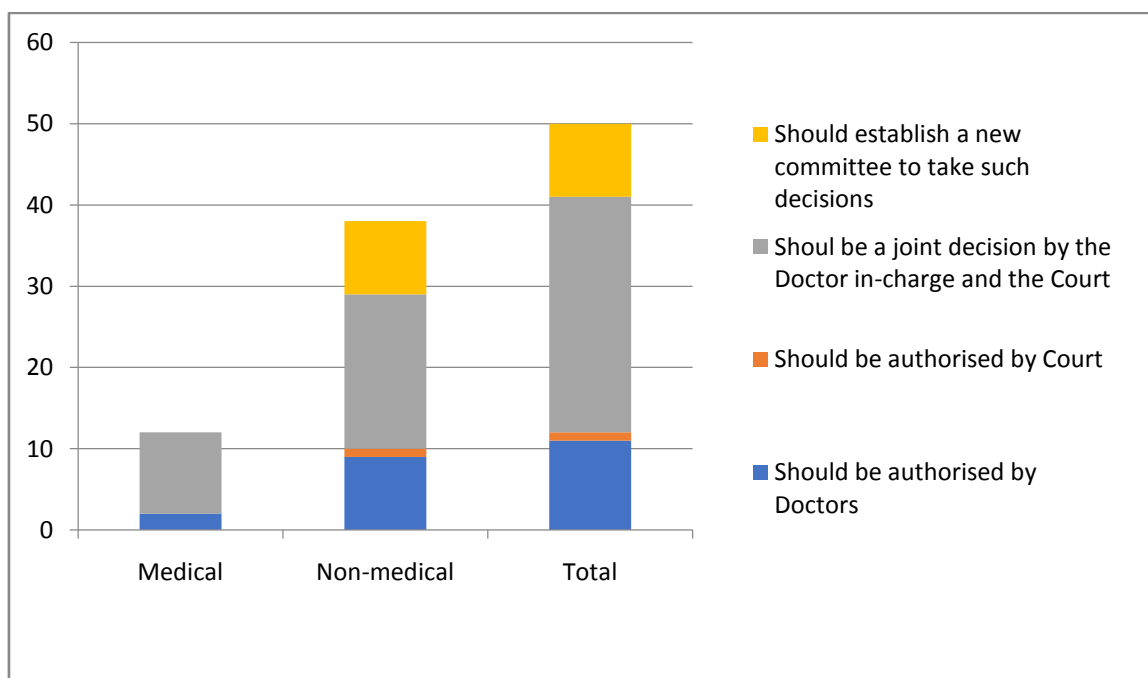


Fig. 4: Authorization of Euthanasia

The bar diagram above (Fig.4) shows the opinions of the respondents as to who should have the decision making power to decide whether a patient should be euthanized or not. More than half of the respondents believe that this decision making power should be a joint decision by Doctors and the Court. We see that medical students have opted for 2 options. No matter the percentage of these two options, it is evident that they all feel that doctors should have a say in the decision making. Among the non-medical students there is an equal percentage in the selection of 'authorization by doctors' and 'authorization by a different committee'.

Among all the respondents, only 1 respondent feels that this decision of euthanizing a person should lay in the hands of the Court of the country.

V. FINDINGS

Based on the data gathered, the answers derived for the following objectives of the study are as follow:

A. IS EUTHANASIA A DEVIANT ACT?

What is deviancy? An act that is diverging away from the norm and it is nothing but a standard that is accepted by a large number of people. These standards can change with time, as in case of homosexuality. As seen in Fig. 1, only 12% of the sample studied does not accept euthanasia; where as a large proportion of the sample accept euthanasia or one of its forms, i.e. either active or passive euthanasia. One of the reasons mainly given for not accepting euthanasia is that for belief in miracles. The individuals hope that as medical science advancement is ongoing, and that you never know when cure to one's illness may be found. So euthanasia may take away the chance of recovery that they hope may arise from medical advancement. It was only one respondent who gave the reason for not accepting on the grounds of morality. The 88% of the population that accepted euthanasia or only a particular type of euthanasia support the idea on humanitarian grounds. They state that there is no meaning in leading a painful and miserable life and wait for one's death which anyways is going to come sooner or later. The one respondent who stood up for only Active euthanasia support their viewpoint by stating that passive euthanasia brings in gradual death which is also suffering, therefore administering lethal drugs will bring in death swiftly causing no more of further pain and distress. It is interesting to know though there are medical students who do not accept euthanasia, but if asked to do by their patients in future, none of them are hesitant to perform the act as per the patient's decision to go with either active or passive euthanasia.

B. SHOULD EUTHANASIA BE LEGALIZED IN INDIA?

In India, the question of one's decision on his/her own death arose during the case of P. Rathiman vs. the Union of India, which challenged Section 309 (dealt with suicide) of the Indian Penal Code. The court gave in the judgement that it is not possible to give the "Right to Die" under Article 21, thereby becoming a fundamental right. This was because, "Right to Life" is a natural right, while suicide is an unnatural termination of life and therefore is incompatible to the concept of right to life.

When the respondents were asked about the same, whether the fundamental "Right to Life" also silently gives an individual the "Right to Die". As seen from Fig. 2, nearly 3/4th of the sample population believes that it does. Therefore, if the court wants to retain its stance, it should make sure that its entire citizen should be made well aware of the Fundamental Right with proper interpretations; else the court will be seeing more petitions trying to challenge Article 21.

Another landmark case which today stands as a case study in the legal framework of euthanasia, not just in India but also worldwide is the 'Case of Aruna Shanbaug'. It was in this case that the "Right to Die with Dignity" of an individual was recognized and Passive Euthanasia was made legal with some guidelines to be followed. It was this case that changed the euthanasia law of the country. Aruna Shanbaug, a nurse at the King Edwards Memorial Hospital in Mumbai who was a victim of sexual assault. The attack resulted in cutting off oxygen supply to the brain, which caused blindness, deafness, paralysis and she was in the vegetative state for 42 years. Though the court granted passive euthanasia, the nurses of the hospital rejected the plea. ArunaShanbaug in the year 2015 died of pneumonia.

When the respondents were asked whether an individual has the "Right to Die with Dignity", 9 out of 10 people among the respondents said yes. When asked whether granting of Passive Euthanasia in the case of Aruna Shanbaug was justified, 82% believe it was justified, 14% didn't approve the verdict and 4% chose not to reply. Those who were for the verdict believed that she had suffered long, and since there was no sign of further recovery seen, it was an apt decision to go with Passive Euthanasia. One of the respondents, who was not in favor of the verdict believed that ArunaShanbaug should have been granted Active Euthanasia. Looking into the data collected, there is a possibility that legalizing euthanasia will most probably get public approval.

C. HOW IS SUICIDE DIFFERENT FROM EUTHANASIA?

As per the responses collected, 54% of the respondents believe that suicide is a deviant behaviour. In that 14% of the respondents believe it to be a crime; 6% believe it to be a sin; 18% believe it to be both and 60% believe it not be a deviant act or see it as an illness (psychological perspective). This data gives us a hope that the society may be moving towards more scientific reasoning, that just blind follow of faith. The main issue with acceptance of euthanasia is that it is thought to be same as suicide; and as we all know, suicide is a deviant behavior in psychological perspective, a deviant act of crime in sociological perspective and a deviant act of sin with respect to religious perspective. The data collected showed that 1/4th of the respondents do believe that euthanasia is same as suicide. To accept euthanasia into legal framework, it is necessary that we must debunk

the idea of suicide and euthanasia being the same. One must understand that there is no increased physical disability, or long painful suffering, where one has to depend on others to perform basic human functioning in case of suicidal individuals. Those patients who seek to resort to euthanasia, there is hopelessness in their life. There is a chance in the case of suicidal individuals to be able to manipulate their circumstances. Hence, a clear distinction between the two different ideas - Euthanasia and suicide should be drawn. Confusion between the two, shall only aggravate the long running debate.

D. THE RELIGION ANGLE IN RELATION TO ACCEPTANCE OF EUTHANASIA.

In the data collected, one can see that the ones hesitant to accept euthanasia are mostly the ones that believe euthanasia is same as suicide. As we all know religions like Christianity and Islam prohibit individuals to take one's life. Life is considered as a sacred sanctity and an individual has no right to take it away. Thus, when one runs the idea of suicide and Euthanasia on parallel grounds, it outrightly becomes a sin. Nevertheless, there is a wide variation observed in the acceptance of euthanasia within a religious community. As mentioned by some of the respondents that them belonging to a religious group is for social identity, but they do not ardently follow the faith. Religions like Hinduism and Jainism do have the notion of "Samaadi" and "salekhna" wherein an individual voluntarily decide to give up life. For that reason one may find a bit higher acceptance rate of euthanasia among the Hindus and Jains. Therefore, the question is whether depending on the degree of faith can acceptance of euthanasia be accessed? Well, the nature of the question becomes very subjective, and what measure can be used to set a standard or the unit to quantify the degree of faith. Giving voice to all can also be a boon as well as a bane; and India being a religiously diverse nation, may create chaos.

VI. CONCLUSION

In a country where the basic rights like "Right to Education", "Right to Quality Healthcare", much of the population has no access to portable water and others are yet to achieve, the debate on the right to die is a secondary priority. But looking at the trend, wherein people are more acceptable to the notion of deciding one's own death, there is a chance that we may witness a landmark judgment on legalization of Euthanasia, not just in India but also in many more countries. What is right or what is wrong, is not embedded in our minds since birth. These are socially constructed concepts that were taught to us and we were conditioned to always think everything in binaries. Euthanasia is not something that can be confined into either just black or white. It is predominantly a grey area which cannot just be viewed from the Lens of morality. What people miss while advocating against Euthanasia is that, it is not against the will of living. Euthanasia is a mean to escape the life that has no hope, only sufferings with increased disability. What matters here is the quality of life that every individual deserves. Euthanasia law can turn into malpractice. True, but are all our other laws safe from malpractice? Just because of the fear of malpractice, we should not deny the rights and chance of a deserving individual.

To protect the law from malpractice, the necessary steps to be taken by the policy makers such as, to define the criteria and conditions, under which individuals who are willing to go for euthanasia can apply. The decision to undergo euthanasia should be the will of the patient. In case of involuntary euthanasia, the doctors should first check all the scope for recovery and there should be officers who shall look into the socio-economic factors of the family. If needed, there should be provisions made by the government to financially aid the disenfranchised section of the society, so that families do not take decision of euthanizing a patient due to financial incapability. To expand this idea, it would be efficient if a body consisting doctors, medical officers, health-scientists and the court should have the decision-making power. Finally, as euthanasia is a global debate, a wider perspective is needed to understand the problem.

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