

## Euthanasia: Can death be a therapy?

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### POINTS TO DEVELOP

Death is a reality for all those who are born.

Even those who don't fear death desire painless deaths.

Passive and active euthanasia.

Active euthanasia more controversial.

Why people hesitate about legalising euthanasia.

Why euthanasia can be a boon to patients.

A cautious approach needed.

in the end, death can be the only therapy

Death comes as the end. Anyone born in this world must perforce die, despite the level of medical knowledge and skill at present. And when that medical knowledge is quite certain that a person's sickness is not going to be cured, that he or she is not going to recover, in other words he or she is terminally ill, would it not be merciful to allow the person to die? Would not euthanasia-or mercy killing as it has come to be termed-be acceptable to the suffering patient as well as to those who are close to him or her?

Painless death, which is what euthanasia basically means, is something that each one of us desires even if we are not afraid of that final annihilation. Visions of being bed-ridden, suffering increasing and incurable pain, causing trouble and grief to those whom one holds dear, above all, being dependent on others with no hope of recovery-such visions do disturb the imagination of even the most robust in health and the most optimistic among us, at least fleetingly. At such moments the idea of an easy death is certainly attractive. To be able to end it all at a stroke, so to say, appears the better alternative to prolonging the misery.

The issue of euthanasia involves two aspects: passive and active. Passive euthanasia would be the right to refuse medical treatment which merely prolongs life technically but holds no possibility of a cure or a resumption of normal activity. It is something that many people have done. There can be little controversy about such a decision. Indeed, it is not callousness but a clear perception of reality to consider as a meaningless waste medication that is not going to do any good whatsoever. It would be far more dignified to die peacefully

and naturally, free of the myriad tubes and pipes sticking out of one's body in an attempt to keep one artificially alive.

Refusing medical succour beyond a certain point is not a problem if a person's mental faculties are functioning normally. The decision is made by the individual. However, patients in a coma or in an otherwise unlit condition may not be in a position to make known their wish to forgo further treatment. Their families might hesitate to discontinue such treatment for fear of being accused of negligence. To meet such circumstances, there should be some legal provision. If, for example, there is a written declaration by the patient, made when fully conscious and mentally alert, that in case of terminal illness or irreversible coma artificial means to sustain life, merely to prolong the process of death should not be used, the person's expressed wishes should be respected. Many of us, indeed, would favour making such a 'living will' to spare our families the awful dilemma of deciding, when the time comes, whether or not to continue with expensive but useless medical support systems.

It is when we come to the 'active' aspect of euthanasia that ethical dilemmas come to the fore. For it involves not merely a refusal to be medicated but a conscious and deliberate decision to end one's life in case of terminal illness, and beyond that the right of doctors to be protected from prosecution if they accede to a patient's request for mercy killing. Whether one takes the decision oneself or others have to take the decision, the issue is fraught with moral considerations.

'Active' euthanasia, in its essence, comes down to legalised suicide or legalised murder or abetment to suicide. There is a deep-rooted belief in most people that life is a God-given gift and it is presumptuous on the part of human being to throw it away. As for taking it away from another human being, howsoever merciful the motive, many would frown upon it as coming dangerously close to playing God. And if the patient is in coma without having expressed any idea on the subject, who is to decide on actively terminating the person's life? The possibility of greedy and unscrupulous relatives colluding with an equally unscrupulous doctor to kill a patient, from whose death they stand to gain, is a real danger. Even if a doctor is sincere and honest, the dilemma will remain whether the decision to terminate life was right or wrong at a deep moral level. A doctor's duty is surely to prolong life and not assist in shortening it. There is a wide difference between stopping irksome medical treatment to allow a dying person to attain a peaceful and natural end and, on the other hand, administering something in order to consciously induce death. What if after deciding to allow euthanasia and being administered the lethal drug, hovering between life and death, a patient wants to reverse his or her decision and does not want to die as

yet? It would be a horrendous situation for the patient as well as the doctor. Even those making a 'living will' to die may yet feel like changing their mind toward the end, but drift into a coma before expressing their changed view-point. What then? Who can decide correctly for such a patient? The act of removing life supports and permitting death can be traumatic enough for some doctors and nurses, may be even abhorrent to their conscience. How then can they reconcile themselves to actively administering some lethal drug to shorten a patient's life?

There are times, of course, when the agony of a patient dear to us is difficult to see and bear, especially when everyone concerned knows that death is inevitable. And it

is easy to understand and sympathise with the death wish of the patient suffering excruciating pain or the humiliating situation of losing control over vital bodily functions. It is not given to all of us to have the strength and courage to endure physical pain and mental anguish stoically-though many of us would, no doubt, yearn for such strength. At such times and for such persons, surely the choice of euthanasia should be made available.

In certain countries such as The Netherlands, The Northern Territory, Australia; Japan; Colombia; and Belgium, law allows the life of a person to be taken "upon his/her explicit request". In the United Kingdom, it has been considered legal to withdraw medical treatment and life support for a patient in persistent vegetative state and allow him or her to die. In South Africa, even though euthanasia is not legally accepted, it finds widespread support. As a matter of fact, a survey by the Medical Association revealed that about sixty per cent of physicians in the country had performed passive euthanasia by withholding medication or procedure with the hope of speeding up death. In India, there are voluntary societies that are campaigning for the right of an individual to choose to live or die within the limits of law.

Any law on euthanasia should, of course, have clear safeguards to preclude any possibility of unscrupulous elements exploiting the situation. For instance, hiding behind euthanasia, the greedy relatives and doctors could kill the terminally ill patients before time to make money and /or to settle the mounting hospital bills of the bedridden patients in question. The prime decision should come from the patient concerned, and that after long and deep thought. There can be no hasty decision in this matter. No one should try to influence a person to think in terms of terminating his or her life or in seeking active intervention from doctors in doing so. No effort should be made to terminate a patient's life unless he or she repeatedly requests such action, and there is no reason to doubt this desire to

die. It is also important that euthanasia is considered only in case of severe mental and physical

suffering with no prospect of relief, and all other options for the patient have been exhausted. But some people disagree with this, claiming that allowing the so-called mercy killing, in all likelihood, would send wrong signals in the society, jeopardising the very sanctity of human life in the process. Besides, behind euthanasia lurks the grave danger of 'organ harvesting'. Incidentally, in 2005 the Andhra Pradesh High Court dismissed Venkatesh's, requests for mercy killing on this very ground though he was terminally ill.

People who staunchly oppose euthanasia are blind to the tragedy and sense of human waste when a person suffering from irretrievable brain damage is kept artificially alive, suspended between life and death. There are several persons in the world at present who lie in a 'persistent vegetative state'. Here it would be pertinent to recall that sometime back a district court of USA, in perhaps the most heavily litigated right-to-die case in US history, passed a historic judgement allowing a terminally ill patient, Terri Schiavo, to die peacefully. In 1990, a heart attack had left Terri brain-damaged and she had fallen into coma; since then had been leading a vegetative existence. Previously, death came when a person stopped breathing; now cardiopulmonary resuscitation and mechanical ventilators and respirators prolong life-or existence as some would have it-beyond what could have been imagined even some years earlier. In the circumstances, one has to consider the meaning of life itself, and not reject euthanasia out of hand as 'immoral'.

Euthanasia is a controversial subject, and there can be no unanimity about it. Myriad shades of opinion exist upon the rights and wrongs of it. Ultimately, it ought to be every individual's right to decide whether to endure the suffering or to end it all, whether to continue with a treatment that merely prolongs a meaningless existence or to seek in death itself the final therapy. After all, the right to live would not be complete if the right to die with full dignity were not available to the people.