



BIO-ETHICAL PERSPECTIVES ON EUTHANASIA

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Euthanasia as a Bioethical issue is introduced as one of the problems in the field of applied ethics, especially medical ethics. In general ethics is defined as the set of moral principles followed by a particular tradition, group or individual. It discusses about what is good or bad and also evaluates rightness or wrongness of any action. In a sense, ethics is the science of custom or habit of a human behaviour. It deals with the individual's voluntary and habitual actions of right and wrong. The concepts right and wrong are the purposive action of the human choice and will. Ethics makes analysis an action whether it is right or wrong. It is a science of ideals related to human life. The major areas of the study in ethics include meta-ethics, normative ethics and applied ethics.

Meta-ethics deals with theoretical meaning and reference of moral propositions and how their truth-value may be determined. Normative ethics emphasises on the ideals and values including 'ought to be'. It refers to whatever is actually right or wrong, which may be independent of the values or mores held by any particular people or culture. Applied ethics deals with various ethical issues and social responsibilities in relation to the day to day affairs of life. It also discusses about the morality involved in a specific situation. This paper exclusively deals with normative and applied ethics. Applied ethics as a branch of philosophy can be traced back to ancient period of Plato, but it is taken seriously as a special discipline post 1960s. Professionalists are majorly concerned with factors like intellectual satisfaction, advancement of technology, economic benefits and less concerned about the morality or values underlying their profession. Accordingly, these professionalists are alienated from the moral values concerning their profession.

This paper deals with the specific situations of these professions on the one hand and the moral values that arise of these specific situations on the other. Bio-ethics is the study of controversial ethics brought about by advances in biology and medicine. Bio-ethicists are concerned with the ethical questions that arise in the relationships among life sciences, biotechnology, medicine, politics, law, and philosophy. It also includes the study of more commonplace questions of values i.e., the ethics of the ordinary which arise in primary care and other branches of medicine.

The term bio-ethics was introduced by Van Rensseler Potter in 1970. Later, Kennedy institute also attempted to define bioethics. By the emergence of bioethics, many experiments and innovations conducted on human life were put to a halt. For instance cloning. It gives scope to view issues from many moral and social perspectives.



It also paves way for the discussion between life with science and technology. The advance of science and technology creates new challenges in human life. Perhaps they are creating new problems especially to the health care profession. The most serious and important bioethical issues are such as abortion, euthanasia, stem cell therapy and cloning.

This paper is concerned with one such issue; euthanasia. Euthanasia is both bioethical issue as well as an ethical issue in the field of medicine. The advancement of modern medicines has always won the battle against many of the diseases that human kind had undergone in the past. However, there are many diseases which are yet to be diagnosed even with such technological advancement, such as cancer, AIDS, alzhiemers disease etc.... So the prolonged incurable diseases have always become a challenge for this medical field. The kind of pain, mental trauma, financial difficulties, and dignity of these patients has become the question of the hour.

Why the individual has to decide about his death or why we are thinking about death or what are the criteria of the death. Here comes the factor of the failure of medicine, unbearable pain and distress that leads to the decision taken by the patient. But it is a fact that every aspect of the problem to be analyzed in order to evaluate its significance in the domain of philosophy. The problems of philosophy are nothing but the problems confronted by the individuals in their intellectual and social life. The pragmatic purport of each of our forms of life is exhibited.

The historicity of Euthanasia can be traced back to Ancient Greece and Rome. Hemlock was employed as a means of hastening death in Athens and island of Kea. Euthanasia in ancient Greece is followed in the sense of deliberately hastening a person's death and this was supported by the philosophers like Socrates, Plato and Seneca. However, there are evidences that ancient Greeks also opposed euthanasia even if one has unbearable sufferings. The philosopher, physician Hippocrates is against the practise of euthanasia in ancient Greece. It is often cited that evidence against euthanasia in the Hippocratic Oath is named after the "father of medicine" Hippocrates. Hippocratic Oath enjoins doctor never to "give a deadly drug to anybody if asked for it, nor... make a suggestion to that effect". Many doctors even today believe that the Hippocratic oaths prohibition against euthanasia is to be respected.

With the rise of Christianity people believe that euthanasia is an immoral act because according to their belief life is the gift of God and the individual has no right in taking it away. With the emergence of enlightenment in the eighteenth century church's teaching were considered irrational. The term euthanasia was not used in today's sense but rational suicide which is grounded on the idea that people with life-threatening diseases may have good reasons to want to die. In the modern era the right to die movement can be traced back to 1935, when George Bernard Shaw, Harold Lanksi, Betrand Russell and H.G. Wells founded the British Euthanasia Society. This is one of the pioneer movements of its kind in the modern era to legalise euthanasia. However,



it was put to a temporary halt during the Second World War until it resurfaced in the America in 1970's.

In Germany under the Nazi regime during the pre-World War II people who were handicapped, in asylum and mentally ill were killed in a program secretly approved by the government. This Euthanasia Programme of Hitler's brutal murder has given a negative impact on the euthanasia movement. The modern resurface of Euthanasia in the 1970s is partly because of the Americans living longer. In post second world war modern medical technology has increased the life expectancy in America to seventy one percent in 1970. Hence, there was a tension between doctor's interest to preserve life and patients desire to for painless and peaceful death. This tension got culminated in the 1976 court cause of Karen Ann Quinlan the first case in Euthanasia to come for trial in the US court.

In order to understand the complexities of euthanasia, it is important to distinguish the various type of euthanasia. The kinds of euthanasia discussed in the second chapter include voluntary and involuntary euthanasia, active and passive euthanasia. The important distinction in understanding Euthanasia is between voluntary and involuntary euthanasia. According to the former, it is performed in conformity with the patient's request to the doctor. In the latter it occurs without the patient's explicit consent or even against his or her will, which can be called a form of homicide. In the general conception what separates euthanasia from homicide is that euthanasia by definition is voluntary. However, the line between the two is blurred in these situations the family members, doctors and the court acts on behalf of the patients. But the specific rules regarding decision making on patients behalf is critical and complex. However, the principle remains same; for euthanasia to be permissible there must be enough evidence that the patient would have desired it. According to active euthanasia the doctor administers a lethal injection at the patient's interest. In the passive euthanasia the doctor does not do anything to intentionally cause death, he simply refrains from the treatment and allows the death to occur.

While discussing about legalising euthanasia "Medical science has conquered the gentle and peaceful deaths and left the humiliating and agonizing to run their relentless downhill course"¹ states the hospice physician Ira Byock. In the present situation there are instances where the doctors helped suffering patients by hastening deaths. One way of deceptively performing euthanasia by doctors is "terminal sedation". If a patient is suffering in extreme pain the doctor is allowed to prescribe sedation as much as to relieve from his pain. Morphine is one such drug used commonly to relieve pain, however if the dosage is higher it is lethal. The doctrine of double effect in the principle of medical ethics is that the doctor can administer morphine for pain control even if it has side effects, terminal sedation or causes deaths.

Many doctors use this "terminal sedation" to kill patients and take refuge in the doctrine of double effect. This situation should change and the doctor-patient should discuss openly about euthanasia instead of the fear that they are committing a crime.



Hence, legalising the physician's aid would benefit the patient, even though the patient is not willing to die but wants an assurance that he will have a dignified death when the situation worsens.

The claim is that by legalising euthanasia the practise will become an abuse. However, it is the duty of the doctors and lawmakers to do everything possible to prevent from its abuse. Because it would be wrong to deny euthanasia on the speculation that if it is legalised it will lead to abuse. Freedom is always grounded by responsibility; absolute freedom is always a chaos. Hence, by legalising voluntary euthanasia the decision people make about their life is respected by the society.

In contradiction in legalising euthanasia, if a society accepts legally killing or mercy killing, it will be a sign where the people in the society have begun to lose respect in human life. If the first step down the slippery slope is taken it will become difficult to stop the downward slide. Once euthanasia is legalised it will become a routine and comfortable enough to make an option. This comfort would make the option to be extended to others in the societies who are considered as suffering by the ethicists, physicians and lawmakers. Hence, there is a real danger in legalising government sanctioned mercy killing.

While discussing about legal issues of euthanasia it has become imperative to consider euthanasia from religious and socio-cultural perspective. There is a general conception that all religions are against mercy killing. It is not the fact that assisted suicide is universally condemned by all the existing religious faiths. Suicide is sinful according to the monotheistic faiths of Judaism, Islam and Christianity. Euthanasia discussed from the socio-cultural and religious perspective. In the conclusion of the present chapter a brief introduction and evaluation of euthanasia as both ethical and unethical has been undertaken. However, a detailed description of the issue is presented in the fifth chapter.

The debate on euthanasia is of particular importance to physicians. It is an oxymoron to consider doctors as healers of physical sufferings or preservers of life on the one hand and with the advent of euthanasia being accepted doctors will become the agents of death. Hence, this moral dilemma of the doctors has to be considered in order to explore the merit of euthanasia. It is often considered that doctors must always act in the best interest of the patients. However, there are situations in which it will be difficult for the doctor to decide between right and wrong. When moral dilemmas arise between life and death situations, doctors always look upon the medical ethics underlying their profession to decide the further course of action. Euthanasia is one such moral dilemma in the eyes of doctor which very complex to be addressed.

Euthanasia is opposed by the medical ethicists based on the Hippocratic Oath. However, one has to consider the time factor, social background and technological background in evaluating Hippocratic Oath. There is a paradigm shift in the medical field since the time of Hippocrates so it has become mandatory to reform the ancient



conceptions. According, to Hippocratic Oath abortion is condemned but in today's world nobody will consider abortions on specific situations are always accepted. Hippocratic Oath is based on the general idea "*Primum non nocere*" meaning "First, do no harm" which is considered as the fundamental principle of medical ethics. But with the advent of present day medical field there are certain treatments which cannot be performed without harming the patient. One such treatment is chemotherapy where the patient undergoes intolerable pain even if it kills the patient's cells. Hence, it can be justified that we are not in the principle of Hippocratic Oath with the present day medical technology.

The goal of medicine is not only to heal and preserve life but also to serve the patient's desire. According to Marcia Angell, "The highest ethical imperative of doctor's should be to provide care in whatever way best serves patient's interests, in accord with each patient's wishes, not with theoretical commitment to preserve life no matter what the cost in suffering"². When death is imminent and there no chance of getting back to life, the doctors still have the duty to respect patient's wishes and to do everything possible to relieve the patients sufferings. Many dying patients want assistance in suicide. When the patient is suffering, has no hope of recovery and when the request to die is rational and uncoerced then the doctors dual obligation to relieve suffering and to respect patients wished dictates that such request should be granted.

According to Hippocratic Oath the doctor's duty Doctors is not to harm. It is implied that the principle not to harm is not violated if the death of the patient would cause only less harm then prolonging unnecessary suffering. Hence, there are situations which can be convinced or granted for assisted suicide. This seems to one sided of an argument, the implications of physicians-assisted suicide can be viewed as a violation of medical ethics. For instance, the relationship between a doctor and a patient is sacred trust. This trust in the doctor-patient relationship will disintegrate if allowed to kill patients. To ensure that doctors do not abuse their power the medical profession has set voluntary limits on itself. These limits take the form of medical ethics. The Hippocratic Oath is the original statement of medical ethics and many medical graduates still take it today. Thus the Hippocratic oath which served as a corner stone in the medical profession for centuries condemns euthanasia. According to the American Medical Association "Physician-assisted suicide is unethical and fundamentally inconsistent with the pledge physicians make to devote themselves to healing and to life" p.46. One principle of medical ethics that of patient autonomy holds that doctors should respect the wishes of their patients. But this principle is far from absolute cannot do what patients ask them for. The doctor would have to discern how much pain the patient was experiencing. What amount of pain is necessary to justify euthanasia? How could a doctor decide that yes the patient should be helped to die but no that patient there is not suffering enough and his request for suicide should be refused? There is no quality of life measuring stick. Such assessment is entirely subjective. Hence, the doctor cannot and must not decide when patient has to die.



Accordingly, the doctor cannot decide whether death would benefit the given patient because such decisions would lead to playing a role of the God. If the doctor is elevated to the level of God there is always a possibility of misuse in the practice of euthanasia. Hence doctor assisted euthanasia in certain situations should not be allowed.

Here, we cannot have a general statement that euthanasia is wrong or right. Rather than generalizing euthanasia the specific situations under which it has to be performed has to be analysed. The expertise of the doctors, the government, the family members and more importantly the approval of the patient everything has to be analyzed in a judicious way in performing Euthanasia. Hence, there are no fundamental principle underlying every mercy killing rather it varies with respect to the situation and time.

The central core of the individual liberty is that individuals have all the right to do as they wish with their own bodies unless and until it does not harm others. The option of choosing how to die is the last decision that a person makes in his life and he must have the liberty in choosing that. This chapter also deals with autonomy, dignity and right to die. Euthanasia can be ethical if it is justifiable that the quality of the patient's life has become so intolerable that he would prefer death than in continued suffering. It can also be the criteria of ethical if the patient has lost all hopes of recovery and wants death to be occurred. Since, it is impossible to know how much the other person is suffering. It is only the suffering person can make such a serious decision. The idea behind this is that apart from the dying patient why should an ethicist, doctor, law or society should be claiming what is best for him.

Euthanasia is unethical because every human life has an intrinsic and innate value that is one of reason why every civilized society condemns murder. Some argue that people who are in intolerable pain has lost the value of life and they do not deserve to live. This is in contradiction with the fundamental purpose of life which upholds the sanctity of life. Hence, taking away one's own life according to one's own wish or on the decision of doctors or relatives as in voluntary or involuntary euthanasia is always condemned. Sanctity of life states that euthanasia done voluntarily or involuntarily is wrong because decision about life and death has to be decided by the God alone.

As pope John Paul II states, "euthanasia must be called a false mercy, indeed a disturbing "perversion of mercy"³. The phrase *mercy killing* is contradiction because a compassionate person can never condone killing. Another phrase *death with dignity* is also seemed to be in contradiction since it implies that some deaths lack dignity. Every individual has the fear of intolerable pain and death but their dignity is not lost since they are in the dying bed. Because no dying person's innate dignity is lost by his or her suffering. The ethical choice behind is to respect the lives of all human beings even when they confront death.

Conclusion

Euthanasia will stop the suffering of the patient's pain. This can be done by the physician but physician's duty is saving the life of patient. They should give the best



treatment and mental support to the patients. Physicians have duty and responsibility to the society and to his patients. So the physician comes in grey zone in taking the final decision of applying euthanasia. In this case they are taking autonomous choice regarding whether they have to apply euthanasia or not. They can perform euthanasia to his/ her patient but that should not be against the medical profession. Otherwise gradually it will be practised by all medical institutions and also might be misused.

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¹ Quoted in House Committee on the Judiciary, Subcommittee on the Constitution, Oversight Hearing: Assisted suicide in the United States, 104th Cong., 2nd sess, April 29, 1996. www.house.gov/judiciar/2173.htm. Cited on Euthanasia Opposing Viewpoints Digests by James D Torr, p- 77.

² Timothy E. Quill. "In the Name of Mercy", *People Weekly*. April 7, 1997, p-52 Cited on *Euthanasia Opposing Viewpoints Digests* by James D Torr, p- 53.

³ Torr. James, D. Euthanasia Opposing Viewpoints Digests. Greenhaven press California. 1974 p- 29.