

AN ANALYTICAL STUDY ON THE CONCEPT OF EUTHANASIA

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Abstract

The abstract of discussing euthanasia from an ethical and legal perspective is extremely important as of today because of the breakdown of family life, the improvement of medical technology, and the importance attached to the productivity of human life that comes into play. The whole trust in this unit will be. To show that human life at present can't be created in a laboratory. The hand of God is seen clearly in all religions, and atheism is attributed to some power. The death penalty is not right.

Keyword: *living will, passive euthanasia, suffering, termination of life, death, legal, supreme court.*

Introduction

It is a universal truth that death is not the only certainty in this uncertain world. Everyone knows that death will occur eventually, whether one likes it or not. It affects everyone. Whichever social group people belong to, whether they are young or old, poor or rich, the pauper or the king, the ruler or the ruled, the sinner or the pious, in addition, one has to face the death of loved ones, even before one has to face their own death, and this is what makes death poignant, impregnable, and fearsome. Despite all this knowledge, it is very difficult for most of us to think about the deaths of ourselves and our loved ones. Most of us feel afraid of death, as perhaps the most basic human response to death is flight from death, but some people seem to see death as a simple solution to their complex problems. Anthropologist Ernest Bakery argued that "the idea of death, the fear of it, hunts the human animals like nothing else; it is the

mainspring of human activity—activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man."

In addition, everyone wants to die painlessly, but this is not the destiny of some with an incurable illness or injury. To end their suffering, dying patients may take their own lives, in some cases. In addition, it is very difficult for the family members to see the agony of the patient when everyone concerned knows that death is inevitable and there is not a ray of hope in sight for any improvement. The issue of the right to end one's life (euthanasia) has indeed caught national and international fancy, and the mere utterance of these words is sufficient to elicit fierce, divided, and often passionate opinions, though confidential due to legal and social sanctions. Euthanasia is increasingly being touted as a beguilingly simple solution to the tragedy of a badly managed terminal illness. It is the bringing about of a gentle and easy death in the case of an incurable and painful disease. This issue has become highly controversial in recent years, as it has been legalized in Holland while relatives are being imprisoned in other countries for helping their loved ones die. These high-profile cases evince a distinct gap between those who believe that a person has the right to end their lives if they are in pain and those who believe that euthanasia is the last resort of an uncaring society. Euthanasia is the practice of terminating the life of a human being or animal with an incurable disease, intolerable suffering, or a possibility of undignified death in a painless or minimally painful way for the purpose of limiting suffering.

Meaning of Euthanasia: The word euthanasia is derived from two Greek words that mean "a good death." In the current debate, euthanasia has been defined as "the bringing about of a gentle and easy death for someone suffering from an incredible and painful disease or in an irreversible way. Usually, 'euthanasia' is defined in a broad sense as the intentional killing by act or omission of a person whose life is no longer felt to be worth living. It is also known as mercy killing. It is seen as a call for mercy for terminally ill patients. In 1979, no country had legalized euthanasia, although in Switzerland, a physician would prescribe lethal drugs to patients seeking aid in dying. Thirty years of voluntary euthanasia or physician-assisted suicide are legalized in the Netherlands, Switzerland, Belgium, Luxembourg, and the American states of Oregon, Washington and Montana. Perhaps a clear definition is: the intentional killing by act or omission of a person whose life is no longer felt to be worth living.

Types of euthanasia: Acts of euthanasia is categorized as Voluntary euthanasia, non-voluntary euthanasia, Involuntary euthanasia, Passive and active euthanasia which are given below.

1. **Voluntary euthanasia:** Euthanasia carried out with the patient's consent is known as voluntary euthanasia. Active voluntary euthanasia is legal in Belgium, Luxembourg, and the Netherlands. Passive voluntary euthanasia is legal throughout the U.S., per Cruzan V. Director, Missouri Department of Health. When the patient brings about his or her own death with the assistance of a physician, the term assisted suicide is often used instead. Assisted suicide is legal in Switzerland and the U.S. states of Oregon, Washington, and Montana.
2. **Non-voluntary euthanasia:** euthanasia conducted where the consent of the patient is unavailable is termed non-voluntary euthanasia. Examples include child euthanasia, which is illegal worldwide but decriminalized under certain specific circumstances in the Netherlands under the Groningen protocol.
3. **Involuntary euthanasia:** Euthanasia conducted against the will of the patient is termed involuntary euthanasia.
4. **Passive and active euthanasia,** voluntary, non-voluntary, and involuntary euthanasia can all be further divided into passive or active variants (Rachels,1975).A number of authors consider these terms to be misleading and unhelpful. Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life (Harris,2001). Active euthanasia results from acts of commission, like the administration of medication that hastens the process of dying, such as barbiturates, opioids, etc. Passive euthanasia involves acts of omission, which often involve withdrawing life-supporting measures like artificial feeding and artificial respiration. The main difference between active voluntary euthanasia and assisted suicide is that assisted suicide is when a person intentionally assists a patient, at their request, to terminate his or her life. Physician-assisted suicide refers to a situation where a physician intentionally assists a patient, at their request, to end his or her life, for example, through the provision of information and drugs.

Euthanasia in India: What is 'living will'? The "living will" Is a person's right to issue an advance directive on the course of his or her treatment, including withdrawal of life support, should such a situation arise? On March 7, 2011, the Supreme Court issued a set of broad guidelines legalizing passive euthanasia in India. These guidelines for passive euthanasia, the decision to withdraw treatment, nutrition, or water, establish that the decision to discontinue life support must be taken by the parent's spouse or another close relative, or, in their absence, by a next friend. This decision requires approval from the concerned high court.

The guidelines for living will: Adults of the same mind execute it without any coercion after having full knowledge. document has to be executed before a first-class judicial magistrate in front of witnesses. It shall clearly state when medical treatment may be withdrawn or no specific medical treatment may be given, which will only have the effect of delaying the process of death that may otherwise cause him or her pain. It should specify the name of a guardian or close relative who will be authorized to give consent to or a close relative who will be authorized to give consent to refuse or withdraw medical treatment.

What if there is no living will?

In cases where there is no advance directive, the procedure and safeguards are to be the same as in cases where advance directives have certain additional requirements. Doctors may inform the hospital, which in turn shall constitute a hospital medical board, which shall discuss with the family member and record the minutes of the decision in writing. The family members shall be apprised of the pros and cons of withdrawing or defusing further medical treatment for the patient, and if they give consent in writing, then the hospital medical board may certify the course of action to be taken. Hospitals shall inform the jurisdiction collectors, who shall constitute a medical board comprising the chief district medical officer as the chairman and three experts from general medicine, cardiology, neurology, psychiatry, or oncology with experience in critical care. If the board approves withdrawing life support, the notification shall be to JMFC and the family members of the patients. Again, the magistrate shall verify the medical support, examine the condition of the patient, and, if satisfied in all respects, may endorse the decision of a collector-nominated medical board. In cases of conflicting opinions, the nominee of the patient, the family member, the treating doctor, or hospital staff can seek permission from the high court, which shall render its decision to withdraw life support. the hike in such cases solved render its decision at the earliest. The high court shall ascribe reasons specifically keeping in mind the principle of “best interest of the patient.”.

Supreme Court guidelines on passive euthanasia:

1. The decision to discontinue life support needs to be taken either by the parents or other close relatives, or in the absence of any of them, such a decision can be taken even by a person acting as a next friend.
2. Such a decision can also be taken by the doctors attending to the patient in the best interest of the patient.
3. Every such decision needs approval from the concerned High Court.
4. When a high court receives such an application, the chief justice should appoint a bench of at least two judges who should decide whether to grant approval or not. This bench

will nominate. This bench will nominate and need a report from a committee of three reputed doctors.

5. Before giving the verdicts, notice regarding the report should be given to the close relative and the state.

After hearing the parties, the high court can give a verdict.

The case of euthanasia in India

1. 1973: KEM Hospital nurse Aruna Shanbaug was sexually assaulted by a ward boy. She remained in a vegetative state following the assault on November 27, 1973.
2. 2009: journalist Pinki Virani, who authored a book on Shanbaug. I approached the SC with a petition seeking passive euthanasia, which would involve stopping all of her active treatment.
3. 2011: The SC, in response to the petition, allowed 'passive euthanasia' to patients in a permanent vegetative state. But it turned down the Mercy killing P.L.A. for sandbags.
4. Shanbaug was shifted to the ICU with severe pneumonia in 2013. It once again led to a debate on the right to die.
5. 2015: After spending five days in the ICU, she suffered, leading to her death on May 18.

Different issues of euthanasia

1. **Psychological sectors and euthanasia:** Not surprisingly, it is concluded that the desire for death among patients with terminal illnesses is likely a product of depression. Several methodological issues limit the conclusiveness of these findings. Most importantly, the diagnosis of depression was based on the same clinical interview in which patients expressed their thoughts of suicide or expressed interest in hastened death. "Depression is associated with poorer will to live and greater desire for a hastened death. "Symptoms may include a wish for death, feelings of worthlessness, uselessness, guilt, and the belief that one is a "burden. "Common symptoms include agitation, brooding, preoccupation with the thought of death or suicide, difficulty thinking and concentrating, which may affect capacity to make decisions and lower resistance to outside pressure. In a cancer patient with a 3-month life expectancy, depression was associated with a request for euthanasia. Elderly people, especially those with dementia, are equally likely to be regarded as "better off dead" in Holland, whether or not they are in a position to request euthanasia. People with "mental suffering" and no physical illness have also been put to death in Holland.

2. **Ethical issue:** The largest part of the discussion revolves around ethical issues. The first counterargument against assistance with suicide for patients suffering primarily from a mental disorder is that one of the psychiatrist's basic responsibilities is to advocate for the vulnerable, disabled, and infirm in our society and, when necessary, to protect them from themselves or others. A classical manifestation of this task is the prevention of suicide. The assistance with suicide provided by the psychiatrist implies an attitude that is radically opposed to that medical goal. An historical example is the high number of suicides among unmarried mothers. The term "mental suffering stemming from mental disorders" is vague and hard to define, and the potential for abuse is serious. A final but recurring theme in the literature is a fear of gradual social acceptance of the practice of euthanasia, which might lead to a less careful decision-making process and to dealing less adequately with suicidal ideation and behavior. I agree with voluntary and passive euthanasia because this euthanasia can be carried out. voluntary request of the person killed, who must be making a written request. In that moment, if a person is not mentally incompetent or in good health, There are many countries that legalize voluntary euthanasia. These are: the Netherlands, American states, Switzerland, Germany, Belgium, and Columbia. In 2002, the Dutch Parliament legalized voluntary euthanasia. In the contest of other euthanasia, like involuntary and non-voluntary euthanasia, I do not agree. Because of involuntary euthanasia without the willingness of the patient, he or she is not asked, even if he or she is asked, and he or she chooses to live on. Genuine cases of voluntary euthanasia appear to be very rare. Non-voluntary euthanasia: in this euthanasia, a person is not capable of understanding the choice between life and death. In this case, euthanasia was carried out. It is neither voluntary nor involuntary, but non-voluntary. I agree with passive euthanasia because death is held by an omission. If patients are withdrawing all the medical support, either oxygen ventilation or a food tube, In India, passive euthanasia is legalized. In the contest of active euthanasia, I do not agree, because here patient's death is held by an action if patients are given a lethal injection.

Conclusion: The study concludes that, generally, many people understand that the aim of euthanasia is to kill someone, but that is wrong. It is not the aim of euthanasia to kill a person; its aim is the painless killing of a patient who is suffering from an incurable or painful disease. In this topic, I am in favor of euthanasia because, if we look at the history of euthanasia, their origins do not make a make a negative sense. I agree with voluntary and passive euthanasia. Euthanasia should be allowed for a terminally ill patient who has no chance of

recovery, rather than endure unbearable pain for the remaining years of his life. In such a case, it should be allowed so that spending money, facilities, and time on such a person would be of no utility but a waste of the same. In such a case, euthanasia will be the best remedy. As of March 2018, euthanasia is legal in the Netherlands, Belgium, Colombia, Luxembourg, Canada, and India. Assisted suicide is legal in Switzerland. Germany, Spain, and the US state South Korea is also set to join as a Euthanasia legal country starting in February 2018, both active and passive. An assisted dying scheme in the Australian state of Victoria will come into effect in mid-2019. In the case of India, the constitution of India guarantees "right to life" to all its citizens, but there is a question about whether "right to die" can also be read into this provision. In the present matter, the petition was filed by MS. Pinki Virani under Article 32 of the Indian Constitution to allow for the termination of the life of Aruna Ramachandra Shanbaug, who was attacked by sexual assault and left to die for the next 42 years in a permanent vegetative state. On March 7, 2011, the Supreme Court, in a landmark judgment, issued a set of broad guidelines legalizing passive euthanasia in India. These guidelines for passive euthanasia, that is, the decision to withdraw treatment, nutrition, or water, established that the decision to discontinue life support must be taken by parents, spouses, or other close relatives, or, in the absence of them, by a "next friend." The decision also requires court approval, while passive euthanasia involves not doing something to prevent death, as when doctors refrain from using devices necessary to keep a terminally ill patient alive. As far as the legal position of euthanasia in India is concerned, it is quite evident that euthanasia is illegal. Supporters of euthanasia are of the view that society should acknowledge the rights of patients and respect the decisions of those who choose euthanasia.

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