

Ethics of Voluntary Euthanasia

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In the recent years due to revolutionary developments, there has been a great change in ethics. During the past three or four decades, the concerns of medical ethics have expanded dramatically. In other words, ethical problems in health care and the biomedical sciences have gripped the public consciousness in significant ways. The issues of medical ethics are like Euthanasia, Consent, Human Experimentation, The sanctity of life, Sterilization and contraception, Organ transplantation, Artificial insemination etc, etc; This list goes on and on. One of the biggest controversies of this decade is euthanasia.

The word "euthanasia" comes from a Greek word and originally meant "a good or easy or happy death". When a person is hopelessly, incurably ill, leads inexorably to a state in which the victim is no longer able to communicate and loses touch with his surroundings, the question often arises; Should the patients mercifully be allowed to die? Public debate over euthanasia turned to horror when it was learned that in Nazi Germany up to a hundred thousand mentally ill and disabled children "considered incurable according to the best available human judgement" were, to use official language "granted a mercy death".

Euthanasia advocates that the person will die anyway, that the purpose is not to invade the person's right to life but only to substitute a painless for a painful death, that the shortening of the person's life merely deprives him of bit of existence that is not only useless but also unbearable. That the person can do no more good for anyone, himself included. Euthanasia can be performed by lethal injection, gas, the removal of life support equipment, the withholding of food and fluids and the removal of necessary medicines. A couple of features have made euthanasia a recent topic of wide concern. One factor is that people now die of different causes than they did in the past. The causes of death have changed radically during this century. No doubt, the meaning of euthanasia is "easy death" or "mercy killing". But this does very little to help us understand the concept. For consider this; if we give ourselves an easy death, are we committing suicide? If we help or assist someone else to an easy death, are we committing murder? Philosophers, therefore, have divided euthanasia into the following types.

i) Voluntary Euthanasia

In this type of euthanasia patient wishes to die and expresses this wish. The following case is an example of voluntary euthanasia:

"Mary F. was dying from a progressively debilitating disease. She had reached the stage where she was almost totally paralyzed and periodically, needed a respirator to keep her alive. She was suffering considerable distress. Knowing that there was no hope and that things would get worse. Mary F. wanted to die. She asked her doctor to give her a lethal injection to end her life. After consultation with her family and members of the healthcare team, Dr. H. administered the asked for lethal injection and Mary F. died"².

ii) Nonvoluntary Euthanasia

It includes those cases in which the decision about death is not made by the person whose is to die or when the patient is unconscious. For example, suppose that as a result of road accident, X suffers massive and irreparable brain damage, falls into unconsciousness, X would likely be little more than a vegetable. Given this prognosis, the X's family, in consultation with his physicians, decide to suspend artificial life – sustaining means and allow him to die.

iii) Involuntary Euthanasia

In this case the patient does not wish to die but this wish is ignored³.

iv) Active Euthanasia

In active euthanasia, the person's death is caused directly by an action performed by some other person e.g. the administration of a lethal drug.

v) Passive Euthanasia

In this type of euthanasia, death comes about as a result of withholding treatment e.g. Failing to administer some drug that is essential for the continuation of life.

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Active euthanasia is direct killing and is an act of commission. Passive euthanasia is an act of omission⁵.

vi) Physician – assisted Suicide

The other major type of euthanasia is physician-assisted suicide. It is basically a form of suicide, with the doctor providing the means to carry out or providing information to a patient about how to commit suicide in an effective manner. In voluntary active euthanasia, it is the physician who ultimately kills the patient. In physician-assisted suicide, it is the patient who ultimately kills himself, albeit with the assistance of the physician. In 1990, Dr. Jack Kevorkian, a retired pathologist and trained physician, assisted about 130 patients in committing suicide⁵. In most cases he provided them with a simple "suicide machine" that they could operate by pushing a lever with one finger, so as to inject a lethal dose of potassium chloride through an intravenous needle he attached to them.

It would seem, on the surface, at least, that active involuntary euthanasia would be morally unacceptable. To inject a person with a lethal drug against his will, is murder. Even if the purpose of the act is ostensibly for the victim's own good, it would seem that both morally and legally, such an act would not be justified. Nonvoluntary euthanasia, however, is another matter entirely. Here, subject is not a person who has refused consent to euthanasia, but one who is unable to consent or to withhold consent. Here in this article. I will concentrate on the morality of Voluntary euthanasia. Euthanasia is especially, voluntary euthanasia, raises many questions. Can killing a person be justified? Is human life is an absurd item? Of course, legality is not my main concern dealing with these questions. I am concerned whether questions are moral and if so, under what conditions.

The major problem which come into conflict in the issue of euthanasia is, The Value of Life Principle. (i.e., the human life should be preserved and protected)⁷ and The Principle of Individual Freedom (i.e., that human being ought to be free to pursue their own values and morality). Since the time of Hippocrates, members of the medical professions have searched for moral guidance in code specifying the duties of physicians. The physician and patient are not alone in patient healer relationship. Our physicians all subscribe to that oath as the standard of their professional ethics. The contradiction is there because the oath promises two things; first, to relieve suffering and second, to prolong and protect life. When the patient is in the grip of fatal disease, these two promises are incompatible. These two duties come into conflict, to prolong life is to violate the promise to relieve pain. To relieve pain is to violate the promise to prolong and protect life. Therefore, I will discuss the problem of voluntary euthanasia in more depth, examining the arguments for and against and exploring the full implications of each.

i) Autonomy is important but never absolute

The central argument for this position is that men and women, should have absolute right over their own bodies. Patients retain the same right as everyone else voluntarily

to leave the hospital or to refuse specific kinds of care. This right also includes to decide about their own lives or death applies to allowing someone to die. Autonomy is sometimes subdivided into autonomy of action, autonomy of will, and autonomy of thought⁸.

The concept of autonomy plays a significant role in the ethics and law of biomedical practice. The autonomous person determines his course of action in accordance with a plan chosen by himself. Well known figures in philosophy ranging from Immanuel Kant (1724-1804) German Philosopher, J.S. Mill (1806-73) English empiricist Philosopher and social reformer, Nietzsche (1844-1900) German Philosopher and Sartre (1905-8) French Philosopher and novelist, have held that morality requires autonomous persons. But, we must remember that personal autonomy has its limits. We are not free to do things which limit or violate the reasonable freedom of others. Simply speaking, no individual has absolute freedom. Even "A Patient's Bill of Rights" which was drawn up by the American Hospital Association, recognizes this. While acknowledging that patients have the right to refuse treatment, the document also recognizes that they have this right and freedom only to the extent permitted by law.

ii) Possibility of Miracles

Death is irreversible. "Doctors are not infallible", that's for sure. The judgement that particular condition is hopelessly incurable is fallible. Where there is life, there is hope i.e. it is always possible that a new break through in medical research might make a "hopeless" malady remediable through the application of new form of therapy/surgery. Therefore, it is argued, that if we continue every effort to keep dying patients alive, a miracle care might occur.

iii) Slippery Slope Argument

The terms 'slippery slope argument' is often used loosely: it is sometimes used for the appeal to a dangerous precedent; it is also applied to all kinds of arguments pointing to negative consequences of a proposed action⁹.

Once voluntary euthanasia is legalized in a single country, people from neighbouring constituencies will take advantage of it and this idea will give birth to 'euthanasia tourism'. According to this argument if we allow human life to be taken in some instances we will open the door to its being taken in other instances and eventually, in all instances. For example, if suicide is all right, then why not mercy killing.

iv) The Religious Argument

Most ethical systems have some sort of prohibition against killing, "Thou Shalt not Kill" i.e. the sixth commandment, the prohibitions against killing in Buddhism, Hinduism and Islam, to name but a few infact, even the most primitive society has something to say about killing in general. The decision of ending the life ought to

be left to the creator who gave life. The sanctity of human life is a basic value as decreed by God even before the times of Moses, Jesus and Muhammad (PBUH). Christians also share several beliefs with Judaism and Islam. Among these is the belief that since human life comes from God, it is inherently valuable, indeed sacred. A Muslim's whole life is ideally to be governed by Islamic Law (Sharia). The Quran says: "Do not kill yourself" (4:29). Therefore if a medical practitioner has to end the life of his/her patient deliberately, then he/she would be guilty of homicide¹⁰

The Islamic Code of Medical Ethics endorsed by the First International Conference on Islamic Medicine, Kuwait, 1981 includes: "The doctor is well advised to realize his limit and not transgress it. In any case, the doctor shall not take positive measure to terminate the patient's life". Hinduism is more like a cluster of various religious traditions than a single religion. Hinduism also emphasizes that one ought to avoid violence whenever possible. The Hindu term for this practice is ahimsa. Ahimsa is grounded in the view that life is sacred. At first glance, the teaching on ahimsa seems to argue against assisted suicide and euthanasia. Prof. J. Gay-Williams, in his article, "The Wrongfulness of Euthanasia", defines euthanasia as intentionally taking the life of a person. He argues that euthanasia as intentional killing goes against natural law because it violates the natural inclination to preserve life.

Prof. J. Gay-Williams writes:

"Every human being as a natural inclination to continue living. Our reflexes and responses fit us to fight attackers, flee wild animals, and dodge out of the way of trucks. In our daily lives we exercise the caution and care necessary to protect ourselves. Our bodies are similarly structured for survival right down to the molecular level. When we are cut, our capillaries seal shut, our blood clots and fibrinogen produced to start the process of healing the wound. When we are invaded by bacteria, antibodies are produced to fight against the alien organisms and their remains are swept out of the body by special cells designed for clean-up work. Euthanasia does violence to this natural goal of survival. It is literally acting against nature because all the process of nature are bent towards the end of bodily survival"¹¹.

He further writes:

"Euthanasia, however, is not just an easeful death. It is a wrongful death. Euthanasia is not just dying. It is killing"¹².

v) Utilitarian Argument

Utilitarianism, as developed by Jon Stuart Mill (1806-77) maintained that what is intrinsically good is pleasure or happiness. The Principle of Utility, that an act is right if and only if it produces or is likely to produce the greatest amount of happiness for the greatest number of people. In speaking of right and wrong acts, Utilitarians are speaking

about those over which we exercise control, those that are voluntary.

Euthanasia, if practiced on a regular basis, would seriously harm many people-not only those whose lives are taken but more importantly, those who are directly involved but remain behind - their family members and their friends. The medical profession benefits tremendously from the study of persons afflicted with serious diseases. Medical science can progress more rapidly and new techniques can be tested most effectively only if persons who are suffering from those diseases are available for observation and study. If physicians are empowered to euthanize them, the rest of society is deprived of the possible wide benefits. As Prof. J. Gay-Williams writes in *The Wrongfulness of Euthanasia*

"Doctors and nurses, for the most part, totally committed to saving lives. Euthanasia has a corrupting influence so that in any case that is doctors and nurses might not try hard enough to save the patient. They might decide that the patient would simply be "better off dead" and take the steps necessary to make that come about. This trend would be an overall decline in the quality of medical care"¹³.

vi) Violation of Codes of Medical Ethics

Voluntary euthanasia violates historically accepted codes of medical ethics. Traditional medical ethical codes have never sanctioned euthanasia, even on request for compassionate motives. Hippocrates, a well known Greek thinker, sometimes counted as 'father of medicine', was the author of an oath. The Hippocratic Oath States;

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect"¹⁴.

The World Medical Association, Geneva states;

"I will maintain the utmost respect of human life from the time of conception even under threat, I will not use my medical knowledge contrary to the laws of humanity"¹⁵.

So, it is obvious when a physician intentionally and knowingly enables an individual to end his life, that physician acts unethically.

No doubt, euthanasia is one of the biggest controversies of this age. There is no disagreement that the financial cost of maintaining the incurably ill is growing concern, so much so that some groups have gone beyond the concept of "right to die" to that of the "duty to die". A number of legal considerations are also involved in the issue of euthanasia (I have only discussed the ethical aspect of euthanasia). I, in fact, have followed the great Scottish philosopher of the 18th Century 'David Hume' who remarked that the aim of philosophy should be replace to "superstition" with reason and understanding. Because Hume realized that our thinking about even the most common place matters may be corrupted by false assumptions-and we may take these assumptions so much for granted that we never even think of questioning them. Unfortunately, the same is true with euthanasia. In

Pakistan, people do not like or want to discuss euthanasia. No doubt, the moral issues surrounding euthanasia are complex. In short, active voluntary euthanasia should be regarded as unethical and those who participate in it should feel guilt whatever for the roles they have played. The humanistic world view see people as autonomous, independent biological entities, whose life's purpose is pleasure and this view sees little value in suffering. At the same time, even if there is such a right to die, it is not absolute.

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