

# EUTHANASIA—RELEVANCE IN INDIAN CONTEXT

## Abstract

Euthanasia (mercy killing) is the practice of ending life of a human or animal who is incurably ill, in a painless way for the purpose of limiting suffering. Euthanasia is legal in Holland and Belgium. In assisted suicide the person who is going to die needs help to kill themselves and asks for it - getting drugs for them or putting within their reach. Holland, Belgium and Oregon State (USA) permit assisted suicide.

In terminal illness the conflict is often between the doctor's duty to treat to the best of his ability and the patient's right to be allowed to die quietly when medical measures only prolong life. The issue has been riddled with controversies with arguments for and against it. Most religions disapprove of euthanasia but in India practice of ending one's life voluntarily in very old and infirm was, perhaps is, exits even now. Following legalisation of euthanasia in Holland, there has been extensive public debate in India on the issue of euthanasia.

In India, euthanasia and assisted suicide are illegal. A close perusal of the arguments that have been summarised indicate the sanctity of life and notwithstanding, opposition to euthanasia stems from the fear of misuse of the right if it is permitted. Though mercy killing appears justifiable in cases of incurable diseases, doctors should be doubly careful since they run the risk of attracting punishment for murder under Indian Penal Code Act.

Euthanasia has its origin from a Greek word - The terms ‘Eu’ means well and ‘Thanatos’ means death - easy death (good death). A form of peaceful or dignified death which is specially advocated when life becomes a punishment and dying comes as a pleasure. Euthanasia is the practice of ending life of a human or animal who is incurably ill in a painless or minimally painful way for the purpose of limiting suffering. It is legal in some countries while in others it may be an act of crime. In several countries the constitution of the country guarantees its citizens the “Right to Live” not withstanding death sentences but the constitutions are silent about “Right to die”.

However Holland has become the first country in the world to legalised euthanasia (mercy killing) after the upper house (senate) took a historic decision on April 11, 2001 to pass the euthanasia bill with a vote of 46 to 28. In December 2000, the Dutch Lower House approved the euthanasia bill by 104 to 40, after a prolonged debate that started in the country almost for three decades, “Pro-life” activists prayed outside the Dutch Parliament on the eve of passing the legislation. The Dutch move was welcomed by several human rights activists and patient’s organisations who said that a long accepted practice in Netherlands has finally been given legal sanction. Doctors in Holland have been regularly performing mercy killing in consultation with patients and their families. Belgium legalised euthanasia on 16<sup>th</sup> May 2002 (see Addendum)

**Definition :**

Euthanasia is deliberate killing (to cause death of) of a person for the benefit of the person who is usually terminally ill. Terminally ill patients suffering from painful incurable diseases or incapacitating physical disorders can have their quality of life severely damaged by unbearable pain, incontinence, nausea, vomiting, breathlessness, difficulty in swallowing and so forth or psychological factors such as depression, loss of dignity, feeling a burden or dislike of being dependent.

Euthanasia is the ‘intentional’ killing by an act or omission of a dependent human being for his or her alleged benefit. If death is not intended it is not euthanasia.

## **Forms of Euthanasia :**

In passive euthanasia death is brought about by an omission when someone lets the patient die by withdrawing or withholding a treatment. Passive euthanasia is thought of less bad than active euthanasia.

In voluntary euthanasia when a person to be killed gives consent to be killed. In non-voluntary euthanasia the person is unconscious or otherwise unable (eg. a baby) to make meaningful choice between living and dead and some one else takes it on their behalf. Involuntary euthanasia occurs when the person chooses life and is killed-murder. Indirect euthanasia means providing treatment (say to reduce pain) that has the side effect of speeding the patient's death. The doctrine of double effect says that if something morally good has morally bad side effect - Is it ethically correct ?

Euthanasia by action means intentionally causing a person's death by performing an action such as by giving a lethal injection. Intentionally causing death by not providing necessary and ordinary care or food and water is known as euthanasia by omission.

DNR- 'Do Not Resuscitate' order on a patient's life means that a doctor is not required to resuscitate a patient if his/her heart stops (when the heart and breathing do not start) or no benefit to the patient or benefit outweighs the burden.

## **Animal Euthanasia :**

Animal euthanasia is the act of inducing humane death in an animal. Methods are designed to cause minimal pain and distress. In pet animals the process is referred to 'put to sleep', Pets are euthanised by intravenous injection of high dose of barbiturate; in larger animals like horses and cattle, shooting or cocktail of secobarbital and in very small animals (e.g. birds) by gas anesthetics in sealed chambers. Reasons for euthanasia in animals are terminal illness (cancer), behavioural problems (aggression) and stray animal overpopulation.

## **Ethics of Euthanasia :**

Is it right for another person to end the life of a terminally ill patient? If it is right, under what circumstances ? Is there a moral difference between

killing someone and letting them die?. People have different ideas about the meaning of life and value of human existence.

### **Controversies :**

“The care of human life and happiness and not their destruction is the first and only legitimate object of good government”

—*Thomas Jefferson*

What is a humane issue of not letting terminally ill patients suffer endlessly is also seen from a moral point of view. The issue has been riddled with controversies besides moral and human point of view. Mercy killing has its share of opponents and supporters. Opponents assert that no human has the right to take a life. There has also been arguments that allowing for a person to kill terminally ill patients could lead to crimes in its guise against old persons especially in cases of inheritance.

#### DEFINITION OF “TERMINALLY ILL” :

There are many definitions for the word ‘Terminal illness’ - Any disease that curtails life even for a day! Some laws define terminal condition as one from which death will occur in a ‘relatively short time’ - terminal old age. Experts acknowledge that it is virtually impossible to predict the life expectancy of a particular patient. Some patients diagnosed as ‘terminally ill’ do not die for years. The word is also replaced by phrases such as ‘hopelessly ill’, ‘desperately ill’, ‘incurably ill’, ‘meaningless life’ - Any body who has suicidal impulse could also be included; what if a woman suffering from depression asks to be helped by euthanasia?

### **Cost Containment :**

Euthanasia can become a means to contain costs. In USA alone thousands of people have no medical insurance. Government could cut on paying for treatment. Financial burden could serve as powerful forces that could lead persons to choose euthanasia.

### **‘Physicians’ Role :**

“To please no one will I prescribe a deadly drug nor give advice which may cause his death”.

—*Hippocratic Oath – 400 BC*

In terminal illness, infact the conflict is often stated to be between the

doctor's duty to treat to the best of his ability and the patients right to be allowed to die quietly and in peace when further medical measures only prolong suffering. The duty of the physician is to heal and where possible relieve suffering and act to protect the best interests of the patient. There shall be no exception to this principle even in the case of incurable disease or malformation.

“..... There is compelling evidence of the need to ensure that all patients have access to quality palliative care, but not of any need for physician assisted suicide” World Medical Community (Am Med. Assn. Brit. Assn. etc.)

This principle does not preclude application of the following rules.

The physician may relieve suffering of a terminally ill patient by withholding treatment with the consent of the patient or his immediate family if unable to express his will. Withholding of treatment does not force the physician from his obligation to mitigate the terminal phase of his illness. The physician shall refrain from employing any extraordinary means which would be of no benefit for the patient ‘Terminal illness’—World Medical Association Declaration Venice. Italy Oct. 1983). However right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient. Physician assisted suicide like euthanasia is unethical

### **Arguments for Euthanasia :**

Those in favour of euthanasia say that a civilised society should allow people to die in dignity and without pain: our bodies are our own and we should be allowed to do what we want with it. Reasons given for voluntary euthanasia by the proponents are that the choice is a fundamental principle for liberal democracies. Pain and suffering (and emotional pain of losing their independence) a person feels during disease be incomprehensible to a person who is going through it; energy of doctors and hospital's beds which are in shortage could be used for people whose lives could be saved instead of continuing the life of those who want to die. It is a burden to keep people alive past the point they can contribute to society. Liberal

voluntary euthanasia would empower individual to counteract relative's wishes to keep an individual alive even against the individual's will. Arguments against voluntary euthanasia puts psychological pressure on people to continue living for years against their better judgement. Most vocal proponents of euthanasia and assisted suicide are 'right to die' associations – committed activists who seek to change law - that effects every one 'Top down'

### **Reasons Against Voluntary Euthanasia :**

Euthanasia is against the will of God and suffering may have a value. Euthanasia weakens society's respect for sanctity of life. Voluntary euthanasia could unduly compromise the professional roles of health care employees especially doctors. Physicians of the 20<sup>th</sup> century swore some variation of Hippocratic oath; though since later decades of that century this oath has largely fallen out of use. Morally speaking euthanasia is a type of murder and voluntary euthanasia a type of suicide.

Euthanasia is a violation of the sanctity of human life. Euthanasia can only be considered if the patient is mentally competent to make the decision (competence is difficult to determine or even define) wishes of the family who often desire to spend as much time with their loved ones. Patients may experience psychological pressure to consent voluntary euthanasia rather than be a financial burden to the families.

The hospital personnel could have an economic incentive to advise or pressure people towards euthanasia consent. Euthanasia gives too much power to doctors and may undermine their commitment to saving lives. There is no way of properly regulating euthanasia.

### **Euthanasia and Religion :**

The Catholic medical ethics pronouncements strongly oppose active euthanasia, whether voluntary or otherwise. Catholic policy on euthanasia rests on several core principles, including the sanctity of life, dignity of human and person and the importance of charity. The catholic medical ethics concludes that doctors, beyond providing medical skill, must above all provide patients with comfort of boundless kindness and heartfelt charity. The Protestant denomination has largely eschewed euthanasia. Orthodox Jewish thinkers oppose voluntary euthanasia, though there is

some backing for voluntary passive euthanasia in limited circumstances (since 1970's). Islam forbids all forms of suicide.

## **Euthanasia-Relevance in Indian Context :**

### ***Ethical, Religious Values and Practices :***

Vaidya's oath which is dated 1500 BC taken by Ayurvedic physicians requires physicians not to eat meat, drink or commit adultery. Vaidya's oath entreats physicians not to harm their patients and be solely devoted to their care even if this puts their lives in danger.

Most religions disapprove of euthanasia. Religious people refer to the sanctity of life. God gives people life ; so only God has the right to take it away. Roman Catholic church regards euthanasia as morally wrong. Muslims are against euthanasia as they believe that all human life is sacred because it is given by Allah. Sikks have high respect for life—a gift of God and suffering is a part of the operation of Karma. Buddhism considers suicide a dishonourable act. Buddhism places great stress on non - harm (Ahimsa) and on avoiding the ending of life; the way life ends has a profound impact on the way the new life will begin as death is a transition and the deceased person will be reborn to a new life whose quality will be dictated by their Karma.

Most Hindus would say that a doctor should not accept a patient's request for euthanasia for the result will damage the karma of both the doctor and the patient; others believe euthanasia breaches the teaching of ahimsa but some say by helping to end a painful life, a person is performing a good deed. Several eastern religions believe that we live many lives and the quality of each life is set by the way we lived our previous lives. Suffering is a part of moral force of the universe and cutting it short, a person interferes with their progress towards ultimate liberation. Hindus believe in the reincarnation of the soul (Atman) through many lives—not necessarily all human—ultimate aim at liberation (Moksha).

In India voluntary euthanasia was, perhaps is, in vogue in very old and infirm particularly when they cease to be productive and feel they are a burden to society. They stopped drinking water and eating food

or disappeared in to the woods or drowned themselves in rivers. They considered that it is not a sin to end one's life under such circumstances. (Parameshvara V. *The question of euthanasia*; *The Hindu*, 9<sup>th</sup> July 2001).

There is a Jaina ethic of voluntary death through fasting for instance. Prayopavesha or fasting to death is an acceptable way for a Hindu to end his life in certain circumstances. It is different from suicide. Prayopavesha is only for people who are fulfilled, who have no desire or ambition left and no responsibilities remaining in life. It is non-violent and uses natural means unlike the suddenness of suicide. Prayopavesha is a gradual process. Conditions layed down for prayopravesha are—(1) Inability to perform normal bodily purification; (2) Death appears imminent or the life's pleasures are nil; (3) Decision is publicly declared; and (4) The action must be done under community regulation. Satguru Sivaya Subramnai Swami, a Hindu leader born in California after finding that he had untreatable intestinal cancer meditated for several days, accepted pain killing treatment only and would undertake prayopravesha—taking water but no food in November 2001 and died on the 32<sup>nd</sup> day of self imposed fast (bbc.com/uk).

## **Gandhi and Euthanasia :**

(S.Sharma, *The Times of India*; 3rd Jan. 2005, Bombay), Navjivan act, 1928)

“A Calf having been maimed, lay in agony in the ashram despite all possible treatment and nursing. The surgeon declared the case to be past help and hope. The animal's suffering was very acute.

In the circumstances, I felt that humanity demanded that the agony should be ended by ending life itself. The matter was placed before the whole ashram. Finally, in all humility but with cleanest of convictions I got in my presence a doctor to administer the calf a quietus by means of a poisonous injection and the whole thing was over in less than two minutes”.

“Would I apply to human beings the principles that I have enunciated in connection with the calf? Would I like it to be applied in my own case? My reply is Yes. Just a surgeon does not commit himsa when he wields his knife on his patient's body for the latter's benefit, similarly one may find

it necessary under certain imperative circumstances to go a step further and sever life from the body in the interest of the sufferer”

### **Should Euthanasia be legalised in India ?**

In India euthanasia is undoubtedly illegal since in cases of euthanasia there is an intention on the part of the doctor to kill the patient. Euthanasia or mercy killing is nothing but homicide whatever the circumstances in which it is affected. Assisted suicide which amounts to abetment of suicide which is an offence expressively punishable.

However, following legalisation of euthanasia in Holland there has been extensive public debate and coverage by mass media on the issue of euthanasia in India. Large number of people expressed their views and among them quite a few in favour of euthanasia. In response to an opinion poll conducted by Doctor NDTV on the topic “Should euthanasia (mercy killing) be legalised In India ?”. 67% said ‘YES’ and 33% ‘NO’. In the Indian subcontinent culture and faith are interwoven and many moral decisions are influenced by a particular culture.

The issue of euthanasia first hit the headlines in the recent past when a mathematics teacher in Lucknow, terminally ill, had his family petition the President of India in 2001 seeking to end his life. (*The Times of India*, 1st August 2006)

“Venkatesh 25, terminally ill Indian chess national, champion was suffering from genetic neurological disorder—Duchene’s muscular dystrophy. The court refused his request to turn off his life support system so that he could donate his organs before they were irreparably damaged” (BBC News 17th December 2004).

“Two cases of Indian courts turning down requests of the patients to die were reported in the year 2001. The Patna High Court dismissed Tarakeshwar Chandravanshi’s plea seeking mercy killing to his 25 year old wife Kanchan who was comatose for 16 months. Kerala High Court said ‘No’ to the plea of B.K. Pillai who had a disabling illness, to die (*The Hindu*; 25th November 2005).

Ostracised AIDS couple plead for euthanasia- (*The Time of India*; 12th August 2007). Ramgarh (UP) suffering from AIDS has asked the country's president to allow them and their daughter to die through euthanasia as they were being harassed in their village. "We are tired of going to the administration That's why we have sent a plea to the president to grant the entire family euthanasia, "Pandy who has sold a quarter of his farm land for treatment, said.

" A 79 year old freelance journalist petitioned the Rajasthan High Court seeking permission for euthanasia, saying he wants to die with dignity". (R×PE NEWS – 28<sup>th</sup> April 2007).

### **Views of Government of India :**

- (a) A serious political debate about euthanasia has begun in India after a federal law commission recommended legislation to allow mercy killing. "We are looking into the recommendations. The proposal has been sent to health ministry for their opinion. H.R. Bharadwaj, the federal law minister." (Catholic World News, 16th June 2006;)
- (b) Government has no plans to legalise euthanasia : (*The Times of India*; 1st. Aug. 2006) "Despite strong demands from different corners in favour of euthanasia, the Union Government on Monday said it had no plans to give legal status to what is popularly known as 'mercy killing'.

Significantly it slammed a full stop on future speculation saying that it would not consider any such application. The Minister of State for Law and Justice K. Venkatapathy told RS (Rajya Sabha), Government is not considering to give legal status to euthanasia; till date law has not permitted and application of the same can not be entertained."

### **Present Position :**

The netherlands and Belgium are the only countries in the world where laws specifically permit euthanasia and assisted suicide. Oregon (USA) permits assisted suicide (Death with Dignity Act)

Prevailing Opinion :

"History teaches that granting the State legal authority to kill innocent

individuals has dreaded consequence”.

—*Pete Du Pont, Former Delaware Governor*

- I. (a) A Government has no right to make people suffer. Likewise, the government should not have the right to give one group of people (eg, doctors) the power to kill another group of people (e.g patient) [bbc.com uk/ religion/ethics/ euthanasia](http://bbc.com/uk/religion/ethics/euthanasia)).
- (b) Slippery Slope Argument : Permitting voluntary euthanasia would over the years lead to slide down the slippery slope and eventually we would end to permitting even non-voluntary and involuntary euthanasia..
- II. Some prominent doctors are warning that legalising euthanasia and physician assisted suicide could allow outright killings since the legalisation could provide an easy option for needy families seeking to avoid the cost of care for a relative who is seriously ill.

### **Setting the Debate :**

A close perusal of the arguments that have been summarised indicate all the talk about the sanctity of life notwithstanding, opposition to euthanasia breeds from the fear of misuse of the right if it is permitted. It is feared that placing the discretion in the hands of the doctor would be placing too much power in his hands and he may misuse such power (The fear of the very man in whose hands we place our lives – a doctor with a knife in his hands is acceptable but not a doctor with lethal injection).

In spite of clean legal mandates, passive euthanasia although sporadic, is prevalent in India (*India Today*; April 15, 2002). Although mercy killing appears justifiable in case of incurable diseases, doctors should be doubly careful since they run the risk of attracting punishment for murder under section 302 of the Indian penal code – even if the relatives insist.

### **Epilogue**

#### **Considered View :**

Since doctors give patients the information on which they will base their decision about euthanasia, any legalisation of euthanasia no matter how strictly regulated puts doctors in an unacceptable position of power.

(see Addendum)

**Counter View :**

Since euthanasia will continue to take place, even though it is illegal, it would surely be better to make it legal and regulate it so as to minimise abuse. Vulnerable patients may be better protected if there were set procedures and rules that had to be followed for euthanasia. The proportion of deaths in Netherlands ascribed to euthanasia fell to 1.7% in 2005 from 2.6% in 2001, the year before law was changed the rate of doctor-aided suicides fell by half (0.1%)

**“Death solves all problems..... no man, no problem”**

*—Joseph Stalin*

## **Addendum**

### **International Task Force on Euthanasia and Assisted Suicide** (P.O. Box No. 760- Steubenville OH 43952, 740-282-38101)

#### EUTHANASIA IN THE NETHERLANDS :

#### **Rommelink Report (1990) :**

“This fact sheet is based upon development in Netherlands through 1994. On September 10<sup>th</sup> 1991, the results of the first official government study of the practice of Dutch Euthanasia were released - the two volume report popularly referred to as Rommelink Report (Professor s attorney general of the High Council of Netherlands).

According to the Rommelink Report, 2300 people died as a result active voluntary euthanasia, 400 people by physician assisted suicide, 1040 people (average 3 per day) died from involuntary euthanasia - doctors actively killed these patients without patient’s consent, 14% were fully competent, 72% never given any indication, 8% involuntary euthanasia. In addition 8,100 patients died as doctors deliberately giving them over doses of pain medication.- not for the primary purpose of controlling pain but to hasten the patient’s death.

The figures cited here do not include thousands of other cases in which life sustaining treatment was withheld or withdrawn without the patient’s consent and with the intention of causing patients death, nor do figures include cases of voluntary euthanasia performed on disabled newborns, children with life threatening conditions or psychiatric patients.

The most frequently cited reasons given for ending the lives of patients were ‘low quality of life’, ‘no prospect for improvement’ and ‘the family could not take it any more’. In 45% cases involving hospitalised patients who were involuntarily euthanised, the patient’s families had no knowledge

that their loved one's lives were deliberately terminated by doctors. In order to avoid additional paper work and scrutiny from local authorities, doctors deliberately falsify patients death certificates, stating that the death occurred from natural causes.

Accordingly, Dutch physicians deliberately ended the lives of 11,800 people by lethal overdoses or injections. A figure of 9.19% of the annual overall death rate of 1,30,000 per year, majority involuntary deaths.

According to the 1990 census, the population of Holland was approximately 15 (fifteen) million. To get some idea of how the R Emmelink Report statistics would apply to India, those figures would have to be multiplied by 60 times based on the 1990 census population of approximately 900 million in India.

### **Euthanasia Protocol :**

Euthanasia protocol can be accomplished either through an oral, intravenous or intramuscular administration of drugs. In individuals who are incapable of swallowing lethal doses of medication, an intravenous route is preferred. Intravenous administration is the most reliable and rapid way to accomplish euthanasia. A coma is first induced by intravenous dose of sodium pentothal, then a triple dose of intravenous muscle relaxant (Dutch protocol).

Under Section 293 (2) of the Dutch criminal code, doctors involved in voluntary euthanasia or medically assisted suicide must observe the following rules :

- (1) They must be convinced that the patient's request was voluntary, well- considered and lasting. They must be convinced that the patient's suffering was unremitting and unbearable;
- (2) They must have informed the patient of the situation and prospects;
- (3) They must have reached the conclusion with patient that there was no reasonable alternative;
- (4) They must have consulted at least one other physician;
- (5) They must have carried out the procedure in a medically appropriate fashion.

