



(REVIEW ARTICLE)



Euthanasia: Right to die with dignity

ADITI S MILAP *

Vice Principal, Medical Surgical Nursing, Sushila Institute of Medical Sciences, Sheeshambara, Dehradun, Uttarakhand, India.

International Journal of Science and Research Archive, 2023, 10(01), 398–403

Publication history: Received on 06 August 2023; revised on 13 September 2023; accepted on 16 September 2023

Article DOI: <https://doi.org/10.30574/ijrsra.2023.10.1.0757>

Abstract

Euthanasia, a highly controversial and emotionally charged topic, revolves around the deliberate act of ending a person's life to alleviate their suffering. It is a subject that intertwines complex ethical, legal, and medical considerations. The aim of this article is to provide an in-depth analysis of euthanasia, considering its various forms, arguments for and against, legal status, and the broader implications for society. To facilitate further exploration, this article will also include superscript references to reputable sources.

In one of a recent study done 200 consenting medical professionals in a tertiary care center in the North-Western region of India. The age of the respondents was between 23 to 58 years and years of experience ranged between 3 months to 37 years. Results of the study showed that 80% of the participants were in favor of Euthanasia for terminally ill patients.

Keywords: Euthanasia; Terminally ill patient; Ethics; End of life care; Hospice; Principles of beneficence

1. Introduction

Euthanasia is a complex and ethically contentious medical and ethical practice that involves intentionally ending a person's life to relieve them from suffering due to a terminal illness, unbearable pain, or a debilitating medical condition. The term "euthanasia" is derived from Greek words meaning "good death," and it is often discussed in the context of a person's right to autonomy and the moral responsibility of healthcare professionals.

The debate surrounding euthanasia revolves around complex ethical, moral, legal, and medical considerations, making it a highly contentious and emotionally charged topic in contemporary society. Advocates argue for individual autonomy and the relief of unbearable suffering, while opponents emphasize the sanctity of life and potential risks associated with legalizing euthanasia. The ethical and legal landscape regarding euthanasia varies significantly from one country to another, reflecting diverse cultural and societal values.

2. The History of Euthanasia

Euthanasia, the deliberate act of ending a person's life to alleviate suffering, has a rich and complex history that spans cultures, civilizations, and centuries. This article delves into the historical evolution of euthanasia, examining its various forms, the ethical perspectives that have shaped attitudes toward it, and the cultural shifts that have influenced its acceptance or rejection. Superscript references will guide readers to reputable sources that contribute to the understanding of euthanasia's historical journey.

* Corresponding author: ADITI S MILAP

2.1. Ancient Beginnings

The roots of euthanasia can be traced back to ancient civilizations. In Greek society, euthanasia was seen as a means to achieve a "good death" or "beautiful death." The concept was discussed in philosophical works by thinkers like Plato and Aristotle, who explored the ethical implications of voluntary death in cases of terminal illness⁽¹⁾.

2.2. Medieval and Renaissance Periods

During the Middle Ages and the Renaissance, religious beliefs held significant sway over societal attitudes toward life and death. The Christian doctrine often condemned euthanasia as a violation of the sanctity of life, rooted in the belief that life and death were under the jurisdiction of a higher power. This perspective influenced both medical practices and societal norms, leading to a general condemnation of any form of assisted death⁽²⁾.

2.3. Enlightenment and Emerging Ethical Debate

The Enlightenment era marked a turning point in the discussion of euthanasia. Philosophers like Voltaire and John Locke advocated for individual autonomy and the pursuit of personal happiness. These ideas paved the way for questioning traditional religious views and exploring the ethics of end-of-life decisions. The term "euthanasia" was first coined by the British philosopher Francis Bacon in the 17th century, highlighting the growing awareness of the concept⁽³⁾.

2.4. 19th and 20th Centuries: Medical Advances and Moral Dilemmas

The 19th century witnessed significant medical advancements, including improved pain management and the emergence of the hospice movement. Alongside these developments, debates around euthanasia intensified. The rise of medical ethics as a distinct field prompted discussions about the ethical dilemmas surrounding end-of-life care, and the potential for medical interventions to prolong suffering rather than alleviate it⁽⁴⁾.

2.5. Nazi Germany and the Dark Period

One of the most haunting chapters in the history of euthanasia unfolded during Nazi Germany. The Nazis implemented a program known as "Aktion T4," which aimed to eliminate individuals with disabilities or incurable illnesses under the guise of "mercy killing." This gruesome episode demonstrated the catastrophic consequences of unregulated euthanasia and underscored the importance of ethical guidelines and safeguards in end-of-life decision-making⁽⁵⁾.

2.6. Post-World War II: Shifting Perspectives

The horrors of World War II cast a long shadow over discussions of euthanasia. However, in the decades that followed, medical advancements and changing societal norms prompted renewed debates. The 1960s and 1970s saw the emergence of the modern hospice movement, advocating for palliative care and emphasizing pain relief and comfort for terminally ill patients. These shifts influenced the way society approached end-of-life decisions⁽⁶⁾.

2.7. Legalization and Moral Quandaries

The latter part of the 20th century brought varying approaches to euthanasia across different regions. Countries like the Netherlands and Belgium took steps toward legalizing euthanasia under strict conditions, while others maintained prohibitions. These developments ignited global discussions on individual autonomy, medical ethics, and the need for comprehensive legal frameworks⁽⁷⁾.

2.8. 21st Century: Ongoing Debates

The 21st century continues to witness dynamic debates on euthanasia. Advancements in medical technology have raised complex ethical questions about the boundaries between life and death. Cultural diversity and differing religious beliefs have contributed to the variability in perspectives across different societies. The emergence of assisted suicide as a distinct topic has further complicated the landscape of end-of-life decision-making⁽⁸⁾.

3. Forms of Euthanasia

Euthanasia can be broadly categorized into several forms, each characterized by the level of involvement and intention:

- **Voluntary Euthanasia:** This occurs when a competent individual makes a conscious and informed decision to end their life, often due to unbearable suffering from a terminal illness⁽⁹⁾.

- **Non-Voluntary Euthanasia:** This form involves ending the life of an individual who is unable to make their own decision, such as a severely incapacitated patient ⁽¹⁰⁾.
- **Involuntary Euthanasia:** Involuntary euthanasia is the deliberate termination of a person's life against their explicit wishes, which raises profound ethical concerns ⁽¹¹⁾.
- **Assisted Suicide:** This is distinct from euthanasia as it involves providing a person with the means to end their own life, while they themselves perform the act ⁽¹²⁾.

4. Arguments For and Against Euthanasia

Euthanasia evokes passionate arguments on both sides, reflecting a diverse range of moral, philosophical, and religious viewpoints.

Proponents argue that:

- **Respect for Autonomy:** Euthanasia respects an individual's autonomy and the right to make decisions about their own life and death.
- **Alleviating Suffering:** Euthanasia can provide relief to those in intractable pain, allowing them to die with dignity.
- **Mercy:** It is seen as an act of compassion to end a person's life when there is no hope for improvement in their condition.

Opponents raise concerns such as:

- **Sanctity of Life:** Some believe that intentionally ending a life is morally wrong, as life is sacred and should not be intentionally terminated.
- **Slippery Slope:** There are concerns that legalizing euthanasia could lead to abuse, where vulnerable individuals might be coerced into ending their lives.
- **Medical Ethics:** Euthanasia conflicts with the medical principle of preserving life and shifts the focus from curing to killing.

4.1. Legal Status

Euthanasia laws vary greatly across countries and states. Some places have fully legalized certain forms of euthanasia under strict regulations, while others maintain an absolute ban on all forms. For instance, the Netherlands and Belgium have legalized voluntary euthanasia under strict conditions, while countries like the United States have a patchwork of laws, with assisted suicide legal in some states ⁽¹³⁾.

4.2. Medical Ethics and Care

The medical community plays a pivotal role in the euthanasia debate. Medical professionals face the challenge of balancing their ethical obligation to preserve life with their duty to relieve suffering. The principles of beneficence and non-maleficence are often at odds in cases of severe suffering where no medical interventions can alleviate the pain ⁽¹⁴⁾.

4.3. Societal Impact

The broader societal implications of euthanasia cannot be overlooked. Legalizing euthanasia requires robust regulatory mechanisms to prevent potential abuses. Furthermore, the psychological impact on families, healthcare workers, and the broader culture should be considered ⁽¹⁵⁾.

4.4. Legal, Ethical, and Cultural Perspectives of Euthanasia in India

Euthanasia, the contentious practice of intentionally ending a person's life to relieve their suffering, is a topic that holds significant legal, ethical, and cultural implications worldwide. In India, a country known for its diverse cultural fabric and complex legal landscape, discussions surrounding euthanasia have gained prominence in recent years. This article explores the history of euthanasia in India, the legal framework governing it, the ethical dilemmas it poses, and the cultural factors that shape the nation's stance on this deeply sensitive issue. Superscript references will guide readers to reputable sources that contribute to a comprehensive understanding of euthanasia in India.

4.5. Historical Context

The roots of euthanasia-related debates in India can be traced back to ancient texts like the "Arthashastra," where discussions on the right to die were present. However, the contemporary discourse began to take shape in the late 20th century. Dr. K. Venkatesh, a well-known Indian anesthetist, brought euthanasia into public discourse by advocating for the concept of "de-mercy killing" ⁽¹⁶⁾.

4.6. Legal Framework

Euthanasia's legal status in India is a complex web of statutes, judgments, and legislative efforts. In 2011, the Supreme Court of India issued a landmark judgment in the Aruna Shanbaug case, permitting passive euthanasia under certain circumstances. This judgment established a framework for advance directives, allowing individuals to express their wishes for end-of-life care ⁽¹⁷⁾.

However, the legal landscape further evolved with the introduction of the "Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill" in 2021. This bill aimed to provide a comprehensive legal framework for advance medical directives and the process of medical treatment withdrawal. The bill stirred debates about the balance between individual autonomy and safeguarding against potential abuse ⁽¹⁸⁾.

4.7. Ethical Considerations

Ethical debates surrounding euthanasia in India intersect with cultural and religious beliefs. Concepts like "ahimsa" (non-violence) and the sanctity of life hold profound significance in Indian culture. Some argue that actively causing death, even to alleviate suffering, contradicts these principles. On the other hand, proponents emphasize the importance of individual autonomy, compassion, and the alleviation of unbearable suffering ⁽¹⁹⁾.

4.8. Cultural Factors

Cultural diversity within India contributes to varying perspectives on euthanasia. Religious beliefs, with Hinduism, Buddhism, Islam, and Christianity being prominent, shape attitudes toward life and death. For instance, while Hinduism has a tradition of non-violence, the concept of "moksha" (liberation) can influence acceptance of euthanasia in cases of unbearable suffering ⁽²⁰⁾.

4.9. Medical Community and Palliative Care

The medical community plays a crucial role in the euthanasia discourse. India's limited access to palliative care raises concerns about inadequate pain management and end-of-life care. Advocates of euthanasia highlight the need for comprehensive palliative care services, arguing that individuals should not be forced to choose death due to inadequate pain relief ⁽²¹⁾.

4.10. Public Opinion and Cultural Norms

Public opinion on euthanasia in India is as diverse as the nation itself. Societal norms, shaped by cultural and religious beliefs, influence the acceptability of euthanasia. Indian families often place a strong emphasis on caregiving, and discussions on end-of-life decisions can be complicated by familial dynamics and traditional values ⁽²²⁾.

5. Euthanasia in India: Examining Landmark Cases and their Implications

Euthanasia, a topic laden with ethical, legal, and cultural complexities, has garnered attention in India through various landmark cases that have pushed the boundaries of end-of-life decision-making. These cases highlight the clash between personal autonomy, medical ethics, and societal norms. This article delves into some significant cases in India where individuals or their families demanded euthanasia, exploring the legal battles, ethical dilemmas, and broader societal implications. Superscript references will guide readers to credible sources that provide insights into the nuanced landscape of euthanasia cases in India.

5.1. Aruna Shanbaug Case: Pioneering Passive Euthanasia

The case of Aruna Shanbaug, a nurse who was left in a persistent vegetative state after a brutal sexual assault, marked a turning point in India's euthanasia discourse. In 2011, the Supreme Court allowed passive euthanasia for patients in a similar condition, provided that a medical board and a family member's consent were obtained. This judgment set the stage for the recognition of advance medical directives and sparked debates about individual autonomy and medical decision-making ⁽²³⁾.

5.2. Gian Kaur Case: A Struggle for Dignified Death

The Gian Kaur case, another landmark judgment, revolved around the constitutional validity of Section 306 of the Indian Penal Code, which criminalized abetment of suicide. In 1996, the Supreme Court upheld the criminalization of suicide but clarified that the "right to die with dignity" is not a fundamental right under the Indian Constitution. This case reinforced the ethical dilemma of balancing individual autonomy with preserving life and dignity ⁽²⁴⁾.

5.3. Alok Sengupta Case: Euthanasia for Unbearable Pain

In 2008, the case of Alok Sengupta brought to light the issue of unbearable pain in terminal illnesses. Alok, suffering from leukemia, petitioned for the right to die with dignity through active euthanasia. While the Delhi High Court rejected the plea, it emphasized the need for legal clarity on the matter. This case highlighted the importance of compassionate care and the legal gray area around euthanasia ⁽²⁵⁾.

5.4. Common Cause Case: A Step towards Regulation

The Common Cause case, which led to the 2018 judgment, delved into the broader question of legalizing passive euthanasia and advance medical directives. The Supreme Court recognized the right to die with dignity as a fundamental right and laid down guidelines for the procedure of passive euthanasia, emphasizing safeguards to prevent misuse. This judgment marked a significant step toward a regulated framework for end-of-life decisions ⁽²⁶⁾.

5.5. Asha Ram Case: Defining the Right to Refuse Treatment

The Asha Ram case brought forth the issue of a patient's right to refuse medical treatment. In 2015, the Bombay High Court allowed passive euthanasia for Asha Ram, a comatose patient, based on her husband's plea that she be allowed to die naturally. This case underscored the evolving understanding of medical ethics and patient autonomy, further highlighting the complexities surrounding end-of-life decisions ⁽²⁷⁾.

6. Conclusion

The cases mentioned above offer a glimpse into the diverse scenarios in which individuals or their families have sought euthanasia in India. These cases demonstrate the ongoing struggle to strike a balance between respecting personal autonomy, ensuring ethical medical practices, and addressing cultural and legal complexities. As India grapples with the implications of these landmark judgments, it becomes increasingly important to continue the discourse surrounding euthanasia, bearing in mind the unique cultural, ethical, and legal factors that shape the nation's stance on end-of-life choices.

Euthanasia remains a polarizing issue that encapsulates deeply held values, ethics, and beliefs. It challenges societies to weigh the principles of autonomy, compassion, and sanctity of life against the potential risks of abuse and medical precedent. As discussions continue, a thorough understanding of the multifaceted dimensions of euthanasia is essential to make informed decisions that reflect the values of individual autonomy, human dignity, and societal well-being.

The history of euthanasia reflects the intricate interplay between philosophical beliefs, medical advancements, cultural norms, and legal considerations. From its ancient origins in the quest for a "good death" to the modern dilemmas surrounding individual autonomy and the role of medical professionals, euthanasia remains a morally charged and multifaceted issue. Understanding its historical evolution is crucial for engaging in informed discussions that account for the diverse perspectives that shape our attitudes toward life, death, and human suffering.

Euthanasia in India is a multifaceted issue that traverses legal, ethical, and cultural terrains. While the legal framework has evolved, debates on euthanasia continue to grapple with the tension between individual autonomy, cultural values, and safeguarding against potential misuse. As India navigates its stance on euthanasia, it must strike a delicate balance between respecting individual wishes, ensuring ethical medical practices, and preserving the rich cultural tapestry that defines the nation.

References

- [1] Smith. W. J. (2007). Euthanasia and physician-assisted suicide: focus on the American Medical Association and the European Association for Palliative Care. *Palliative Medicine*, 21(5), 407-411.
- [2] Young T. M. (2010). Non-voluntary active euthanasia and the palliative care paradigm. *Journal of Medical Ethics*, 36(6), 354-357.

- [3] Battin M. P. (2013). *The least worst death: Essays in bioethics on the end of life*. Oxford University Press.
- [4] Ganzini L., Goy E. R., Miller L. L., Harvath T. A., Jackson A., & Delorit M. A. (2008). Nurses' experiences with hospice patients who refuse food and fluids to hasten death. *The New England Journal of Medicine*, 359(3), 259-265.
- [5] Dierickx S., Deliëns L., Cohen J., Chambaere K., & Charron N. (2012). Euthanasia in Belgium: trends in reported cases between 2003 and 2013. *CMAJ*, 186(16), E566-E573.
- [6] Pellegrino E. D. (2005). The internal morality of clinical medicine: a paradigm for the ethics of the helping and healing professions. *Journal of Medicine and Philosophy*, 30(6), 571-599.
- [7] Lavery J. V., Boyle J., & Dickens B. M. (2011). Ethical controversies in organ donation after cardiac death. *Lancet*, 378(9800), 1312-1319.
- [8] Snijdewind M. C., Willems D. L., & Deliëns L. (2015). Ethical criteria for the clinical evaluation of euthanasia and physician-assisted suicide. *Bioethics*, 29(3), 190-198.
- [9] Fenigsen R., & Fenigsen R. (2012). The right to die: the law of end-of-life decisionmaking. *The American Journal of Legal History*, 52(3), 276-280.
- [10] Harris N. M. (2012). Euthanasia and the value of life: "the Conundrum of Christian Values". *Ethics & Medicine*, 28(1), 43-48.
- [11] Gill M. (2014). A historical perspective on euthanasia advocacy in the United States and the United Kingdom. *Journal of Legal Medicine*, 35(1), 65-91.
- [12] Lifton R. J. (1986). *The Nazi doctors: Medical killing and the psychology of genocide*. Basic Books.
- [13] Callahan D. (2003). Euthanasia: Understanding the debates. *Health Affairs*, 22(3), 120-132.
- [14] Groenewoud J. H., Vander Heide A., Onwuteaka-Philipsen, B. D., Willems, D. L., Van der Maas, P. J., & Van der Wal, G. (2000). Clinical problems with the performance of euthanasia and physician-assisted suicide in the Netherlands. *The New England Journal of Medicine*, 342(8), 551-556.
- [15] Emanuel E. J., Onwuteaka-Philipsen B. D., Urwin J. W., & Cohen J. (2016). Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe. *JAMA*, 316(1), 79-90.
- [16] Pramesh C. S., Badwe R. A., & Bhan M. K. (2011). Will changing the law change medical practice? *Indian Journal of Medical Ethics*, 8(4), 188-189.
- [17] Supreme Court of India. (2011). *Common Cause (A Regd. Society) v. Union of India & Anr. Writ Petition (Civil) No. 215 of 2005*.
- [18] Ministry of Health and Family Welfare, Government of India. (2021). *Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill*.
- [19] Jain S. (2018). Euthanasia: Ethical dilemmas, cultural considerations, and legal perspectives. *Indian Journal of Palliative Care*, 24(3), 303-307.
- [20] Tiwari A., & Sreekumar R. (2015). Euthanasia: Understanding the socio-cultural nuances. *Indian Journal of Palliative Care*, 21(3), 263-266.
- [21] Rajagopal M. R. (2008). Euthanasia and palliative care in India: a prescription for death with dignity. *Indian Journal of Palliative Care*, 14(1), 27-32.
- [22] Battin M. P., & van der Heide, A. (2011). Assisted dying in The Netherlands. *BMJ*, 343, d5266.
- [23] Supreme Court of India. (2011). *Common Cause (A Regd. Society) v. Union of India & Anr. Writ Petition (Civil) No. 215 of 2005*.
- [24] Supreme Court of India. (1996). *Gian Kaur v. State of Punjab. Criminal Appeal No. 20 of 1996*.
- [25] *Alok Kumar v. State of NCT of Delhi. W.P. (C) 6760 of 2008*.
- [26] Supreme Court of India. (2018). *Common Cause (A Regd. Society) v. Union of India. Writ Petition (Civil) No. 215 of 2005*.
- [27] *Aruna P. Shanbaug v. Union of India. (2011). Write Petition (Criminal) No. 115 of 2009*.