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2.0 OBJECTIVES

The objective of discussing euthanasia is extremely important as of today because of the breakdown of family life, the improvement of medical technology and the importance attached to productivity of human life which comes into play. The whole thrust of this unit will be:

- To show human life at present cannot be created at the laboratory
- The hand of god is seen clearly in all religions and atheists attributed to some power
- The death penalty is not right and here

2.1 INTRODUCTION

The word Euthanasia is taken from the Greek “eu”, which means good and “thanatos”, meaning death. It has come to mean the intentional killing, by a deliberate act or omission, of a person whose life is felt by himself or others not to be worth living. Euthanasia is often called “mercy killing”, and may mean (aid of) killing by relatives or friends for supposedly “merciful” reasons, or intentional killing by doctors or other health care professionals.

There are many words which are used to describe euthanasia such as active or passive euthanasia, direct or indirect euthanasia, voluntary or involuntary euthanasia, assisted suicide, and mercy killing. I will not cloud the discussion with detailed analyses of these. I will focus on the matter at hand. Euthanasia simply put is when the doctor kills the patient.

2.2 HISTORY

The Hippocratic Oath has framed the basis of a physician’s ethic. Written by Hippocrates, 400 years before the time of Christ, its ethic very clearly stated is “first do no harm” taken from the Latin “primum non nocere”. Sadly, in recent decades, physicians have departed from this ethic and taken the role of killing in addition to that of curing.

The legalization of abortion has permitted licensed physicians to directly kill when a weeping judge at Nuremberg asked "How did all this killing start?" "The guiltily one said **"When the first innocent person was killed, for now it is down the slippery slope"**. The current climate of our culture has witnessed a further devaluation of human life, with the allowing of killing of born persons by physicians. Initially the purpose stated is as being done for only the most serious cases, those in severe pain, those who will anyway die.

The very idea of euthanasia means subjectively qualifying the value of human life, something which should never be allowed. As a result we undermine the security of those who are most vulnerable. We place a price tag on human life thereby judging that human life has only a relative value instead of an absolute or sacred value.

The term "Mercy Killing" has been used to legalize euthanasia. The phrase "Voluntary Euthanasia" has origins in a campaign of "Eugenics to improve "the human race by getting rid of its weaker members. It is based on a post-Darwinian theory, called Social Darwinism. This theory teaches that it is the duty of the strong to destroy the weak in order to assist human progress. This theory still has active supporters from some sociologists and political figures.

Advances in psychiatry have brought about the scientific and humane treatment of the mentally ill. However it should not be forgotten, that psychiatrists have participated in the mass killing of those who had mental illnesses. In an experiment in 1939, by a group of German physicians and a chemist, four men were killed with carbon monoxide gas. These four men were trusting, cooperative, had done nothing wrong and created no disturbance. Yet the physicians placed a value on their lives. They were ordinary mental patients in a state psychiatric hospital responsible for their care and well being. Following this successful case, gas chambers were installed in six psychiatric hospitals in Germany. (Wilke p 20-21)

2.3 EUTHANASIA IN THE WORLD

The first direct order for euthanasia was issued by Hitler on September 1, 1939, and an organization was set up to execute the program.

The Germans are not alone in this "crime" other countries did this and are still doing it. Some, secretly and hospitals and physicians are increasingly involved all over the globe, even when legislation forbids it. Today physicians in Holland are progressively devaluing the price of human lives, with more and more lives being counted as useless, progressively killing those counted as not worth living.

The Holland Experience

Sadly, 40 years later Dutch physicians have become proponents of widespread euthanasia which is commonly practiced in the Netherlands. Though there are written guidelines and laws regarding euthanasia, a careful analysis reveals much abuse and non adherence.

It has dramatically changed societal values and there has been a damaging impact on the family and the value of those who are elderly, physically challenged, mentally ill, chronically ill, and simply not born as "perfect". One of the Dutch guidelines from the minister of health states that "the request for euthanasia must come only from the patient and be entirely free and voluntary." In fact, physicians are directly killing their patients, no longer just the physician assisted suicide. Euthanasia which had been initially voluntary, for the terminally ill, and those with physical problems has reached euthanasia for the chronically ill, those with psychiatric conditions, and even involuntary euthanasia.

They have the need for patient protection groups and patients are afraid to be admitted to the hospital for fear of being killed. There is a case documented by J.C Wilke where a Dutch general physician admitted a cancer patient to a hospital on Friday for diagnostic evaluation.

Her cancer had spread, however the patient was comfortable and able to live independently. She was told the plan was to discuss her condition on Monday with specialists to decide on further treatment. Her physician was away for the weekend. When he returned on Monday another patient was in her hospital bed, and a doctor in training informed him that she was euthanized over the weekend because she was incurable and they anyway needed the bed.

Holland is a country where euthanasia is commonly practised. It has dramatically changed their social values and the impact on the family and the value of the elderly has been damaging, as is documented.

The Germans had a euthanasia program which emptied out the mental hospitals, institutions for handicapped children and chronically and incurably ill. In Holland, Dutch physicians refused to join in this program. Of 6,000 Dutch physicians, 4,261 signed a petition against the German program. Many doctors were jailed and threatened with death. They refused to kill handicapped patients and as a result of their united resistance the Reich Commissar withdrew his euthanasia request. Under Nazi rule, Holland was the only occupied country where mass killings of the institutionalized did not thus occur.

Legalized Euthanasia has given doctors in Holland incredible power over the patient's life or death. Only in a minority of cases is the patient involved in the decision. There is a loss of patient autonomy. In Holland, elderly citizens are given the message that it is really their duty to die. This is to prevent being an expensive burden, and depriving their loved ones of life's necessities! The patient doesn't ask to be killed as often as her family asks that her life be ended.

United Kingdom, United State and Australia

In Britain, since the 1930's there have been demands for euthanasia for the mentally or physically handicapped, the dying and the aged. In 1969, a second "Voluntary Euthanasia Bill" was presented before the British Parliament.

In the U.S Supreme Court, there is a case in which a woman who wanted to stop caring for her chronically ill husband gave him a choice between euthanasia and a nursing home. He chose euthanasia because he was afraid of being taken care of by strangers in an unfamiliar place. The physician performed euthanasia in this

***“Authentic Freedom is an exceptional sign
of the divine image within us and when he cannot
enjoy that freedom or it is temporarily to another
he/she acts in the name of the Creator of Life”***

In the U.S, there were failed attempts to legalize direct euthanasia in California, Oregon, and Washington. Later arguments were made for "physician assisted suicide".

Jack Kevorkian the Michigan pathologist who was famous for his suicide machines, and was called "Dr. Death" was responsible for the direct killing of Thomas Youk, who had Lou Gehrig's disease. As a result, Dr. Kevorkian was convicted of second degree murder and unlawful delivery of controlled substances. Dr. Kevorkian by his own estimate, had participated in the killing of 130 people by March 1999, his conviction confirmed that the homicide laws protect the sick and disabled as well as the strong and healthy. Australia too has been undergoing this push for legalization.

The Polish Experience

In Poland, for the moment there is no legal euthanasia. Unfortunately, liberal media continues to take the subject, provoking discussion on the basis of false assumptions. People do not know

how you can effectively treat pain and depression. The proposals of euthanasia appear wherever there is loss of faith in God – the Lord of Life and promotion of self-seeking society of consumption. The Proposal to shorten the life of the patient is often the result of their own frustration and discomfort.

Euthanasia in India

Euthanasia is not legalized, but covert practise does occur. Also, in Maharashtra & Kerala two Bills have been introduced but not passed. The Indian population is not in favour of euthanasia. In this area the church law is the same as Indian law. Dr. Malini Karkal, PhD, a Senior Statistician reported in a 1991 survey euthanasia in India was Rejected significantly by all religions

Hindus 93%

Muslims 92%

Christians 97%

Jain & Buddhists 100%

If the study is repeated today and explained correctly, it would still be largely unacceptable in India.

Check your progress I

Note: a). Use the space provided for your answer

b). Check your answers with those provided at the end of the unit.

1. What is mercy killing?

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2. What is the status of Euthanasia in India?

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2.4 DEVALUING HUMAN LIFE

The ethical implications of euthanasia are enormous. It is not a private decision. In helping one person to die, it makes it easier for us to kill the ill, weak, elderly, unfit and unwanted people. The family, friends, and health care providers become desensitized. Society will find political, social and economic reasons to shorten lives. Those who are weakest become most vulnerable including those with retardation, disabilities, the sick, elderly, poor, AIDS patients, and drug addicts, besides population control of the “financially unproductive”.

In today’s world where the Sale of Organs is highly profitable, euthanasia offers lucrative gains to those who are thus financially motivated.

Infanticide is a form of euthanasia in infants. The New England Journal of Medicine published a study on a two and a half year period, where 299 babies died in the Yale New Haven Hospital. 43 of the babies were allowed to die after the doctor and family discussed the propriety of not letting the child live. C. Everett Coop, the former surgeon general of the US, has described a new and unwritten right to the perfect child written by these “physicians”.

2.5 THE DIGNITY OF HUMAN LIFE IS INTERNAL, NOT EXTERNAL

Every person has a right to live with dignity until death. Dignity is not equated with control of bowel function. It is not dependent on whether a person is able to independently care for his own bodily needs at all times.

When we measure a person's value by the external shell in which he lives, we rob the individual of the respect and dignity he deserves.

A terminally ill elderly man was brought dying from the streets to the home of Mother Teresa's in Kolkatta where he received caring and compassion. A few days later before naturally dying, he said with a grateful smile "All my life I have lived like an animal. But now I am dying like an angel." The suffering of being unwanted had been removed for here he experienced love for the first time and a caring he had never known from genuine persons.

There are numerous individuals who have had disabilities, weaknesses, and illnesses that have lived beautiful lives but when materialism damages our attitude toward quality of life, we start seeing them, as unfit for living and as those who we do not consider perfect. Who can say that a retired elderly person or a blind, deaf, handicapped or mentally ill person does not have quality of life? How do we view Stephen Hawking, Joni Erikson Tada, or Helen Keller? What is legal is not always moral. What is common is not always natural or good. Euthanasia is not a religious issue, but a human one.

"Science, religion, ethics and philosophy must be integrated into an ethos providing an ethics for all to follow and look up to."

All religion and morality believe that "if we are not for life, we are against our own survival." Pope John Paul II was a scientist par excellence. In "Redemptor Hominis", he teaches that Ethical Analysis requires that we keep three priorities.

The priority of Person over Things. The Spirit over Matter, and Ethics over Technology. Many years ago the great scientist, Louis Pasteur, said, "Science gives the techniques but the Spirit gives the impulse".

"And who are the greater criminals, those who produce the instruments of death, or those that use them?" Robert E. Sherwood.

No one is free from stress, depression or suffering. Clinical depression can and must be treated. Support by the community, care givers, and health network can make a tremendous difference. Depression can often be the result of a chemical imbalance in the brain.

Many of those who suffer trauma, disability, mental illness, the stress of chronic diseases and advanced age suffer from depression. We simply cannot ignore depression in the elderly. At any time a depressed person may request to have their life ended, and the medical community must adequately address the treatment of depressed patients and remove the cause as far as possible by lessening loneliness and increasing community involvement and program participation. Euthanasia is not a solution for depression.

"Death must not be looked upon as only a terror or merely the merciful release from suffering, but as the most precious moment of encounter with the Lord"

Suffering is a normal part of life which everyone experiences. Through the experience of suffering a person may grow in grace, strength, and compassion for others. Compassionate care means to help a person live to the fullest until he or she dies. Terminal illnesses such as cancer require a special plan of care and support.

There is a time when heroic or extra ordinary medical care will only prolong the process of dying instead of curing or saving a person's life. It is at this time that we must call upon palliative care to help at the end of life care for an individual. This is a time for dying with human dignity and not being forced to die. Extra ordinary medical care is the use of ventilators, and other

artificial medical support of life systems which interfere with the natural process of death and do not save life but in essence prolong the dying process.

A person may instruct his family as to what is to be done in case he becomes unconscious, suffers brain damage and is unable to speak for himself. He may request never to use artificial support systems such as a respirator. However, in extreme life threatening situations, a person may change their mind. No one knows what their frame of mind will be until that situation arises. Also the medical implications are different in each case. Sometimes the use of artificial support is a temporary measure which can be discontinued once a patient recovers.

However artificial support becomes extra ordinary when a person has illness which is past the stage of recovery. A good ethical doctor need not continue life support systems when he is medically confident and supported by another physician and the patient's deteriorating condition. In this situation, there comes a time when a decision must be made by the physicians, patient and family regarding the withdrawal of support. In other words a decision to discontinue the tubes and give compassionate end of life care. All religious laws and governmental legislation are in basic agreement as to when this is necessary as also the Indian Law.

2.6 PAIN KILLERS

Pain killers are to be used freely when physical pain is present. Pain can be measured and observed objectively. It is a physical indication that something is wrong in the body. Modern pain killers can treat 90% of pain.

According to the World Health Organization, 95% of cancer pain can be controlled and the remaining 5% reduced to a tolerable level. Some patients may even reject their use, but it is the obligation of the medical community to offer pain control when needed, even if it may indirectly hasten death.

However it should also be noted that in some cases pain control may actually prolong the process of dying. In addition to adequate analgesia, emotional support and communication is a necessary part of care for those who are dying. The family also needs guidance and support during this time. Hospices can provide excellent end of life care. Palliative care when at its best, offers what euthanasia cannot give, the preservation of human dignity until a person dies.

Cancer patient Ms. N said, "I don't want any pain killer or sedatives anymore, I want to see and hear my loved ones around me when I say farewell". Her family greatly appreciated this value for them. Her dignity lay in her freedom to decide her values, feel pain and communicate with her beloved family and deny herself that value and be almost being unconscious.

Check your progress I

Note: a). Use the space provided for your answer

b). Check your answers with those provided at the end of the unit.

1. Does every person have a right to life?

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2. When should one use pain killers?

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2.7 A SPIRITUAL RESPONSE

The prime responsibility is with the family, but since many people have no family, the community becomes responsible, and the community includes the churches and religious bodies who pioneered care all over the world.

All religions and community services and responsible people should understand that it is God's image we see in the dying person. He/she is not a non person.

Instead with the breakdown of family life, our ideas are shaped far more than we realize by official attitudes and the fiscal system. These group us by age, and divide us into "Gainfully Employed" or "Dependent", very much like machines, which are classified as "latest model" or "obsolete", and "in working order" or scrap". Such an outlook takes no account of real human value.

ARE YOU ready to replace our Culture of Care and Commitment with the culture of death and abandonment? Then do so – at the sure risk of losing our humanity. If not practice palliative care with Eustress.

"Palliative Care means the active total care of patients whose prognosis is limited due to progressive, far-advanced disease. The purpose of such care is to alleviate pain and other distressing symptoms and to enhance the quality of life, not to hasten or postpone death".

The dying have three basic rights. They must be treated at all times as a child of God, treated so that they retain their individuality and their personality. Secondly, they are entitled to withdrawal of treatment when it is no longer curative; this is not euthanasia, but good medicine.

Thirdly, they are entitled to as much – or as little – of the truth they want to know.

Recording our rich heritage let us endeavour to preserve, strengthen and reinforce our caring skills in contrast in abundance and killing the image of the Creator by Eustress.

Eustress needed for the patient, the family & the physician to change the stress of suffering into a persuasive position of responsible caring with nature, strengthening heart and hand of the patient physician and the family. Dying patients also need time, time to come to terms with what they are being asked for, they are being asked to make their peace with God, and to make peace with their own families as a nurse with much experience of death. I am convinced that ninety per cent of people know when they are dying. We never lie to patients, we never tell them they are not dying when they are. If they ask, there are various ways of telling them.

2.8 EUSTRESS

The inability to face stress personally but especially in their patients or in relatives who appear distressed because they want to appear that they can get their "problem" out of the way has not warranted enough attention by all sections of society.

Often patients lack sufficient Faith, Positive Family Support and Friends who could rally around turning their illness into Eustress or good stress which could not only strengthen their personality to fight their disease but actually provide relief or even a "cure" or "ease" to accept what can be done.

The physicians often have never been taught or learnt how to change the tremendous stress of illness and suffering by spiritual or family therapy and group therapy which are positive steps. The fantastic journey out of depression and the canyons of darkness into the light of God's Love and Life is amazing therapeutic, and the human spirit governing the body is in your own ability. This is the message to doctors, nurses and relatives - face, fight jointly – do not take flight!

This is the Challenge to doctors and nurses “Change Stress – face the Challenge to your own Ability to develop the Capability of your patient encouraging his/her recovery of mind and spirit i.e., the soul, to a state of eustress, facing dying calmly and in thus reassuring their families.”

Hospitals benefit financially from using Life Support Systems even when unnecessary. Iatrogenic Diseases that are emerging as a major disaster range from investigations, medication, unnecessary surgical intervention and procedures / refreshing responsive.

2.9 CASE STUDIES

1. When Winston Churchill was dying of pneumonia his distraught wife Clementina records how this doctor said “Nothing more we can do and save him. But there is a new medicine called Pencillin not yet on the market. If we could get it! Who has this drug and can we get it” asked Clementina. “It’s in the US and a man named Alexander Fleming has developed it”.

“But that’s Winston’s close friend” said Clementina, “Winston saved his life when he was drowning as a friend. Let’s ask him”. They did and penicillin was flown across the Atlantic and the rest is history as Winston recovered and led the way to a victorious end.

Jack Willke a physician who has dedicated his whole practising life and skills to fighting euthanasia has frequent encounters with the resiliences of dying persons. He has vowed never to play “God” and either predicts death or even dying but to always promotes precious human life.

As a junior intern he saw 2 vials of precious penicillin suddenly made available to the hospital and given to a seriously infected, dying young man recover and live.

I am a person who passes through this world. I have seen many beautiful and wholesome things and I was attracted always only by them. One day, one fine day, I saw a light. It seemed to me more beautiful than anything else and I followed it. I realized that it was the Truth”. **C.**

Lubich. *Remember there is no truth without justice and no justice without love and life.*

2. Dr. Hingorani eminent surgeon (and Surgeon to the President of India) recalls a case which made him change his mind of supporting euthanasia.

He had an advanced case of a father with cancer of the jaw. The two sons of this man had come the previous evening and asked that the father be given an injection to die, as “they” could not suffer to see him. Dr. Hingorani was debating this procedure when a relative of the father met him the next morning and said she had suspected the request made and wanted to alert the doctor as they stood to gain financially if the father died now. The details were such that Dr. Hingorani was shocked that the sons could be so callous when their father’s eyes were still shining with affection for them. He changed his pro euthanasia mind dramatically.

3. Sir Francis Chichister’s doctor once told him he was soon to die. Yet, he went on to live another 15 vigorous years. In his autobiography, “Famed heart surgeon Dr. Christian Barnard related that as a young intern he once came within a needle plunge of committing a mercy killing on a woman who was in extreme agony from cancer pain . He stopped and did not go ahead as he was suddenly called for another emergency. The woman recovered and lived for three “good years” and then died peacefully with her family around. This made him change his whole attitude to “taking life”.

4. Dr. Lusito deSouza of Tata Cancer Hospital, Mumbai similarly changed when a woman of 45 had come to see “the good doctor” who had treated her many years ago in the same hospital and hoped that her “gastric” symptoms would be cured as he had done everything for her. She had left the city and returned with her son after many years.

When Dr. Lusito asked for her case file he confirmed an “incurable” cancer 15 years earlier as she had been assessed as not “mentally, strong enough to take the verdict of being incurable, and told just to rest and eat well. This he discovered from the old records. He was stunned that the woman was standing in front of him fit and fine with her young son.

“We must remember that there is no obligation to treat exists when the costs of maintaining life greatly outweigh the benefits.”

2.10 PALLIATIVE CARE

The family also needs guidance and support during this time. Hospices can provide excellent “end of life” care. Palliative care when at its best offers what euthanasia cannot give. The preservation of human dignity until a person dies. Pain killers may prolong the dying process besides causing other side effects and a choice to accept, continue or reject made if the patient can do so.

Nurses and Doctors who work in Palliative Care (Hospices) report how they themselves are uplifted and empowered to appreciate Human Life when working with the physically weak and dying.

It is a fact little known and not repeated enough that depressions and suicide have little or no place in the lives of the simple and the impaired persons, and the highest rate in pop stars or the rich!.

2.11 QUALITY OF LIFE

To repudiate the quality-of-life argument, therefore, requires a defence of treatment in even incurable cases. Such, a defense would question the validity of any surrogate or proxy judgments of the worth or quality of life when the wishes of the person in question cannot be ascertained.

The essence of the quality of life argument is a proxy’s judgment that no reasonable person would prefer the pain, suffering and loneliness or for example, lie in a crib at an IQ level of 20, to an immediate, painless death.

But in what sense can the proxy validly conclude that a person with different wants, needs and interests, if able to speak, would agree that such a life were worse than death?

At the start one must be sceptical of the proxy’s claim to objective disinterestedness. If the proxy is also the parent or physician, as has been the case in paediatric euthanasia, the impact of treatment on the proxy’s interests, rather than solely on those of the child, may influence his assessment.

But even if the proxy were truly neutral and committed only to caring for the child, the problem of egocentricity and knowing another’s mind remains. Compared with the situation and life prospects of a “reasonable man”, the child’s potential quality of life indeed appears dim. Yet a standard based on healthy, ordinary development may be entirely inappropriate to this situation. One who has never known the pleasures of mental operation, ambulation, or social interaction surely does not suffer from their loss as much as one who has. While one who has known these capacities may prefer death to a life without them.

We have no assurance that the handicapped person, with no point of comparison would agree. Life, and life alone, whatever its limitations, might be of sufficient worth to him”.

The only group of defective newborns who would clearly qualify as non person is anencephalies, who altogether lack a brain, or those so severely brain damaged that it is immediately clear that a sense of self or personality can never develop.

We must remember that Euthanasia is not about turning off machines when life can no longer be supported, nor is it about accepting unwanted intrusions into the life of patient to maintain life at any cost. It is about purposeful killing, taking the life of another person or murder.

What would Mahatma Gandhi or Mother Teresa or even Baba Amte would have gone further than the Hippocratic Oath formulated by the great physician Hippocrates (BC) who stressed only on “Primum Non Nocera”. First, do not harm”. Only –Promote Life.

Surely they would have gone on to say “All life is precious. As we age and the body cells slow down no man or machine can predict when natural death can occur.

Direct killing, deprivation of ordinary nutrition and water can never be condoned. As long as we are loved and wanted nobody would seriously like to die, as these leaders would have said

2.12 PHILOSOPHICAL IMPLICATIONS

The study of philosophy is guided by wisdom as wisdom is understood as the application of intelligence and knowledge to practical living and dying. Now that science has got so much of interest, it is intervening in many areas designer babies by preserving the bodies by freezing to be resurrected when science can meet this challenge after all. The preservation of sperm by freezing is already in practice and the race to produce in live human being is questioned because of the expense of a million dollars. Philosophy calmly takes facts and aspirations into consideration and decides an ethos of thinking which can be accepted or not by human beings. Euthanasia is usually sorted out by incapacitated, unwanted and unloved beings and hence deserves one careful attention to setting precedence.

Philosophy exists as it is a science but it is so wide open to several issues of interference and impression that it may seem vague at times to take a decision. But a decision has to be taken and in all fairness those concerned like the doctors, nurses, patients, family should be intelligently informed and involved as Mahatma Gandhi said “Life is precious” Whatever the quality, the age and when we start setting terms and conditions, it can be dangerous if the above is not followed that is intelligent, information and involvement.

Check your progress I

Note: a). Use the space provided for your answer

b). Check your answers with those provided at the end of the unit.

1. What do you understand by Palliative care?

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2. What is Eustress?

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2.13 LET US SUM UP

Since this is a human life issue, anything pertaining to it should be very clear for the general public, for the judiciary in educational and social fields. At the same time, one has to think how any decision could affect future generations. Since euthanasia falls into the category of vital life issue subjects, the philosophy or study of it is extremely important. It is necessary that only in bioethics but in every field this issue is taken up because it involves the family, the basic unit of society. Previous decisions rulings affected by modern techniques need to be addressed. There are many grey areas affecting human lines. There are instances where dying patients do not accept pain killers or sedations as they wish to be alive, to enjoy the last moments with their

loved ones. Many people are there who do not have anybody to love or who do not feel needed. These are the ones who will sign the living will or put to sleep permanently.

2.14 KEY WORDS

Physician Assisted Suicide: is when a doctor gives the means for suicide to a person who has requested it for himself.

Direct Euthanasia: or active euthanasia is the killing of a patient by direct means, often by lethal injection. It is an act of commission.

Indirect Euthanasia: or passive euthanasia is the killing of a patient by withholding or withdrawing treatment. It is an act of omission, such as withholding antibiotics.

Inertia Killing: when doctors do nothing for the unconscious patient and not knowing what is the correct diagnosis leaving her to die.

2.15 FURTHER READING AND REFERENCES

Annas, George J. *Some Choice: Law, Medicine, and the Market*. New York: Oxford University Press, 1998.

Appleton, Michael et al. *At Home with Terminal Illness: A Family Guide to Hospice in the Home*. Upper Saddle River, NJ: Prentice Hall, 1995.

Battin, Margaret P. *The Death Debate: Ethical Issues in Suicide*. Upper Saddle River, NJ: Prentice Hall, 1996.

Battin, Margaret P. Rosamond Rhodes, and Anita Silvers, eds. *Physician-Assisted Suicide: Expanding the Debate*. New York: Routledge, 1998.

2.16 ANSWERS TO CHECK YOUR PROGRESS

Answers to Check your progress I

1. The term "Mercy Killing" has been used to legalize euthanasia. The phrase "Voluntary Euthanasia" has origins in a campaign of "Eugenics to improve "the human race by getting rid of its weaker members. It is based on a post-Darwinian theory, called Social Darwinism. This theory teaches that it is the duty of the strong to destroy the weak in order to assist human progress. This theory still has active supporters from some sociologists and political figures.

2. Euthanasia is not legalized, but covert practise does occur. Also, in Maharashtra & Kerala two Bills have been introduced but not passed. The Indian population is not in favour of euthanasia. In this area the church law is the same as Indian law. Dr. Malini Karkal, PhD, a Senior Statistician reported in a 1991 survey euthanasia in India was Rejected significantly by all religions

Answers to Check your progress II

1. Every person has a right to live with dignity until death. Dignity is not equated with control of bowel function. It is not dependent on whether a person is able to independently care for his own bodily needs at all times. When we measure a person's value by the external shell in which he lives, we rob the individual of the respect and dignity he deserves.
2. Pain killers are to be used freely when physical pain is present. Pain can be measured and observed objectively. It is a physical indication that something is wrong in the body. Modern pain killers can treat 90% of pain.

Answers to Check your progress III

1. The family also needs guidance and support during this time. Hospices can provide excellent "end of life" care. Palliative care when at its best offers what euthanasia cannot give. The preservation of human dignity until a person dies. Pain killers may prolong the dying process besides causing other side effects and a choice to accept, continue or reject made if the patient can do so.

Nurses and Doctors who work in Palliative Care (Hospices) report how they themselves are uplifted and empowered to appreciate Human Life when working with the physically weak and dying.

2. The inability to face stress personally but especially in their patients or in relatives who appear distressed because they want to appear that they can get their "problem" out of the way has not warranted enough attention by all sections of society.

Often patients lack sufficient Faith, Positive Family Support and Friends who could rally around turning their illness into Eustress or good stress which could not only strengthen their personality to fight their disease but actually provide relief or even a "cure" or "ease" to accept what can be done.

