**Title:** A Vignette on Ethical Quietus

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**Abstract:**

Euthanasia has been the age-old ethical dilemma which was born almost around the same time as the history of ancient medicine. This concept has been explored from many standpoints – legal, religious, social, economic and political. The following article is a brief debate on the concept of ethical quietus (death) from a historical, moral and pragmatic viewpoint. Despite strong laws enforced by various nations of the world, euthanasia continues to be an area of intense debate in the field of medical ethics even today.

**Keywords:** euthanasia, ethics, assisted suicide, dilemma

**History:**

“Death is not the greatest of evils, it is worse to want to die and not be able to”, said Sophocles, the ancient Greek tragedian. Man’s need to have a painless death and the practices to hasten death date back to the 5th century BC. Euthanasia [Greek: “good death”], defined as a deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering, as an idea was supported by great thinkers like Socrates and Plato but condemned by Hippocrates, the Father of Medicine.

Karl Marx of Germany, the renowned medical historian stated that doctors had a moral duty to ease the suffering of death through encouragement, support and mitigation using medication. He believed in the theological idea of the “Soul of Sick” but the Judeo-Christian tradition strongly opposed euthanasia arguing that in contradicted our natural human instincts of survival.

Until the mid-1800s, the practice of euthanasia only intended to hasten death, but never addressed the suffering caused by the practice itself on the dying patient. Contemporary euthanasia debates which originated in the Europe, where administration of analgesics, neuro-suppressors and anesthetic agents were used upon terminally ill patients, has resulted in this being a legally accepted practice in several countries like Netherlands, Germany, Switzerland, etc. The Dutch law includes this concept under the definition of “assisted suicide and termination of life on request.”

**Current Scenario:**

Passive euthanasia or termination of life support in a critically ill patient with little scope for recovery (a.k.a “pulling the plug”) is legal in many countries with elaborate ethical considerations. Active euthanasia or assisted suicide on the other hand, is condemned by most nations due to diverse public controversy over moral, ethical and legal complications associated with the practices.

**The Debate:**

Despite strong opposition by humanitarian and religious notions, the idea of euthanasia and its legalization continue to be discussed due to the following reasons:

* There is a dignity to death as there is a dignity to life. In situations where even with the best possible medical help, the suffering of the patient cannot be alleviated, it only appears to be more humane to end the misery of the patient and provide him/her with a more dignified death, free from futile suffering.
* Evading undue economic and physical burden to the government and patient’s caretaker is of great significance. It is irrational to spend so much on a patient at death’s door with no chance of survival. The medical care in terms of efficient manpower, expensive equipment and precious drugs are to be judiciously given. It is only prudent to follow a triage-based system in which the above resources are to be provided to those with better chances of survival. But such decisions are to be made only by experts solely with altruistic motives.
* The will of the patient to donate his organs is to be respected. In case of brain death, the next right thing is to obtain viable organs from the person rather than making his death unfruitful. The medical team should be sagacious enough to help the patient follow his will to be an organ donor and compassionate enough to address the emotional trauma to the family of the deceased trying to cope for the loss.

Even when the above supportive opinions exist, the law makers find it challenging to legalize euthanasia because:

* A utilitarian point of view of an act like this is frightening. It should not provide a legal loophole for escaping from murder charges. With frail conventions, the law may be employed fraudulently for monetary benefits, personal vengeance or any other vile intention.
* The diagnosis of “terminal” illness may be inaccurate. It is unforgivable to lose an otherwise savable individual due to an error of judgement.
* The consent of patient is of utmost importance in making such a critical decision. A situation might occur where the patient who may be aware of his right to live, but not be able to bargain for the same, is subjected to euthanasia by external deciders. There should never be an instance in which a doctor ever convinces the patient to ask for euthanasia, rather the act should be performed only by free will of the patient. In situations where the patient is unable to provide consent (like children or mentally challenged), the law should go to the maximum length to protect the life of its citizen from being lost due to false judgement.

**Conclusion:**

Even when euthanasia is simply to be able to die with dignity at a moment when life is devoid it, without a strict legislation that encompasses all the possible risks it might pose, the act is nothing less than murder. Like Pearl S Buck wisely said, “Euthanasia is a long smooth-sounding word and it conceals its danger as long smooth words do, but the danger is there, nevertheless.”

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