**Review article**

**Title: Euthanasia: A debate for and against**

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**Euthanasia: A debate for and against**

**Introduction:** Euthanasia is a concept used in the field of medicine which means easy or gentle death and is defined as the deliberate speeding up of the death of an individual suffering from a terminal illness like cancer (1). The term euthanasia originated in Greece and meant a good death (2). There are different definitions or laws to define the term euthanasia. The medical definition is “the act or practice of causing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy” (3). The British House of Lords Select Committee on Medical Ethics defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering"(4). In the Netherlands and Belgium, euthanasia is understood as "termination of life by a doctor at the request of a patient"(5). The Dutch law, however, does not use the term 'euthanasia' but includes it under the broader definition of "assisted suicide and termination of life on request"(6). Still, there is not enough to find a clear societal consensus on death with dignity and without suffering, and how do we go about achieving this?

The advances in scientific knowledge and medical technology have enhanced enthusiasm among the general public for the human potential and providing unprecedented ability to actually manipulate life and death (4,7-8). However, many of these advances have posed new ethical challenges, current euthanasia and physician-assisted suicide debate is a result of these medico-technological advances leading to a heated debate involving issues related to legal, moral, philosophical, religious, socio-cultural and end-of-life decisions (9,10). Currently, euthanasia is legally permitted in Netherlands, Luxembourg, Switzerland, Belgium and some other countries including some states of USA (11-15). Canada has introduced a federal law allowing medical aid in dying (16). Victoria has become the first state in Australia to legalise voluntary euthanasia from mid-2019 (17).

In a historic judgment, the Supreme Court of India legalized passive euthanasia. The apex court remarked in the judgment that the Constitution of India values liberty, dignity, autonomy, and privacy (18).

**Historical perspective: Birth of the idea of a good death**

Euthanasia was practised in Ancient Greece and Rome: for example, hemlock was employed as a means of hastening death on the island of Kea, a technique also employed in Marseilles. Euthanasia was supported by Socrates, Plato and Seneca the Elder in the ancient world, although Hippocrates appears to have spoken against the practice, writing "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death" (19-21).

Euthanasia conceptualized under the framework of “good death” which could be traced back to the medieval era when historian Suetonius described the death of Emperor Augustus as euthanasia (22). Term “euthanasia” originated in the early 17thCenturyfrom the Greek words *eu* means ‘well’ and *Thanatos* means ‘death’. Euthanasia was first used in the medical context by Francis Bacon in the 17thcentury to refer easy and painless death though he did not approve of administration of poison by physicians to hasten death (23, 24). The medical historian, Karl Friedrich Heinrich Marx, who drew on Bacon's philosophical ideas. As per him, a doctor had a moral duty to ease the suffering of death through encouragement, support and mitigation using medication (25, 26). Hippocrates too prohibited the use of any poison to the diseased in his oath.

In 1870, S. D. Williams, a non-physician, proposed that chloroform to be used to intentionally end the lives of patients (22). In late 19th century (mid of 1890’s) Ingersoll and Adler argued for voluntary euthanasia of adults suffering from terminal ailments (27).

In 1865 Francis Galton, cousin of Charles Darwin, proposed the concept of Eugenics which involves applying principles of genetics and heredity for the purpose of improving the human race (28). By the 1920s eugenics became an influential social and political movement (29). In 1902, an Indiana physician by the name of Dr. Harry Sharp, urged passage of mandatory sterilization laws. In 1907 Indiana became the first State to pass a eugenics-based sterilization law (29). At the same time, discussion of euthanasia formally entered in a legislative forum with the introduction of a bill in support of euthanasia which was ultimately defeated (30). In January 1936, King George V was given a fatal dose of morphine and cocaine to hasten his death, by his physician, Lord Dawson (31).

The Holocaust and Nazi medical atrocities had the tremendous negative impact on the movement of euthanasia (30, 32). Euthanasia was justified as a way to divert money being spent on the ill and disabled to other more important societal needs (29). Under the infamous ‘T-4’ Program, 250,000 people were calculatingly murdered; mass Jewish genocide took place, although the T-4 Program was later revoked under public pressure. After World War II, euthanasia lost its public support although voluntary euthanasia survived. At this point, Western societies began to look to scientific and technological solutions to problems previously seen as religious, moral or even political in character and death became medicalized and moral and religious questions were reframed (8). Life supportive modalities like Cardio-pulmonary resuscitation, mechanical respirator and intensive care units revolutionized care and prolonged life. Physician assisted suicide looked as the technological solution of the euthanasia dilemma (33). The paradigm had shifted, the stage had been set, medicalization of euthanasia started winning the legal battle, right to die movement set in motion, what could be seen as re-emergence of euthanasia (8).

**Euthanasia: various dimensions**

Euthanasia originally meant the condition of a good, gentle and easy death (34). The noun euthanasia has changed into the transitive verb “to euthanize”. An 1826 Latin manuscript referred to medical euthanasia as “the skilful alleviation of suffering” in which the physician was expected to provide conditions that would facilitate a gentle death but “least of all should be permitted, prompted either by other people’s request or his own sense of mercy, to end the patient’s pitiful condition by purposefully and deliberately hastening death”(34). Euthanasia transitioned into the request for an active and intentional hastening of one’s death as a modern phenomenon. Over the time many terms have been evolved like “a good death”, “death with dignity”, “planned death”, and “assisted death”, or “aid in dying”. Use of such broad language in the euthanasia debate could be highly deceptive. As aptly put, euthanasia is being smuggled into the medical arena under the guise of “a peaceful death” cloaked in a revisionist idea of healing or relief of suffering (35). Euthanasia encompasses various dimensions, from active (introducing something to cause death) to passive (withholding treatment or supportive measures); voluntary (consent), non-voluntary (consent from guardian) to involuntary (consent not available) and physician assisted (where physicians prescribe the medicine and patient or the third party administers the medication to cause death)(28,36). Some or the other forms have relative acceptance to society as passive euthanasia has been legalized in India while physician assisted euthanasia is not.

**Table-1: Euthanasia and related terms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Term | Competency | Consent | Physician’s role | Patient’s Intention |
| Voluntary active euthanasia | Yes | Yes | To end life | To die |
| Involuntary active euthanasia | Yes | No | To end life | Not known |
| Non-voluntary active euthanasia | No | No | To end life | Not capable |
| Passive euthanasia | Yes | Yes | Not to save | To die |
| Indirect euthanasia | Yes | Yes | To relieve pain | To relief from pain |
| Physician-assisted suicide | Yes | Yes | To tell the way | To die |

**Ethical and moral aspects of euthanasia**

Euthanasia is primarily considered as an ethical and moral dilemma. Hippocratic Oath, a major ethical benchmark for all the physicians, clearly condemned euthanasia like practices by stating that *I will apply dietetic measure for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give a woman an abortive remedy. In purity and in holiness I will guard my life and my art,*(37). Hippocratic Oath is perhaps the biggest safeguard against euthanasia based on the central idea “do not harm”. World Medical Association considered euthanasia unethical even at the patient's own request or at the request of close relatives (38). Medical Council of India too considered euthanasia as an unethical conduct. However, on specific occasions, the question of withdrawing supporting devices shall be decided only by a team of doctors and not merely by the treating physician alone (39).

The counter-argument of legendry Hippocratic Oath is based on the interpretation that the basic idea of the oath is to“do no harm”. It all comes down to what constitutes “harm”. When a patient is in intense pain or suffering severe mental anguish, our society could be doing more harm by keeping them alive than allowing them to die (40).Physician assisted suicide came up as a solution which argued to be keeping the primacy of personal autonomy, promoting human dignity, and may represent a deeply humanizing act.

**Religious aspects of euthanasia**

Christianity had a profound effect on views associated with euthanasia because Christianity was the religion officially associated with the state in Europe. One of the legal terms for suicide as *felo de se* means being guilty of self- murder, hence, Christianity left no grey area and condemned suicide; there was no mention of term euthanasia (30).

Judaism also provided no grey areas either, as there also it was considered murder to cause a death, even if the person was already dying. Similarly, a robust opposition was seen in other religion like Islam, Buddhism and Hinduism.

In Hinduism committing suicide is considered a violation of the code of Ahimsa (non-violence) and is therefore as sinful as committing murder. Those who commit suicide become Abhisasta (Man accused of mortal sin), his blood relations (sapinda) shall not perform the funeral rites. In Jainism; santhara, giving up food and water till death is accepted, though it is considered illegal by the Supreme Court of India. Many religious teachers condemned this parallel equation of culturally practised death, suicide and euthanasia(41).

**Philosophical Aspects of euthanasia**

Suicide was widely condemned mostly on religious backgrounds by most of the philosophers of the time like Pythagoras, Pluto and Aristotle(37). Perhaps Sophocles was first to accept suicide as a cure for miseries of life and suicide was acceptable when we are impeded from pursuing a eudaimonic life (42). Contrary to Stoicism, Cicero rejected suicide; however, in cases of extreme suffering, or favourable suicide would be permissible. Such more and less favourable attitudes to suicide are characteristic of Greek and Roman philosophy for approximately the first two centuries after the death of Christ. Pro-euthanasia philosophy mostly centred on patient’s experiences and rights. They argued that if an individual suffered from a terminal illness and all available life-prolonging measures had been exhausted then euthanasia is morally permissible (40). The main components of such arguments are:

**Autonomy** “Rights to One’s Own Body and to Death”The right to life also includes the right to die. People should have the right to shorten the process of death and therefore, reduce the unpleasantness. By refusing a terminally ill patient’s request to die, the state is, in some way, violating that person’s basic rights(43).

**Death is a Private Matter**- The state does not tell us how to live our personal lives as long as we live by the law. Death is a somewhat uncomfortable aspect of our lives that we may not want to consider until it is absolutely necessary. But, when we are ready to face death whether it is our own or that of a family member, it should be a completely private matter. It should be left up to us and our loved ones (40).

**Dying with Dignity**-For many terminally ill patients, it is a matter of concern to die with dignity. They want to be remembered as a person who lived life with pride and died with dignity and not being slowly deteriorated by disease (40). Euthanasia can serve, in Brock’s words, as “psychological insurance” to relieve the anxiety of individuals who worry about having uncontrolled pain and suffering before death(44). The Philosophical argument against euthanasia expressed worries that allowing euthanasia sends the message, “it’s better to be dead than sick or disabled”not only does this put the sick or disabled at risk, it also downgrades their status as human beings while they are alive. Pain and suffering are to be feared and euthanasia is the only way to escape suffering(4). Dr. Kevorkian, later famous as “Dr. Death” euthanized 130 patients to end the suffering of terminally ill patients who wished to die. Arguably, he not only offered his patients a source of relief but also allowed them to keep their dignity (45). Later Dr. Jack Kevorkian got convicted of second degree murder and spent eight years in prison.

**Legal Aspects for and against euthanasia**

In 2002, the Netherlands became the first country to legalise euthanasia followed by Belgium and Luxembourg. Currently, Physician assisted suicide is legalised in 5 states of USA and in Canada (11-13, 46, 47). In India active euthanasia is illegal and a crime under Section 302 or 304 of the IPC. Physician assisted suicide (PAS) is a crime under Section 306 IPC (abetment to suicide) but passive euthanasia has been legalized since 9th March 2018(33). The legalization of passive euthanasia was a landmark judgment in the history of India. The judgment was a result of a criminal writ petition filed on behalf of Aruna Ramchandra Shanbaug in 2009. Aruna Ramchandra Shanbaug had been lying in a persistent vegetative state (PVS) since last 36 years following the attempt of sexual assault and strangulation in K. E. M. Hospital, Mumbai. The historic judgment under Justice Markandey Katju and Justice Gyan Sudha Mishra has laid provision for caregivers of cognitively incapacitated persons to request for non-voluntary and passive euthanasia to the High Court. Till the legislation from the Parliament is in place, the judgment has cited the powers of article 226 of the constitution for such a provision. On receipt of any application for passive euthanasia, the High Court would appoint a board of doctors comprising a physician, a psychiatrist, and a neurologist to examine the patient based on which the court would take the decision about life-supporting treatment. Passive euthanasia is legalized in India in this process (48). On this Medical Council of India (MCI) posited its position by saying that MCI already have clear-cut guidelines on this subject in regulation 6.7 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002, which explicitly prohibits doctors from practising euthanasia. According to the regulation 6.7 practising euthanasia shall constitute unethical conduct. However, on a specific occasion, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, Chief Medical Officer / Medical Officer in charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994(49).

**Medical aspects of the debate**

During the Renaissance and early modern periods, there was a paradigm shift; the human body which was sacred became an understandable scientific object, for instance dissecting cadavers became common. By the early modern period, some dared to suggest that perhaps euthanasia was not such a grievous sin after all (30). Physicians throughout Europe and North America started advocating euthanasia openly (30). The Human-rights philosophy allied with the rise of technological prowess available through science produced many zealous movements to legitimize medical suicide or euthanasia (32). A shift from the idea of spiritual authority to that of legal authority, six of the thirteen states in the newly-minted U.S.A., no longer mandated legal penalties for those who attempted suicide (30).

**Physician view on euthanasia globally**

In a review, studies over a 20-year period that assess the attitudes of UK doctors concerning active, voluntary euthanasia (AVE) and physician assisted suicide (PAS). UK doctors appear to oppose the introduction of AVE and PAS, even when one considers the methodological limitations of included studies(50). A study from Belgium, where responses were obtained from 3006 physicians with the response rate of 34% reported ninety percent of physicians studied were accepting of euthanasia for terminal patients (51). Psychiatrists were reported to have had the more conservative view on PAS as compared to physicians (52). A study from Greece reports 42.6% physicians expressed that in the case of cardiac or respiratory arrest no effort to revive should be there in terminally ill cancer patients (53). In one survey, on doctors from India and Pakistan, a majority were against euthanasia (54).

**Table 2 Physicians’ views on euthanasia**

|  |  |
| --- | --- |
| Studies | Conclusions |
| Yun YH et al.2011 (55) | <10% of oncologists supported PAS and euthanasia |
| McCormack R et al.2012(50) | Majority of UK doctors appear to oppose AVE and PAS |
| Smets T et al. 2011(51) | (Belgian physicians) 90% in support of Euthanasia |
| Willems DL et al. 2000 (56) | Netherlands physicians-American physicians found euthanasia less often acceptable than the Dutch |
| M E Suarez-Almazor et al.1997(57) | 60 – 80% - against Euthanasia |
| Parpa E et al.2006 (53) | 42.4% Greece physicians oppose reviving from cardiac or respiratory arrest |
| Abbas S et al. 2008 (54) | Majority of the Indian and Pakistani physician against euthanasia |
| Levy TB et al. 2013 (52) | Psychiatrists more conservative on PAS than physicians |
| Kane et al. 2017 (58) | 45.8% of physicians agreed that physician-assisted suicide should be allowed in some cases |

**Arguments for and against euthanasia/assisted dying expressed in declarations**(59-67)

|  |  |
| --- | --- |
| **For** | **Against** |
| Autonomy, respect, comfort, and  peace belongs to each individual | Sanctity of human life, life is a gift from  God, God has the right to take life |
| Right to die with dignity | Religious prohibition “Thou shalt not kill” |
| Physicians’ responsibility for eliminating  suffering and promoting the dignified end of life | In conflict with basic principles of  medical/nursing practice |
| Helps the patient, the patient’s family, and  the family’s economy, caregiver burden | Responsibility to protect life |
| The Critical illness which can not be controlled  by medical management | Vulnerable populations may be forced to  end their lives |
| Encouraging the organ transplantation | No right to kill |
|  | Malafide intention |
|  | Eliminating the invalid |
|  | Symptoms of mental illness |
|  | Emphasis on care |
|  | The Commercialisation of health care |

**Slippery slope argument for and against euthanasia**

Euthanasia, in its various forms, continues to polarize debate about medical ethics and has been flooded with slippery slope arguments expressing apprehensions and concerns that could gradually slip down to atrocious and inhuman practices. The slippery slope argument is based on the idea that once a healthcare service, and by extension the government, starts killing its own citizens, a line is crossed that should never have been crossed. The concern is that a society that allows voluntary euthanasia will gradually change its attitudes to include non-voluntary and then involuntary euthanasia (68). It was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. This results in involuntary euthanasia and is regarded as the first step towards the Nazi-style slide into genocide (69). Today the brain dead, tomorrow the mentally handicapped and day after, opponents of government (70)? Legalized voluntary euthanasia could eventually lead to a wide range of unforeseen consequences (68). Evidence from Netherland has shown that informed consent of the patient was frequently ignored in many patients subjected to involuntary euthanasia (69, 71). One recent study from Netherland showed 10% of the doctors deliberately terminate the life of a patient without explicit request (72). Anti-euthanasia lobby argue that emerging advances in end of life care or palliative care which is compassionated care of a dying sufficient for peaceful death but pro-euthanasia counter with the argument that pain control is elusive and the loss of control of bodily functions, or of mental competence, or the prospect of drawn-out death itself, is of itself unbearable, the denial of autonomous control over their passing is the last indignity (73). Slippery slope argument is countered by the argument that the moral deterioration cannot be slipped down to out of control as moral deterioration has taken place before the murdering begins; the leaders of the regime have nowhere further to slide (69).

**Conclusion:**

Worldwide acceptance of euthanasia in some or the other form and gradual legalization led to a great responsibility on physicians. History has already provided incidents of exploitations on such concepts. Physicians have to be aware and keep enough safeguards while adopting such practices. Euthanasia will remain a major controversy because first euthanasia is illegal and yet, in its passive form practised in many hospitals (74). Secondly, medical advances have made it possible to artificially prolong the life furthermore; we must all contend with the reality that financial constraints are an important consideration in modern healthcare provision. Finally, there is an ethical difficulty in interpreting the concept of a patient's right, or autonomy, versus the rights and duty of a doctor.

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