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Euthanasia: A Humane Approach to Life

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Abstract

According to Encyclopaedia Britannica, euthanasia or mercy killing usually refers to voluntary death in cases of painful and incurable disease. We Christians understand that God is in control of the issues that affect human beings and so God allows only what ultimately benefits us human beings. We need to play an active role which leads to - we becoming the salt and the light of the world. It means that we stand for compassionate care of the dying while standing against any form of killing. We are all called to seize opportunities to minister God's love to those who are needy and suffering.

Keywords

Aruna Shanbaug, Voluntary euthanasia, involuntary euthanasia, non-voluntary euthanasia, principle of double effect, palliative care.

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Introduction

I remember reading a short story by T.F. Powys, "Lie Thee Down, Oddity". The story in brief is like this: Mr. Cronch went down a dingy court. Clothes were hung from house to house, and barefooted children played in the gutter. The air was heavy with human odours and factory stench. Then Mr. Cronch came upon something worse than misery. A man sat leaning against a wall, with half his face eaten away. His eyes were gone; he cried out to everyone whose footstep he heard, to lead him to the river. When Mr. Cronch came by, he cried out the more. Mr. Cronch stopped. "Lie thee down. Oddity!" he said angrily. "Lead me to the river," the man begged. "Come," said Mr. Cronch, and led the man to the river. A policeman, who knew the man's wish, followed them. At the brink of the river the man said, "I am afraid; only give me one little push, and I shall die." "Certainly," said Mr. Cronch, and pushed him into the river. The man sank like a stone. The police officer came up to demand Mr. Cronch's name and address; he had made a note of what had happened. "You will appear at court, charged with murder," he said. "But now you may go!"[1] This story may evoke in us different perspectives or attitudes related to life and death. Our attempt in this article is to discuss some of these views.

Kinds of Euthanasia

Meaning: According to Encyclopaedia Britannica, euthanasia or mercy killing usually refers to voluntary death in cases of painful and incurable disease. Since there is no provision for it in the Anglo-Saxon law, it is accounted either suicide (if performed by the patient himself) or murder (if performed by another).[2] BBC News stated in its July 1, 1999 special report titled "A Euthanasia Glossary": "Euthanasia has many definitions. The Pro-Life Alliance defines it as: 'Any action or omission intended to end the life of a patient on the grounds that his or her life is not worth living.' The Voluntary Euthanasia Society looks to the word's Greek origins - 'eu' and 'thanatos,' which together mean 'a good death' - and a modern definition is: 'A good death brought about by a doctor providing drugs or an injection to bring a peaceful end to the dying process.'

Three classes of euthanasia can be identified, passive euthanasia, physician-assisted suicide and active euthanasia, although not all groups would acknowledge them as valid terms. If we say more loosely it may be said as mercy killing, and it means to take a deliberate action with the express intention of ending a life to relieve intractable (persistent, unstoppable) suffering. We may say that it is the ending of life in a painless manner. Many people may not agree with this interpretation, but it has some supporting ideas that appeal to some people.[3]

The types of euthanasia may be classified in two main categories: the degree of consent on the part of the patient and the way in which the procedure is carried out. Euthanasia can be voluntary in some cases. Campaigners for relaxation, non-voluntary or involuntary, and it can be an active or passive procedure. Many legal systems in the world treat all forms as criminal homicide. There are, however, some places where the legality depends on its type.[4]

Voluntary Euthanasia: When a patient requests euthanasia, it is referred to as voluntary euthanasia. A few governments have rendered this form legal or, if not completely legal, it has been decriminalized. In some countries like US and UK, voluntary euthanasia is classified as homicide. However in some countries if a doctor can satisfy certain legal requirements, it is not considered criminal homicide, and he or she will not be prosecuted. In other places, physician-assisted suicide is not classified as euthanasia, and doctors are not prosecuted if the procedure is carried out as stipulated.[5]

Non-voluntary Euthanasia: When a person is unable to give consent to the procedure as he/she is unconscious or in similar conditions like legal incompetence, non-voluntary euthanasia is possible. It may be also possible when a person has previously expressed his/her wish to die under specific circumstances but cannot at that moment speak for himself/herself. Children generally are perceived as legally incompetent — for example, children cannot sign legal contracts — and this may apply in the case of euthanasia as well. In most of the cases of child euthanasia

it is internationally held to be illegal although some places might specify particular circumstances in which it is permitted.[6]

Involuntary Euthanasia: We know that non-voluntary euthanasia and involuntary euthanasia are quite different. From the terms themselves it is quite clear that non-voluntary signifies that the act is carried out without the consent of the patient, and involuntary means that it is done against the patient's expressed will. We need to admit that many people are not sure why they are against euthanasia or assisted suicide. Although many of us know that taking the life of another human being is innately wrong it does not make much sense to many people because we do not analyse the consequences sufficiently. In the modern world we are not accustomed to suffering and therefore the view that someone at the end of life should go through extreme pain sounds barbaric to the modern mind.[7]

Story of Aruna Shanbaugh

At this juncture let us try to understand the case of Aruna Shanbaug who is familiar to, I think, all the Indians. I am referring to this case as there was a debate about her life as to whether she had to remain in the vegetative state or to end her life by euthanasia. It is to be mentioned here that she is no more. For the story of Aruna, I have referred to: Pinki Virani, ***Aruna's Story: The true account of a rape and its aftermath,*** (New Delhi: Panguin Books, 1998).

Aruna Shanbaug is a former nurse from Haldipur, Uttar Kannada, Karnataka in India. The incident occurred in 1973. She was a junior nurse at King Edward Memorial Hospital, Parel, Mumbai. Aruna was planning to get married to a medic in the same hospital, KEM, where she also worked. Before returning home after work she was sexually assaulted by a ward boy, Sohanlal Bhartha Walmiki, on 27th November 1973. Sohanlal attacked her while she was changing clothes in the hospital basement. He choked her with a dog chain and sodomized her. The asphyxiation cut off oxygen supply to her brain, resulting in brain stem contusion injury and cervical cord injury apart from leaving her cortically blind. Ever since she has been in a vegetative state.

The police case was registered as a case of robbery and attempted murder and the real case, anal rape, was concealed under the instruction of the Dean of KEM, Dr. Deshpande. It was believed that he wanted to avoid the social rejection of the victim and her impending marriage. As the case was filed Sohanlal was caught and convicted, and served two concurrent seven-year sentences for assault and robbery. He was neither accused of rape or sexual molestation, nor for the "unnatural sexual offence". If he were accused of the unnatural sexual offence he could have got a ten-year sentence by itself.

Responses to Aruna's case

Pinki Virani, the activist-journalist submitted the plea to end the life of Aruna to the Supreme Court and on December 17, 2010, the Supreme Court sought a report on Shanbaug's medical condition from the hospital in Mumbai and the government of Maharashtra. On 24 January 2011, the Supreme Court of India responded to the plea for euthanasia filed by Aruna's friend journalist Pinki Virani, by setting up a medical panel to examine her. The three-member medical committee subsequently set up under the Supreme Court's directive, checked upon Aruna and concluded that she met "most of the criteria of being in a permanent vegetative state". However, it turned down the mercy killing petition on 7 March 2011. However, the court, in its landmark judgement, allowed passive euthanasia in India. While rejecting Pinki Virani's plea for Aruna Shanbaug's euthanasia, the court laid out guidelines for passive euthanasia. According to these guidelines, passive euthanasia involves the withdrawing of treatment or food that would allow the patient to live. Pinki Virani's lawyer, Shubhangi Tulli ruled out filing an appeal stating "the two-judge ruling was final till the SC decided to constitute a larger bench to re-examine the issue". Pinki Virani herself stated, "Because of this woman who has never received justice, no other person in a similar position will have to suffer for more than three and a half-decades."[8]

Following the Supreme Court judgment rejecting the plea, her colleagues, the nursing staff at the hospital, who had opposed the petition, and who had been looking after her since she had lapsed into coma, distributed sweets and cut a cake to celebrate what they termed her "rebirth". A senior nurse at the hospital later said,

"We have to tend to her just like a small child at home. She only keeps aging like any of us, does not create any problems for us. We take turns looking after her and we love to care for her. How can anybody think of taking her life?"[9]

Ethical aspects of Euthanasia

There are several ethical aspects involved in euthanasia though the world has become more secular than before. Some aspects may be mentioned here.

Right to die: One of the biggest concerns of some people is, if euthanasia is legalised, the 'right to die' will soon become a 'duty to die'. Many disabled are not ready to die, they enjoy life and wish to continue to do so but if assisted suicide and voluntary euthanasia were available they might feel it was the responsible thing to do. There is a fear that caregivers might consciously or unconsciously pressurize to help them arrive at that decision of ending their life. Those who feel obligated to do away with themselves for the good of others may become depressed in their life. Moreover, with rising healthcare costs many disabled rights organisations worry that, if assisted suicide or euthanasia is legalised, many patients will think that there is an obligation or may feel urged to choose to end their lives. Everyone should know that the first human right is the right to life, and the first duty of the state is to protect that right. Legalising assisted suicide would directly breach this duty and undermine the basis of society.

The 'Principle of Double Effect': It was developed in Thomas Aquinas' treatment of homicidal self-defense, in his work, ***Summa Theologica.*** According to the principle of double effect, it is morally permissible to perform an act that has both a good effect and a bad effect if all of the following conditions are met: The act to be done must be good in itself or at least indifferent, the good effect must not be obtained by means of the bad effect, the bad effect must not be intended for itself, but only permitted, there must be a proportionately grave reason for permitting the bad effect.[10]

Of these four conditions the first two are general rules related to morality. It is taken for granted that a person is never allowed to perform a morally bad action. One person may never positively desire or intend a bad effect of an action, even though the act would otherwise be lawful. The third and fourth conditions listed above apply specifically to the principle of the double effect.[11]

The legal doctrine of 'double effect' justifies giving pain-relief treatment, provided it is given with the primary intention to relieve pain, and excuses any unavoidable, but unwanted, life-shortening effect of doing so. In short, the act of pain relief is justified if it is a right act; its unwanted consequence of shortening life is excused or tolerated in the circumstances.[12] The Roman Catholic teaching is that it is never permissible to 'intend' the death of an 'innocent person'. An innocent person is one who has not forfeited the right to life by the way he or she behaves, that is to say, by threatening on Euthanasia, or taking the lives of others.[13]

Catholic Perspectives on Euthanasia and Suicide

At this juncture we should know what the perspective of the Catholic Church on **Euthanasia** is. According to the ***Catechism of the Catholic Church***, it very clearly states the following: Number 2276 states that those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible. Number 2277 says whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded. 2278 views that discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be

legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected. 2279 explains that even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable Palliative care is a special form of disinterested charity. As such it should be encouraged.

Suicide: Number 2280 views that everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honour and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of. 2281 states that suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbour because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

According to number 2282 if suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal. Voluntary co-operation in suicide is contrary to the moral law. Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide. 2283 views that we should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.

Euthanasia and Morality

We need to understand that different people have different perspectives about what is morally acceptable in euthanasia. For the last many centuries, philosophers and religious thinkers have discussed the ethics of suicide. These discussions and debates were based on broad principles about duties to self and to societyas well as fundamental questions of the value of human life. Jewish and Christian thinkers have consistently opposed suicide as inconsistent with the human good and with responsibilities to God.

In the thirteenth century, Thomas Aquinas espoused Catholic teaching about suicide in arguments that would shape Christian thought about suicide for centuries. Aquinas condemned suicide as wrong because it contravenes one's duty to oneself and the natural inclination of self-perpetuation; because it injures other people and the community of which the individual is a part; and because it violates God's authority over life, which is God's gift.[14]

John Donne (an English poet and a cleric in the Church of England, 1572 – 1631), asserted that while suicide is morally wrong in many cases, it can be acceptable if performed with the intention of glorifying God, not serving self-interest. Donne acknowledged the merit of laws against suicide that discouraged the practice, but he argued that civil and common laws admit some exceptions in ordinary situations, suggesting that suicide could be morally acceptable in certain cases. David Hume, Scottish philosopher, historian (1711 – 1776) made the first unapologetic defence of the moral permissibility of suicide on grounds of individual autonomy and social benefit. He asserted that even if a person's death would weaken the community, suicide would be morally permissible if the good it afforded the individual outweighed the loss to society. He viewed that suicide would be acceptable if the person's death would benefit the group and the individual. It does not mean that Hume justified all suicides, but argued that when life is most plagued by suffering, suicide is acceptable.[15]

Euthanasia and Palliative Care

According to WHO, Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care: provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; offers a support system to help the family cope during the patients' illness and in their own bereavement; uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.[16]

The challenge of providing good palliative care at home is very important for family doctors, nurses, and all those committed to maintaining the highest possible quality of life for the dying person. The aims of palliative care to give the best quality of life for patients with incurable and life-threatening diseases. It provides relief from pain and other distressing symptoms associated with these diseases. Palliative care also aims to provide a support system to aid the family in coping with the patient's illness and their sad situation. The most significant thing in palliative care is the special care that takes place in the last days of life; this special care aims to provide a dignified death for the patient.[17]

Palliative care is for protecting the patient from their illness. It is basically to care for the dying. In such situations of pain there is effective control of pain, relief of mental distress and focussing on the patient's quality of life. In fact palliative care has a comprehensive dimension which not only deals with a patient's

medical requirements, but also caring for the spiritual and emotional needs of the patient and their families. The basic purpose of palliative care is to achieve the best quality of life for patients even though we know that their illness cannot be cured. Palliative care has a comprehensive management of the physical, psychological, social, and spiritual needs of patients, as well it remains sensitive to their personal, cultural, and religious values and beliefs. In many hospitals (especially in Europe and America) palliative care services are often provided through an interdisciplinary team of health care professionals including, physicians, nurses, psychologists, social workers, and chaplains.[18]

Palliative care is very much overlooked in the euthanasia debate today. The terminally ill people want and long for pain relief; they do not want to end their life. Suffering is something unavoidable but there is tremendous hope for healing and wellbeing. In fact palliative care is meant for the same purpose. If palliative care is well used majority of cases can be relieved of suffering. Many people think that euthanasia for pain relief is unethical and they are of the opinion that palliative care is the solution to the problem. Those who work with dying people know that the overwhelming majority want their pain controlled, but do not want to be killed.[19]

If the emphasis is on killing patients instead of caring for them, then naturally palliative care will not be seen as a useful element in the life of sick people. It is said that Holland does not have sufficient palliative care as euthanasia is an accepted medical solution to patient's pain and suffering. Like in Holland, if other countries also accept euthanasia as legal there will be an inevitable lessening of interest in palliative care and the care of the elderly.

If we develop a culture of life then naturally we shall also develop a culture of care which is inevitable because care goes well beyond medical treatment; it includes human love. When we help them in such situations we give them hope, affirm their dignity and reassure them that their lives have meaning, and they have an honoured place in the community, and we let them know that they

are loved. Our obligation is to minimize suffering and maximize kindly treatment. That means we treat human beings as human beings. On the other hand those who advance the culture of death provide a great disservice to humanity by promoting death and by ignoring or interfering with services of care.[20]The reason why we need to take palliative care seriously is also because of the scripture which prohibits taking of innocent life. We believe that we are created in the image and likeness of God and so we are stewards of our lives rather than owners. In other words we are created to be like God and our lives have an eternal purpose, set apart for, and owned by God. Our life is sanctified and naturally we have intrinsic and immeasurable value and dignity.

Value in Suffering

According to Christian teaching, suffering especially suffering during the last moments of life, has a special place in God's plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice. God's dominion includes all of life, which means that suffering is a part of God's providence. "Endure hardship as discipline; God is treating you as sons (*and daughters)*" (Hebrews 12:7). The purpose of suffering for the Christian is sanctification or "to be conformed to the likeness of His Son" (Romans 8:29) and "it produces a harvest of righteousness and peace" for those trained by it (Hebrews 12:10). "For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all" (2 Corinthians 4:17). In other words, although we are all made in God's image, all of us are a greater or lesser degree like Him, and God is carrying to completion this great work that He has begun in all believers (Phil. 1:6). If we accept this suffering we associate ourselves in a conscious way with the suffering of Christ crucified (cf. Mt 27:34).[21]

All human beings are aware of the reality that death is part of life. As Ecclesiastes 3:2 tells us, there is a time to be born and a time to die. The Christian can even welcome natural death knowing that "death has been swallowed up in victory" (1 Corinthians 15:54). Who doesn't look forward to that day when we will see Him "face

to face" (1 Corinthians 13:12)? Therefore, in looking at suffering and impending death, we need to see God's sovereign hand and purpose. Divine love is the true answer for suffering; love is also the richest source of the meaning of suffering which remains a mystery. Love is also the fullest source of the answer to the question of the meaning of suffering.[22]

On the other hand there are atheists or even humanists who view people as autonomous, biological entities whose life's purpose is pleasure, and whose end is complete extinction. If we hold this view then the logical result is in a self-centred hedonism that sees life as utilitarian, namely, it is valuable only for what it offers, and sees little value in suffering. According to this perspective, life should be lived as long as it is useful and ended when it is unwanted. Thus suffering becomes a negative reality to be rejected; thus there are some lives not worth living. With contentment or happiness as the standard, some lives are deemed to have such low quality that it is reasonable to prefer death. This is the antithesis of the "sanctity of life" ethic, which maintains that every life, created in the image of God, has intrinsic, God-given value that is not reduced by circumstances. St. Paul teaches us: "I have learned the secret of being content in any and every situation" (Phil.4:12).[23]

Euthanasia debate

We define euthanasia as killing (of course mercy killing) a person rather ending the life of a person who is suffering from some terminal illness which is making his/her life painful as well as miserable or in other words we can say ending a life which is not worth living or has become useless. But who and how one should decide whether the life of some people is anymore worth living or not. In this sense we may say that the term euthanasia is rather too ambiguous. This has been a topic for debate since a long time, namely, whether euthanasia should be allowed or not. In today's context, the debate is mainly regarding active euthanasia rather than passive euthanasia. The dispute is between the interest of the society and that of the individual. Who should be given priority? Those who support euthanasia the decision of the patients should

be considered. On the other hand the interest of the individual will outweigh the interest of the society. The conflict situation is when the individual who is under unbearable pain is not able to decide for himself/herself. In this conflicting case it will surely be a negation of his/her dignity and human rights. A person has the right to live a life with at least minimum dignity and if that standard is falling below that minimum level then a person should be given a right to end his/her life.[24] Supporters of euthanasia also point out to the fact that as passive euthanasia has been allowed, similarly active euthanasia must also be allowed. A patient will wish to end his life only in cases of excessive agony and would prefer to die a painless death rather than living a miserable life with that agony and suffering.

Thus, from a moral point of view it will be better to allow the patient to die painlessly because in any case he/she knows that he/she is going to die because of that terminal illness. We should rather look at the brighter side of it than thinking of it being abused.

There is an intense opposition from the religious groups and people from the legal and medical profession. According to them it is not granting 'right to die' rather it should be called 'right to kill'. According to them it is totally against the medical ethics. According to medical ethics people are supposed to nurse, care and not end the life of the patient. Since medical science is advancing at a great pace today even the most incurable diseases are becoming curable. Thus instead of encouraging a patient to end his life, the medical practitioners should encourage the patients to lead their painful life with strength which should be moral as well as physical. If the patient comes under pressure from the relatives he/she may take such a drastic step of ending his/her life. In such cases there are physical, psychological and economic pressures involved. The patient begins to feel that he/she is a burden to the relatives and finally succumb to it. Opponents also point out that when suicide is not allowed then euthanasia should also not be allowed. According to the opponents of euthanasia, such tendency can be lessened by proper care.[25] However, some people argue that euthanasia should be allowed only in the rarest of the rare cases. If this is not done then surely it will lead to its abuse.

What Then Should We Do?

A few things that could be practised by the people concerned about the patients: First and foremost euthanasia must be opposed to and educate others also about this issue. They can support and encourage pro-life doctors, politicians, and activists. They can reach out and help the unwanted and despairing patients with care and compassion. The basic philosophy of palliative care is to achieve the best quality of life for patients even when their illness cannot be cured. It is especially suited to patients with incurable, progressive illnesses and often is centred on the needs of patients and their families at the end of life. Palliative care services also help ensure the autonomy of chronically ill patients. Relief of suffering is one necessary means to achieve the best quality of life. Patients who are suffering from prolonged, incurable illnesses still deserve the best quality of health care hospitals can provide. It is also important that the principle of autonomy asserts the ethical right to make one's own decisions and carry them through.

Conclusion

The Christian perspective of human life accepts the idea that God is in control of the issues that affect human beings. We take it for granted that the author of life to allow only what ultimately benefits us human beings. It does not mean that we have only a passive role to play - we are called to be salt and light of the world. It means that we stand for compassionate care of the dying while standing against any form of killing. We are all called to seize opportunities to minister God's love to those who are needy and suffering. We have to show how love can overcome the pain and fears of dying and thus we can win over the hearts and minds of the very people who are in dire need of comfort. We can become ambassadors of Christ at every deathbed. If we can do this then we can provide the most eloquent answer to the question of euthanasia – a reason to live, through companionship and find meaning in suffering. "Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So glorify God in your body" (1 Corinthians 6:19).

Notes

1. Lie Thee Down, Odditty, http://tonymusings.blogspot.in/2007/ 01/lie-thee-down-oddity.html, accessed 05.04.2015.
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4. Keon, 9.
5. Cf. Richard M. Gula, S.S., *Euthanasia: Moral and Pastoral Perspectives* (N.J.: Paulist Press, 1995), 6.
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7. Cf. Dieter Giesen, "Dilemmas at life's end: A comparative legal Perspective" in *Euthanasia Examined*, ed. John Keown, (New York: Cambridge University Press, 2002), 202.
8. Aruna Shanbaug Case, http://en.wikipedia.org/wiki/ Aruna_Shanbaug_case, accessed 06.04.2015.
9. Aruna Shanbaug Case, http://en.wikipedia.org/wiki/ Aruna_Shanbaug_case, accessed 06.04.2015.
10. New Catholic Encyclopedia, 2nd ed, "Principle of double effect", 880.
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13. Scaria Kanniyakonil, *Wait for God's Call: Catholic Perspective on Euthanasia*, (Kottayam: OIRSI, 2011), 52.
14. Derek Humphry & Ann Wickett, *The Right to Die: Understanding Euthanasia*, (New York: Harper & Row Publishers, 1987), 7.
15. Humphry & Wickett, 8-9.
16. WHO definition of Palliative Care,http://www.who.int/cancer/palliative/ definition/en/, accessed 10.04.2015.
17. Cf. Derek Doyle & David Jeffrey, *Palliative Care in the Home*, (Oxford: Oxford University Press, 2005), 1-3.
18. Cf. Fiona Randall & R.S. Downie, *Palliative Care Ethics: A Companion for all Specialties*, (New York: Oxford University Press, 2003, 14-15.
19. Cf. Gula, SS., 64-65.
20. Marvin Kohl, *Beneficent Euthanasia,* (NY: Prometheus Books, 1975), 120.
21. Gula, S.S., 74.
22. Kanniyakonil, 98.
23. Cf. Arthur J. Dyck, *Life's Worth: The Case against Assisted Suicide*, (Cambridge: William B. Eerdmans Publishing Company, 2002), 55-59.
24. Cf. Kohl, 161.
25. Cf. Saju Chackalackal, *Euthanasia: An Appraisal of the Controversy over Life and Death*, (Bangalore: Dhramaram Publications, 2000), 33-35