

Euthanasia: The Indian Perspective

Dr. Renu Mahajan, Anmol Garg

Associate Professor, Research Scholar

University Institute of Legal Studies,

Chandigarh University, Mohali, India.

Abstract

In our society, the crucial concern for doctors and clinicians is to provide soothing excellence and concern of living affairs to the people who are suffering with fatal illness such as highly developed “cancer and AIDS”. The parallel apprehension to one more debatable subject regarding “euthanasia” or “mercy –killing” of those who are suffering with incurable diseases. According to the advocates of Physician Assisted Suicide a person should decide an effortless death for himself. However, according to the opponents, the role of a physician in the individual’s death of violates the middle principle of the medical profession. Moreover, people suffering from undiagnosed misery and demanding Physician Assisted Suicide get into additional inquiry on moral values, which are primary the work of euthanasia. Firm guidelines are led to implement to Physician Assisted Suicide. The role of analyst becomes crucial when the appraisal of the psychological state of the person, who has given his consent to PAS becomes mandatory. Physician Assisted Suicide (PAS) is although considered illegal in our country; however, there are quite a few proponents, who are working in favor of charitable establishments such as “death with dignity” organization which supports the idea of PAS. The condition is now even more improved after the recent judgment given by in the Honorable Supreme Court Judgment in the Common Cause case in 2019.

1.1 INTRODUCTION

The medical sciences have made tremendous advances in the field of medical science and technology and this has made a really important impact on society. Issues related to the variation in pattern of human living and societal principles are also brought up in this regard. Side by side with these alterations there is an increase in choice of sovereignty, declaration of human rights and independence. These concerns force us the conception of medical morals as well as worth systems.

The patients with the lethal diseases such as incurable melanoma and AIDS require analgesic care and excellence of life have become a significant area of certain care and examination. Extension of a palliative care has become the major concern and significant progress has been made to increase the care and excellence of existence of the ailing persons to examine to the patients disquieting with tumor and AIDS. The main concern is also on the mental health of the patients suffering from these fatal diseases such as neuropsychiatric syndromes and psychological symptoms. The most compelling and clinically relevant mental health issues such as depression and the wish for bereavement and euthanasia of the patients who are in palliative care today.

Demand for Physician Assisted Suicide or Euthanasia should be put up as the associated concerns, which includes mélange and intention of self destruction. Brown and his colleagues had originally proposed this construct and it focus on the level to which an individual can desire to end his life sooner. The reasons for the suicidal intention are usually the loss of purpose or any objective to live.

During the recent years, the proponents are asking for the sovereignty of the ailing persons to put an end their lives. The examples such as “Aruna Shanbaug, Drs Jack Kevorkian and Timothy Quill”, are the highly publicized cases in this regard. All these cases are concerned with the patients who die due to fatal disease or incurable illness.

The factors such as medicinal, societal along with emotional factors are often been disregarded, however, they might put in to objective of mélange, wish to accelerate bereavement, or requests for Physician Assisted Suicide for the people suffering from incurable diseases.

1.2 CHARACTERIZATION OF THE TERM EUTHANASIA

An English philosopher “Sir Francis Bacon” had opined this expression of “euthanasia” during early hours of 17th century. The word Euthanasia has been resultant as of Greek expression “eu” that means “good” along with “thanatos” means “death”. Euthanasia has been explained “the same as the organization of an incurable representative via a different individual to a serene intended with the motive of refraining the sufferer’s unbearable plus inoperable pain. Usually, the object used by the physician is sympathetic as well as used with the intent to get rid from pain. Euthanasia is majorly practiced by the medical practitioners, furthermore described like “active” or “passive.” Former has been defined as to when a practitioner knowingly performing as a means to finish the sufferer's living. And the latter has been described as pertaining towards withholding or withdrawing action needed for preserving the existence of person.” Active euthanasia has been further divided into three types.

“Intended form of euthanasia includes active form of euthanasia that is executed on demand by the sufferer. Unintended form of euthanasia as well recognized as “mercy killing,” which includes captivating the living of an enduring person who nevertheless asked for the same, by means of mitigating his sting and distress. In unintended form of euthanasia, the practice is being conceded besides the sufferer is not in a situation to confer approval for the same.”

“PAS, on the other hand, involves a doctor providing medications or advice to facilitate the patient to end his or her own life. While hypothetical or ethical distinctions between euthanasia and PAS may be slight to some, the practical distinctions may be important. Many incurably ill patients have access to potentially deadly medications, at times even upon request from their doctors, yet do not use these medications to end their own lives.”

“Both euthanasia and PAS have been eminent, legally and morally, from the administration of high-dose pain medication meant to alleviate a patient's pain that may accelerate death (often referred to as the rule of double effect) or even the extraction of life support. The difference between euthanasia/PAS and the administration of high-dose pain medications that may speed up death is premised on the objective behind the act. In euthanasia/PAS, the objective is to finish the patient's life, while in the administration of pain medications that may also rush death; the intent is to alleviate suffering.”

Dissimilarity among intriguing out of living sustains and euthanasia/PAS is, inside several customs, significantly fair. Venerable general case law is being assisting the human rights of patients to renounce any emergency action, although these behavioral rejections possibly will become the reason of death. Conversely, patients may not have the contrary right to control treatments that they wish for. This dissimilarity may result into granting a sufferer whose existence is holding up the capability to finish one’s own living whenever required; though a sufferer who is not reliant wholly on life support system may not possessed with any such kind of right.

1.3 VALIDATION OF PHYSICIAN ASSISTED SUICIDE AND EUTHANASIA

1.3.1 Arguments in favor of validating of euthanasia/ Physician Assisted Suicide

Advice which supports that the euthanasia should be legal is substantial. Physician Assisted Suicide is recognized as the act of humanity towards the incurably sick patients by the proponents of PAS. It is considered that the relatives of the sick person shouldn’t be required to undergo from an elongated and excruciating loss and in case such death can be eased with PAS. As per the advocates of Physician Assisted Suicide, its decent and justifiable if the importance of existence of fatally ailing person is of such a nature that bereavement is the last suitable option towards mitigating his distress. Euthanasia is made more reasonable

when there is a deficiency of proper modes for revival and the ailing person is left with no choice other than to end his life. According to the advocates of Physician Assisted Suicide, it is the ordinary porch of the person's self-sufficiency as well as his decision to resolve the therapies which should be conventional. Legalization of Physician Assisted Suicide is classically premised on the theory that the person, who is fatally ill or is suffering from any incurable disease or is in a condition of endless pain or increased disability, should not be a lumber to family and friends. The choice to speed up a person's death can be usual if the manifestations and conditions are not at ease, with negative gentle heed. The court and the religious organizations often give most "artificial and impractical" definitions drawn by between active and passive euthanasia, which are mocked by the Proponents of PAS. Extraction of the prop which is used to extend the life of the ailing person is the most conservative example of "passive euthanasia" which means captivating an "active step" to accelerate causality of the ailing person with his own consent adds legitimacy to the act. If a medical doctor administers a mortal dose of inoculation, following the permission of a similar nature, such a step taken by a doctor is viewed as unlawful and beyond morals of the doctors' profession

The proponents of PAS raised another argument for the legalization of PAS and euthanasia is that the person who is suffering from any incurable disease can choose the time of his demise is a way of providing "psychological insurance" for a patient who is on his about to die. In other words, knowing that the sufferings could be minimized that may lessen the amount the strain linked in the process of death. Some advocates of Physician Assisted Suicide may contend that it is beneficial for those people who are suffering from incurable disease and euthanasia is a sort of option available to them by relieving themselves from the unending pain. Also, it provides them right to choose the time of their demise by themselves.

1.3.2 Arguments against validation of euthanasia/PAS (Physician Assisted Suicide)

There are numerous different perspectives that are resistant in legalizing euthanasia or PAS. The urge or need of medical profession is to save life than to end the life. Several illustrations are made in the medicinal publications and editorials, which ensures that the profession of doctors and physicians is governed by an objective to expand the patient's life. The finest example of the code is given in the "Hippocratic Oath" according to which, "I will fix regimen for the good of my patients according to my capacity and my decision and never do damage to anyone. To please no one will I prescribe a deadly drug, nor give recommendation that may cause his death." Therefore, chance that a doctor can unswervingly accelerate casualty of a person—to whom he has actually been evaluating, an attempt to expand or recover life—contravene the middle precept of the profession of a physician.

"As per the professional psychiatric and psychological training the suicide should be prevented at all the expenses, from a mental physical condition outlook." A lot considerable research has been conducted in support of this connection among abasement and Physician Assisted Suicide, offering the fatal intention of incurable persons is a demonstration of crude psychological disease. Therefore, the observance of the physician for the patient's demanding euthanasia may evade the requirement of suitable lunatic interest. Several controversies have come up concerning twinge and corporeal manifestation, signifying the urge for euthanasia may be evident of insufficient soothing heed. If Physician Assisted Suicide is legalized then the doctors' will unintentionally take part the process of Physician Assisted Suicide/euthanasia to alleviate the death of the patient.

The antagonists of Physician Assisted Suicide believes that the people belonging to the lower middle class families will be "coerced," for demanding euthanasia for their family members, as according to them it would be the easiest way possible to relieve the patient from the pain and the sufferings and also to save themselves from the monetary loss. Doctors may outlook Physician Assisted Suicide, for their personal anonymous access to a deadly disease which can further result into infirmity. Therefore, the doctors are predominantly underprivileged at observing "irrational" needs for Physician Assisted Suicide because of their reliance that someday they could be in the similar situation as of the person who is suffering. The other daunting chance is that the doctors can advise for Physician Assisted Suicide as it is easier or simpler than providing adequate soothing care to the patients, which can be lavish or too hard to attain. Sometimes doctors or the physicians also force the persons with few monetary resources to go for Physician Assisted Suicide or euthanasia by making them believe that this is the only option to relieve the patient from the sufferings. Several syndromes like as depression and apprehension are fundamentally concealed in several people who are not medically fit.

“As per a recent review about soothing care in Canada, only 5% of dying patients in Canada receive sufficient analgesic care. These and related studies are often cited by opponents of legalization for PAS/euthanasia as evidence that legalization is untimely until all dying patients and their families have access to skilled and effective palliative care service.”

Legislators have proposed several instructions for Physician Assisted Suicide, which has assimilated different instruments to lower the possibility that if Physician Assisted Suicide is codified, it should not be exploited. “These guidelines include (1) a voluntarily request for assistance in dying on the part of the patient, (2) evidence of a terminal illness, and (3) documentation by the primary physician of the reason for the request and efforts made to optimize the patient's care.” Nonetheless, the opponents suggest that these confinements are more illogical than methodical. Both the legitimate and therapeutic associations will finally land on a “slippery slope,” where Physician Assisted Suicide would be made lawful. “For example, in 1994, the Dutch Supreme Court accepted the dispute that a constant disease is satisfactory basis for euthanasia, even if not incurable and more recent cases have comprehensive this “right” even to patients without a physical illness.”

1.4 APPROACH TOWARDS EXPEDITE DEATH AND PAS (Physician Assisted Suicide):

The legal decisions like “Drs. Kevorkian, Quill, Aruna Shanbaug, and others as well as legal decision, state referenda”, have gained more public interest as there is an expanding opportunity to extend life with the artificial methods. The communities as well as the medical associations are blatantly contending upon the virtuous matter related to the alternatives that are available to terminate life. The Supreme Court of United States has sustained the freedom of people to outlaw the practice of euthanasia, this verdict has allowed the medical practioners to “experiment” with the patients. As the result of this improved consideration, the analysts have done various surveys regarding the attitude of public, medical professionals and medically ill patients towards euthanasia and PAS. These surveys resulted into very huge amount of public support for the authorization of euthanasia, for those who are incurably sick or are suffering from unending pain and cannot be cured easily, can terminate their lives with euthanasia. These anticipated instructions are obtained for all the suggestions that must include the appraisal of a psychiatrist and it must constitute grave mechanism of a patient's demand of euthanasia. Apparently, the psychiatrists have a vital role in the assessment of those who requests for Physician Assisted Suicide. Despite the evident implication of the psychiatrists appraisal in judging the desires for euthanasia, slight investigation was done to speed up the death of the patients suffering from incurable disease. “In their study of physician response to request for PAS/euthanasia, Meier *et al.* found that physicians sought mental health consultation for only 2% of their patients who requested PAS or euthanasia”.

1.5 HINDUISM: VIEW ON SUICIDE AND EUTHANASIA

As per Hinduism, the word for suicide means atmaghat, which literally means to finish your own life, which means life, has the fundamentals of intentionality.

The objective to eagerly end your own life for egocentric reasons was predestined in the Hindu culture. Irrationally, the sin is an artifact of unawareness as well as enthusiasm; Impartially, as per the Hindu mindset, the devil surrounds the synergies repercussion which creates obstructions to the person, which results into liberation.

Nevertheless, Hinduism commended liberal individual, who can freely decide his method of fatality. For example, the Pandavas did “Mahaparasthana” or “the great journey to Himalayan halts when they walked in pilgrimage, thriving on air and water till they left their bodies one after another.” Other examples of such deaths are fasting till death, martyrdom, and going under the sacred rivers. Correspondent to these deaths by these “ MAHAPURUSH” or the great persons of the Indian Mythology have been unidentified with the accepted concept of mélange as per the tradition of India. As per Hindu Mythology, suicide is the reason for the complications in the subsequent entity.

As per Hinduism, death is a pre-figuration and replica, which ties the bond of man's identity and spirit to the celestial fluctuation, which can be demolished easily and the significant objective of eternity can be acquired. “Crawford considers spiritual death to be identical with a good death, i.e., the individual must be in peaceful

state of mind at the time of his death. He also surmises that the concept of euthanasia would not be offensive to the Indian psyche to ensure a dignified death.” However, this opinion has been criticized by the authors “iccha mrityu” is only achievable when the soul chooses to leave the body at its own decree. The proponents of Euthanasia and PAS also insisted that the essence, which has emerged can’t be assimilated with psychological silence and it has an advanced stage of awareness. Therefore, it is less stiff as compared to the supplementary creed, the people following Hinduism as a religion would predictably stay pessimist about vision on the concept of euthanasia. A well-built antagonism can come up from concept of “Ahimsa” on euthanasia. Moreover, in the structure of Mahatma Gandhi’s philosophy of “Ahimsa”, the concept of brutality is expected and it is not called transgression. Thus, even if it is a bit agnostic, the minds of Indian people would not regard it as profanity.

1.6 THE INDIAN REALITY

It should be contended in India that wherever the fundamental individual constitutional privileges are frequently not addressed anywhere, wide-ranging uneducated people, most of the population is not having any source of potable water, most of the people were dying because of the viral infections, and wherever no health support and concern troubled, and to some people, problems associated with euthanasia and Physician Assisted Suicide are quite immaterial. Though, India is a nation of variations transversely against sacred groups, informative category, and different cultures. In this type of atmosphere, the fight against euthanasia is more confounding as in a country like India wherever an individual would be punishable for the act of trying to commit suicide.

The Medical Council of India, in an assembly of its committee on February 2008 regarding euthanasia concluded: Euthanasia practice may consist of unscrupulous behavior. Though, on complete occasions, the problem of diminishing sustaining policies to preserve cardio-pulmonary task smoothly subsequent to mind loss shall be determined merely by a group of doctor's office and not simply by the general practitioner unaccompanied. A group of doctors may proclaim removal of prop up organism. That group of doctors may comprises in itself the authoritative physician of the end rant, Chief Medical Practitioner / MO in control of the infirmary, and a practitioner chosen by the chief head of the hospital among the team members of the hospital or in concurrence with the requirements of the “Transplantation of Human Organ Act, 1994.”

A chief advancement has been taken position in euthanasia on 7 March 2011. The Supreme Court, has given a remarkable pronouncement regarding euthanasia, permitted passive euthanasia. Rejecting the contention of sympathy murder of Aruna Shaunbag, devious in a vegetative condition that remained in a Mumbai Hospital for a period of 37 years, a two-judge bench prescribed a deposit of rough guiding principle underneath inactive euthanasia could be justifiable throughout High Court followed system. Furthermore, the Court affirmed that the parents, partners, or any from the close links of the patient could apply for this type of request to the High Court. The Chief Justice of High Court, on the reception of this type of request, would compose a bench to settle on it. The bench in rotation would compose a board of not less than three prominent practitioners for providing assistance to them on the particular subject.

1.6 CONCLUSION:

With the advancement in the field of medical science in Indi, as it is there in the rest of the world, various means and methods are being adopted to extend life by the artificial means. These means are however, helpful in extending the life but it also cause unending pain and suffering to the person and also it is very expensive for the families of the aggrieved person. Therefore, the death has become a concept of ethical consideration in the field of bioscience. Both the advocates of euthanasia and Physician Assisted Suicide are equally dynamic and energetic in India as of the other countries. Nevertheless, the Legislature of India isn’t sympathetic to them. The judgment given by the Supreme Court judgment in the Common Cause case of 2019 along with the case of Aruna Shanbaug is a crucial enhancement for the proponents of euthanasia. The Indian Parliament has given its judgment in favor of passive euthanasia. The major concern is the mistreatment of the law that is made in our country.

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