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Right to Die Vs Right to Live

Euthanasia is controversial for many reasons: The most important reason is often religious. Most religions oppose the idea because they see it as going against God's will. But then a rationalist will say that religion is never rational on this score. It is human reasoning that must prevail.

The second reason is that neither the family nor doctors feel comfortable playing god themselves. This is a real issue. The State clearly has to set foolproof guidelines on who can take these decisions, and create panels that can supervise passive or active euthanasia.

MORAL DILEMMAS

Euthanasia raises a number of agonising moral dilemmas. Is it ever right to end the life of a terminally ill patient who is undergoing severe pain and suffering? Under what circumstances can euthanasia be justifiable, if at all? Is there a moral difference between killing someone and letting him or her die?

If suffering cannot be relieved, the question then becomes: what should the State do? Should we all be forced to live on regardless of the quality of life that confronts us? Or, should legislation be extended to ensure dignity and choice for all?

TOO MUCH POWER TO DOCTORS

The legalisation of euthanasia is usually championed by those who

Euthanasia, a perplexing subject worldwide, is once again the centre of a debate in India with the death of Aruna Shanbaug – the mercy killing plea for whom was rejected by the Supreme Court in 2011.

By R K Singh

have witnessed a loved one die in unpleasant circumstances, often without the benefit of optimal palliative care. This leads to the demand for a "right to die". In reality the slogan is misleading. What we are considering is not the right to die at all but rather the right to be killed by a doctor; more specifically we are talking of giving doctors a legal right to kill. Allowing difficult cases to create a precedent for legalised killing is the wrong response. We need rather to

evaluate these difficult cases so that we can do better in the future.

Calls for voluntary euthanasia have been encouraged either by the failure of doctors to provide adequate symptom control, or by their insistence on providing inappropriate and meddlesome interventions which neither lengthen life nor improve its quality. This has understandably provoked a distrust of doctors by patients who feel that they are being neglected or exploit-



ed. The natural reaction is to seek to make doctors more accountable.

Ironically, the demand for voluntary euthanasia legislation makes doctors less accountable, and gives them more power. Patients generally decide in favour of euthanasia on the basis of information given to them by doctors: information about their diagnosis, prognosis, and treatments available and anticipated degree of future suffering. If a doctor confidently suggests a certain course of action it can be very difficult for a patient to resist. However, it can be very difficult to be certain in these areas. Diagnosis may be mistaken. Prognosis may be wildly misjudged. New treatments which the doctor is unaware of may have recently been developed or about to be developed. The doctor may not be up-to-date in symptom control.

Doctors are human and subject to temptation. Sometimes their own decision-making may be affected, consciously or unconsciously, by their degree of tiredness or the way they feel about the patient. Voluntary euthanasia gives the medical practitioner power which can be too easily abused, and a level of responsibility he should not rightly be entitled to have.

Traditional medical ethical codes have never sanctioned euthanasia,

even on request for compassionate motives.

STRONG EMOTIONS

The discussion over human euthanasia evokes strong emotions on both sides of the debate. Convincing justifications are found for both viewpoints. Doubtless, at times a need exists for euthanasia, be that in active, passive, involuntary, or voluntary form, and some forms of euthanasia do exist; however, society must ask what the cost of life and death is: financially, physically, emotionally, and mentally. One person or group should not determine how or when another person should die. Ending an individual's life, because someone decided that person's life provides no value to the individual or to society is not ethical and never will be. If the Netherlands is considered a test case, the system of protections put in place

can and will be abused. As the world watches, the slippery slope of legalized euthanasia in the Netherlands may begin to model the genocide perpetrated by Hitler, and one must ask where the line is drawn. Legalized euthanasia has become a tragic means-to-an-end for older, poor, terminally ill, mentally disabled, suicidal, and other at risk populations in the Netherlands. Is it realistic to believe that the example set forth in the Netherlands can have any different results elsewhere?

We need to recognise that requests for voluntary euthanasia are extremely rare in situations where the physical, emotional and spiritual needs of terminally ill patients are properly met. As the symptoms which prompt the request for euthanasia can be almost always managed with therapies currently available, our highest priority must be to ensure that top quality terminal care is readily available.

While recognising the importance of individual patient autonomy, history has clearly demonstrated that legalised euthanasia poses serious risks to society as a whole. Patients can be coerced and exploited, the search for better therapies is compromised and involuntary euthanasia inevitably follows. Legislation allowing voluntary euthanasia should be firmly resisted on the grounds that it sidesteps true compassionate care (because effective alternatives exist) and ultimately undermines rather than protects patient autonomy. ■

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THE EUTHANASIA DEBATE

FOR	AGAINST
Tremendous pain and suffering of patients can be saved.	It would violate doctors' Hippocratic oath.
	Miracle cures or recoveries can occur.
The right to die should be a fundamental freedom of each person.	It demeans the value of human life.
	Many religions prohibit suicide and the intentional killing of others.
Patients can die with dignity rather than have the illness reduce them to a shell of their former selves.	Government and insurance companies may put undue pressure on doctors to avoid heroic measures or recommend the assisted-suicide procedure.
Pain and anguish of the patient's family and friends can be lessened, and they can say their final goodbyes.	Doctors and families may be prompted to give up on recovery much too early.
Reasonable laws can be constructed which prevent abuse and still protect the value of human life.	Doctors are given too much power, and can be wrong or unethical.
Vital organs can be saved, allowing doctors to save the lives of others.	It could open the floodgates to non-critical patient suicides and other abuses.