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An Investigation into the Complexity of Euthanasia: Research on the End of Suffering

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Medical ethics is a contentious area when it comes to euthanasia and Physician-Assisted Suicide (PAS). This article takes a social, legal, and ethical look at euthanasia and physician-assisted suicide and examines the tension that exists between individual freedom and the responsibility of healthcare providers to alleviate human suffering and preserve lives. The intricate relationship among patient autonomy, medical ethics, and the preservation of life is examined in this essay in a critical light. It does this with the support of ethical theories like deontology and consequentialism as well as previous legal decisions. The article's secondary goal is to provide a comprehensive overview of euthanasia and PAS. This article compares and contrasts the legal frameworks and protections in various nations to demonstrate how various groups approach problems. Analysing the intersections of these practises with medical breakthroughs and the societal environment, this research contributes to medical ethics studies. In light of these findings, the article proposes ways to safeguard vulnerable groups and patient's dignity in the context of physician-assisted suicide (PAS) and euthanasia.

Keywords: *medical, physician-assisted suicide, euthanasia, legal, article.*

INTRODUCTION

The practice of euthanasia involves assisting in the death of a terminally ill patient in order to alleviate their suffering and demonstrate compassion. Thomas More may find an extensive euthanasia discussion in 'Utopia' a book.¹ The words 'Eu' (meaning 'good') and 'tantos' (meaning 'death') form the sentence. The Select Committee on Medical Ethics of the House of Lords states that 'euthanasia is a deliberate act to end life to alleviate suffering.' A patient may be granted a peaceful death through euthanasia, often called mercy killing, in order to spare them the agony of a more painful death. Sir Francis Bacon first used the term in the medical field. In Bacon's view, doctors should offer palliative care to alleviate patients' pain and suffering. A peaceful, uncomplicated dying was what the individual had in mind when they used the phrase.²

There are both theoretical and practical reasons why euthanasia is a contentious issue. The topic's evolution and acceptance are changing. This revelation raises important questions about bioethics and medicine.³ A more just and ethical connection between healthcare practitioners and patients with terminal illnesses has emerged as a result of medical practice advances, allowing for the extension of life expectancy.⁴ Along with influencing ethical acceptability, it has impacted societal and individual perspectives. Emotions may run high while discussing euthanasia.⁵ Several prominent figures in the fields of law and medicine hold the view that assisted suicide should be lawful in extremely rare circumstances. Some as an aberrant conduct see suicide by a small fraction of society.⁶

¹ Vybarr Cregan Reid, 'Utopia' (*Britannica*) <<https://www.britannica.com/topic/Utopia-by-More>> accessed 03 January 2024

² Capt NM Harris, 'The Euthanasia Debate' (2001) 147(3) *BMJ Military Health* 367-370 <<https://militaryhealth.bmj.com/content/147/3/367>> accessed 03 January 2024

³ Courtney S. Campbell, 'Mortal Responsibilities: Bioethics and Medical-Assisted Dying' (2019) 92(4) *The Yale Journal of Biology and Medicine* 733-739 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913808/>> accessed 03 January 2024

⁴ Mark Dimmock and Andrew Fisher, *Ethics for A Level* (Open Book Publishers 2017)

⁵ Kohl Marvin, *The morality of killing: Ssanctity of Life, Abortion and Euthanasia* (Humanities Press 1974)

⁶ Pieter V. Admiraal, 'Euthanasia in The Netherlands. Justifiable euthanasia' (1988) 3(4) <<https://pubmed.ncbi.nlm.nih.gov/3378872/>> accessed 03 January 2024

HISTORY AND TYPES OF EUTHANASIA

The concept of euthanasia has been around for a long time, and in the past, it was even legal in some societies. On the other hand, euthanasia's moral, legal, and ethical implications have sparked heated controversy for centuries. It is possible to categorize euthanasia according to the degree of participation of the terminally ill individual and those helping them end their lives.

Ancient Civilization: When it came to those with terminal diseases or physical impairments, euthanasia was legal in classical Greece and Rome. In the Hippocratic Oath, the Greek physician Hippocrates—often considered the father of medicine—discussed euthanasia but usually opposed it.

Nazi Euthanasia Programme: 'Aktion T4' was the clandestine euthanasia program that the Nazi dictatorship in Germany used to kill persons who were mentally or physically disabled.⁷ The foundation for global conversations about the morality of euthanasia was set by this program.

TYPES OF EUTHANASIA

Voluntary Euthanasia:

- Active Voluntary Euthanasia refers to a situation when an individual actively asks for medical intervention to bring about their own death, and a healthcare practitioner carries out this request by administering a fatal substance.⁸
- Passive Voluntary Euthanasia, on the other hand, involves an individual requesting the discontinuation of medical treatment or life support, so allowing for a natural death to occur.⁹

⁷ 'Euthanasia Program and Aktion T4' *Holocaust Encyclopedia*

<<https://encyclopedia.ushmm.org/content/en/article/euthanasia-program#aktion-t-extending-the-euthanasia>> accessed 03 January 2024

⁸ Vinod K. Sinha et al., 'Euthanasia: An Indian perspective' (2012) 54(2) *Indian Journal of Psychiatry* 177-183 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3440914/>> accessed 03 January 2024

⁹ *Ibid*

Involuntary Euthanasia:

- Active Involuntary Euthanasia refers to the deliberate termination of an individual's life without their explicit consent, typically done despite their wishes.¹⁰
- Passive Involuntary Euthanasia refers to the deliberate cessation of medical attention or medical care without obtaining the patient's approval.

PHYSICIAN-ASSISTED SUICIDE

Voluntary Assisted Suicide refers to the act of an individual requesting aid in terminating their own life, and a healthcare practitioner facilitates this by providing the necessary tools, such as fatal medications, for the patient to take on their own.¹¹

Involuntary Assisted Suicide refers to the deliberate termination of an individual's life with their permission, but without their active involvement, typically accomplished via the injection of fatal chemicals by a third person.¹²

Concerns about euthanasia center on upright, theological, constitutional, and moral concerns and the debate over the practice rages on across the globe. Under stringent limitations, euthanasia has been legalised in some forms in countries including Switzerland, the Netherlands, and Belgium. However, there are many nations that still outright ban all kinds of assisted suicide.¹³

Questions of patient agency, respect for human life, safeguards against abuse, the responsibility of medical providers, and the effects on marginalised groups are at the heart of the euthanasia discussion. Meeting the challenge of safeguarding society's most vulnerable people while yet valuing human autonomy is an ongoing topic of public debate.¹⁴

¹⁰ *Ibid*

¹¹ Subhash Chandra Singh, 'Euthanasia and Assisted Suicide: Revisiting the Sanctity of Life Principle' (2012) 54 (2) Journal of the Indian Law Institute <<https://www.jstor.org/stable/43953537>> accessed 03 January 2024

¹² *Ibid*

¹³ *Ibid*

¹⁴ Achal Gupta, 'Euthanasia – Indian View' (SCC Blog, 28 November 2020)

<<https://www.scconline.com/blog/post/2020/11/28/euthanasia-indian-view/>> accessed 03 January 2024

DEONTOLOGY AND CONSEQUENTIALISM

Throughout the past, various schools of thought have explained the behavioural patterns and virtue of humans. This circumstance supports two hypotheses:

In consequentialism, the moral worth or unworthiness of an action is determined by its outcomes. This theory operates under the assumption that individuals lack control over past events. To illustrate, weeping over a spilling glass of milk is futile. Nonetheless, the benefits of a given circumstance may be evaluated. Therefore, the moral worth of an action is determined by its capacity to generate favourable outcomes in the future.

Deontology, morality is contingent upon laws. As opposed to consequentialism, the consequences of an action are inconsequential. This philosophical school examines actions through a singular lens, evaluating their ethical worth in accordance with established regulations and standards. In deontological ethics, morality is established by one's actions. Due to the societal perception that mortality is negative, euthanasia is immoral. Although emotions may introduce complexity, they ought not to be considered when contemplating euthanasia as a last resort.¹⁵

LEGAL PROCEEDINGS

There have been euthanasia cases in India. In *P. Rathinam v Union of India*,¹⁶ the Supreme Court found that the portion in question violated Article 21.¹⁷ In the case of *Gian Kaur v State of Punjab*,¹⁸ the Supreme Court of India reversed *Rathinam* and held that the right to life did not encompass the option to die voluntarily. The case of *Aruna Ramchandra Shanbaug v Union of India*,¹⁹ which was decided by the Supreme Court of India in 2011, was covered. Suicide attempts were decriminalised and passive euthanasia was supported by the court. The Supreme

¹⁵ 'Consequentializing' *Stanford Encyclopedia of Philosophy* (2022)

<<https://plato.stanford.edu/entries/consequentializing/>> accessed 05 January 2024

¹⁶ *P. Rathinam v Union of India* (1994) SCC 3 394

¹⁷ Constitution of India 1950, art 21

¹⁸ *Gian Kaur v State of Punjab* (1996) SCC 2 648

¹⁹ *Aruna Ramchandra Shanbaug v Union of India* AIR 2018 SC 1665

Court allowed passive euthanasia in the case of *Common Cause v Union of India*,²⁰ stating that 'living wills' made by terminally ill patients were valid. People who are nearing the end of their lives can now make their last wishes known in a respectful way through a living will.

Euthanasia debates began with the Aruna Shanbaug case. Decision consequentialism is exemplified in this situation. There was a lot of talk about passive euthanasia. In the course of her employment, the petitioner – a nurse – was strangled and subjected to anal penetration. The victim was rendered permanently vegetative after the assailant inflicted injuries that rendered her immobile. The plea to grant her a peaceful death was filed under Article 32²¹ nearly forty years after she was born. Due to the need for proof of fundamental rights and constitutional breaches outlined in Article 32 of the Constitution, the Supreme Court determined that this petition ought to have been rejected prior to reaching a decision. The Indian Supreme Court's decision in *Gian Kaur* upheld the validity of Article 21 of the country's constitution, which does not grant the right to die. We gave this matter our whole attention because of how important it was.²²

In the *Gian Kaur* case, one of the main arguments was that individuals who assist in euthanasia are just exercising their rights under Article 21 of the Constitution and should not face prosecution for it. The right to die is part of the right to life, says P. Rathinam, who claims the Supreme Court. This claim is correct since all rights have negative counterparts. One of these is the option to not speak at all. The negative right to take one's own life is also a part of the right to life. The Supreme Court (SC) disagreed in the *Gian Kaur* case and said that these rights should be differentiated when drawing comparisons. Add the 'sanctity of life' to your totals.

The Supreme Court (SC) in certain cases upheld both passive euthanasia and mercy killing. For eg. the Aruna Shanbaug case advocated for the possibility of individuals in a state of persistent vegetative state seeking passive euthanasia through the legal avenue. This act requires the authorization of the patient's spouse, parents, or close family members. In their absence, a 'next

²⁰ *Common Cause v Union of India* (2011) 4 SCC 454

²¹ Constitution of India 1950, art 32

²² Sree Ramya, 'Case Summary: Common Cause vs. Union of India' (*Law Times Journal*, 21 June 2019)

<<https://lawtimesjournal.in/common-cause-vs-union-of-india/>> accessed 05 January 2024

friend’ or medical experts might fill this role. There is a reason behind the HC clearance procedure. The ‘best interest of the patient’ will take precedence in this decision-making cycle.

CRITICAL ANALYSIS

We have been debating the topic of euthanasia for centuries, and we will continue to do so for decades to come. In the case of *Maruti Shripati Dubal v State of Maharashtra*,²³ the Bombay High Court ruled that Section 309²⁴ could no longer be enforced. The controversy surrounding Aruna Shanbaug shed light on the intricate interplay that exists between medical ethics and the law. The Judiciary was able to differentiate between active and passive euthanasia with the assistance of this instance. Due to the aforementioned circumstances, the Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill, 2016²⁵ was drafted. Those who are able to make an informed decision and have mental capacity are permitted by this law to discontinue medical operations.²⁶ Legally speaking, the practice of euthanasia by voluntarily assisted suicide (PAS) is prohibited in India. Under sections 305 and 306, it is against the law to assist someone who is attempting suicide. According to the Indian Medical (Professional Conduct, Etiquette, and Ethics) Regulations from 2002, providing assistance in such an activity is considered unethical disciplinary behaviour.²⁷

The term ‘euthanasia’ gives the impression that the patient will be helped by the procedure. It is believed that a malevolent force that will continue to afflict him if he continues to live oppresses him, and death is a means by which he might escape this power.²⁸ The validity of decision-making that prioritises the termination of one life over another is called into question when this definition is considered insufficient. This is because every single human being experiences misery. On the other hand, evaluating the way a person is treated in his or her life

²³ *Maruti Shripati Dubal v State of Maharashtra* (1986) 88 BOMLR 589

²⁴ Indian Penal Code 1860, s 309

²⁵ Asha Sebastian, ‘Legality of Passive Euthanasia in India’ (2023) 5(2) Indian Journal of Law and Legal Research <<https://heinonline.org/HOL/LandingPage?handle=hein.journals/injlolw11&div=420&id=&page=>> accessed 05 January 2024

²⁶ *Ibid*

²⁷ Indian Penal Code 1860

²⁸ Philippa Foot, ‘Euthanasia’ (1977) 6(2) Philosophy & Public Affairs <<https://www.jstor.org/stable/2264937>> accessed 05 January 2024

is a subjective and often immoral act when it is carried out by another human being. When it comes down to it, anyone who helps a person live longer is doing them a favour if they wish to live forever. First and foremost, the assumption stated above serves as the foundation for India's legislative framework regarding this issue. Quite frequently, this term is used to allude to human value. The opposition to scientific methods, which includes the refusal to perform abortions, is the foundation of this attitude. According to the arguments of several academics, public policy should not be applied to individual circumstances because of concerns regarding freedom, anonymity, and the welfare of everyone.

CONCLUSION

When dealing with euthanasia and physician-assisted suicide (PAS), it is crucial for existing medical procedures to maintain specific core elements. The ethical, legal, and social components of these acts can be effectively addressed by considering the following points: **Thorough Education and Training** - Medical practitioners are required to complete rigorous training in ethical decision-making, proficient communication, and specialised end-of-life care. This course enables healthcare practitioners to negotiate the intricacies associated with euthanasia and physician-assisted suicide (PAS).

Enhancing Informed Consent - Stringent informed consent procedures are essential to ensure that patients have a comprehensive understanding of the consequences of their choices. Improving the quality of informed consent processes ensures openness and safeguards the independence of persons considering euthanasia or physician-assisted suicide (PAS).

Lawful Measures - It is crucial to enact strong legal measures to avoid abuse, define standards for eligibility, and ensure healthcare personnel are held responsible. Effective legal frameworks are essential for addressing the complex ethical and moral dilemmas related to euthanasia and physician-assisted suicide (PAS).

Psychosocial Help - Given the emotional and psychological challenges experienced by those contemplating euthanasia or PAS, there is an urgent requirement for psychosocial help. Effective psychological support enables clients to assess all viable alternatives and make well-informed

choices for their end-of-life treatment. Although the High Court and Supreme Court have been involved in discussions and legal challenges about euthanasia, a clear and final position at the national level has not yet been determined. Although passive euthanasia has been legalised, moral and ethical problems continue to exist, leading to a continuing public debate. The contrasting perspectives on euthanasia reveal a clear distinction, with consequentialism placing significant emphasis on the individual outcomes resulting from each action. Euthanasia's adaptable nature for a meticulous evaluation of each individual situation, effectively traversing the intricate ethical terrain. The healthcare sector, characterised by its noble and ethical nature, empowers patients, fosters equality, and guarantees human security. It is imperative to acknowledge that assisted suicide, when properly understood, does not intrinsically diminish the worth of life. Managing euthanasia in India, a country known for its varied population and the multitude of opinions and reasons, poses a challenge for authorities who aim to minimise possible abuse. Ensuring a harmonious equilibrium that upholds personal independence, cultural variety, and moral deliberations is crucial for the efficient and ethical execution of euthanasia and physician-assisted suicide (PAS) procedures within the healthcare system.