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IS EUTHANASIA MORALLY JUSTIFIABLE?

“Death is our friend... he delivers us from agony. I do not want to die of a creeping paralysis of my faculties – a defeated man”. This was said by Mahatma Gandhi on the right of an individual to have a death devoid of agony or suffering. In the last phase of life when patients get closer to death, they suffer from gruelling symptoms of the disease and hence request for euthanasia or physician-assisted suicides. Factors associated with patients developing a desire for hastened death are reported to be complex and multifactorial and include pain, higher symptom burden and reduced functional status¹. Euthanasia refers to the act of deliberately ending one’s life to put an end to prolonged suffering. The concept of mercy killings is nothing nouvelle. When a person is terminally ill or gravely wounded to such an extent that living brings no joy to them, it is understandable that they wish to end their life.

Euthanasia exists in various forms. Active euthanasia refers to the deliberate act of pulling the cord through the administration of lethal drugs. Physician assisted suicide is another type of euthanasia wherein the physician assists the patient at their request to end their life. In assisted euthanasia unlike in active euthanasia, the patient self-administers the medicine². Passive euthanasia as a form of euthanasia has been criticised for being a misnomer. This type of euthanasia involves withholding or withdrawing life sustaining or life prolonging treatment in order to end the life of the patient. In countries like Australia, Netherlands and other countries around the world, this practice is not considered as euthanasia at all. According to Callahan, active euthanasia is a “quick and painless death” whereas passive euthanasia is a “relatively slow and painful death”.³ Involuntary euthanasia is the term used to describe the situation where euthanasia is performed in order to relieve the patient’s suffering without the patient having requested it. Non-voluntary euthanasia relates to a situation in which euthanasia is performed when the patient is incapable of consenting to the same⁴. Voluntary euthanasia is the term that is pertinent in the current debate on moral justification of euthanasia. Voluntary euthanasia⁵ refers to instances when a person makes a voluntary or enduring request to help

¹ Bregje D. Onwuteaka-Philipsen, Mette L. Rurup, H. Roeline W. Pasman, and Agnes van der Heide, *The Last Phase of Life Who Requests and Who Receives Euthanasia or Physician-Assisted Suicide?*, Vol 8, 596-597(2010)

² Ebrahimi N., *The ethics of euthanasia*, Aust Med Stud J, 3: 73-75 (2012)

³ Callahan D, *When Self-Determination Runs Amok*. Hastings Cent Rep., 22(2):52-55 (1992)

⁴ B A Manninen, J Med Ethics V 32(11):643-51 (2006)

⁵ Robert Young, The Stanford Encyclopedia of Philosophy: Voluntary Euthanasia (2022)

end their life. Debates spurred on morality and euthanasia came to prominence in the second half of the twentieth century though euthanasia has been practiced in ancient Greece and Rome as early as the 18th century especially in the philosophical school of Stoicism⁶; a good death would be characterized by mental tranquillity, a lack of complaining, and gratitude for the life we've been given⁷.

One central ethical contention in support of voluntary euthanasia is that there should be respect for people's autonomous choices. The requirement for autonomous choices is directly related with competence because only individuals who are competent enough to take responsibility of their own lives will be able to effectively exercise autonomy⁸. People are concerned about the last phase of their life in order to counter the fear that death might be painful and because they have the desire to retain as much control as they can over their life as possible. The second contention in support of this is the importance of promotion of personal wellbeing.⁹ If an intolerable amount of pain is being suffered by the patient as they near death and therefore they wish to put an end to it by making a careful decision of ending their life, they should be allowed to do so. Euthanasia could be considered morally right due to the principle of utilitarianism which implies that anything that is morally right, increases happiness and decreases suffering.¹⁰ Advocates of euthanasia express that mercy killings should be permissible as, if patients are allowed to suffer unbearably then values and morals of the society like compassion and empathy would be disregarded.¹¹ The caregivers burden argument explains how people who have an incurable, disabling, degenerative or debilitating condition should be allowed to die in dignity. Such petitions are filed by sufferers themselves, family member or care takers; care takers have various financial, emotional, mental, physical and social demands and obligations that suffer tremendously or take a backseat due to their obligation to the patient.¹² Since most patients are aware of such situations it just adds to their desire and justification for dying on their own terms.

One of the most popular arguments against voluntary euthanasia is that euthanasia will lead to a slippery slope thereby resulting in involuntary euthanasia¹³. This argument is based on the

⁶ Long, A. A., *Hellenistic Philosophy: Stoics, Epicureans, Sceptics 2nd edition*, London: Duckworth (1986)

⁷ Cicero, *De Finibus malorum et bonorum*, trans. Rackham H., Harvard University Press, Harvard (1989)

⁸ Brock, D., *Voluntary Active Euthanasia*, Hastings Center Report, 22 (2): 10-22 (1993)

⁹ Young, R., *Medically Assisted Death*, Cambridge: Cambridge University Press (2007)

¹⁰ J. Rachels, *The End of Life: Euthanasia and Morality*, Oxford: Oxford University Press,(1986).

¹¹ Norval D, Gwyther E., *Ethical decisions in end-of-life care*, CME, 21(5):267-72 (2003)

¹² Lowers J, Scardaville M, Hughes S, Preston NJ., *Comparison of the Experience of Caregiving at End of Life or in Hastened Death: A Narrative Synthesis Review*. BMC Palliat Care, 19(1):154 (2020)

¹³ Benatar D, *A Legal Right to Die: Responding to the Slippery Slope and Abuse arguments*, 18(5):206-7 (2011)

assumption that if something harmful is allowed to happen today, a trend of something more harmful will start happening tomorrow. This means that doctors might start killing off patients without their consent. However, it is to be understood that there is a difference between killing off people without consent and helping people die with consent. Another important argument put forward by those opposing voluntary euthanasia is the malafide intentions of the medical professionals. Instead of “mercy killings”, doctors might indulge in “killing mercy”. Doctors should not be given such a large amount of power so as to play God in a life or death situation. However this can be curbed by strictly enforcing the doctor’s code of conduct and discouraging malpractices. An important religious argument is that euthanasia is against the word and will of God. This argument presupposes the fact that our lives are given by God and it would be wrong for us to end it. This can be coupled with the sanctity of life argument which says that human life is precious as it is a gift from God. However believers of a particular faith can not impose their views on the entire general population. Human beings should not be treated as a means to an end but as an end in themselves.¹⁴ The philosopher Immanuel Kant says that we exist so we have value¹⁵ and hence people should be availed the dignity to choose whether they want to continue their life or not if they are suffering from a terminal illness or unbearable anguish.

For some people, dying with dignity means dying a painless death. Death is a harsh reality to accept and the incidence of prolonged illness should not be given any less importance in this regard. The debate on euthanasia has been going on for decades and for good reason considering the consequences of euthanasia which include relief from suffering, concentration of power at the hands of medical professionals and reduction in burden of care givers. It can be said that in the case of terminally ill patients, euthanasia is justified because keeping them alive on machines would be a vain attempt. The slippery slope argument is influenced by the Nazi experience but fails to hold up as euthanasia will not be brought into effect without proper regulations thereby increasing its social credibility. There are people who do not wish to be a burden on their family, care takers and others who are obligated to take care of them. Society should be empathetic to the predicaments of such people and try to accept the concept of euthanasia. One can ascertain that euthanasia is indeed morally justifiable. After all, what matter more is ‘how’ people live rather than ‘how long’ people live.

¹⁴ Kant I. *Groundwork of the Metaphysics of Morals* (1785). In: Gregor M, ed. And trans. Practical philosophy. Cambridge: Cambridge University Press, 12(2):43–108 (1996)

¹⁵ I Brassington, *J Med Ethics*, 32(10): 571–574 (2006)

BIBLIOGRAPHY

1. Annas, J., *The Morality of Happiness*, New York and Oxford: Oxford University Press (1993)
2. Arguments for euthanasia and physician assisted suicides:
<https://epublications.marquette.edu/cgi/viewcontent.cgi?article=2262&context=lnq>
3. Baltzly D., Stoic Pantheism, *Sophia*, 34: 3–33 (2003)
4. Brock, D., Voluntary Active Euthanasia, *Hastings Center Report*, 22 (2): 10–22 (1993)
5. Can euthanasia be justified?: <https://dailytimes.com.pk/117005/can-euthanasia-be-justified/>
6. Euthanasia: Right to die with dignity:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311376/>
7. Kant I. *Groundwork of the Metaphysics of Morals* (1785)
8. Kant on euthanasia:
https://www.researchgate.net/publication/266028842_Kant_on_euthanasia_and_the_duty_to_die_Clearing_the_air#pf4
9. Norval D, Gwyther E., Ethical decisions in end-of-life care, *CME*, 21(5):267-72 (2003)
10. Notions of Stoic Theory in contemporary debates on euthanasia and assisted suicide:
https://www.academia.edu/461501/Notions_of_the_Stoic_Value_Theory_in_Contemporary_Debates_Euthanasia_and_Assisted_Suicide
11. Ryan A., *Whose death is it anyway?*, *The Times* (1991)
12. Saunders C. , *The problems of euthanasia*, *Nursing Times* (1959)
13. Voluntary Euthanasia, *Palliative Medicine*, 6:1-5 (1992)
14. Voluntary Euthanasia:
<https://plato.stanford.edu/entries/euthanasia-voluntary/>,
<https://journals.sagepub.com/doi/pdf/10.1177/026921639200600101>
15. What is euthanasia? : <https://www.healthline.com/health/what-is-euthanasia#controversy>
16. What makes euthanasia justifiable? The role of symptoms, characteristics and interindividual differences:
<https://www.tandfonline.com/doi/full/10.1080/07481187.2019.1626945>