

CORRESPONDENCE

Passive Euthanasia and Assisted Suicide

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The recent decision of the Supreme Court of India to adjudicate the legality of active and passive euthanasia has once again thrust this topic in the media spotlight. On March 7th, 2011, the Law Commission of India, Ministry of Law and Justice in a landmark judgment recommended to the Government of India that terminally ill patients should be allowed to end their lives and India joined a small select group of nations that allow euthanasia in some form or other. That judgment too led to a vigorous debate in the media about euthanasia. A plea was made for Aruna Shanbaug's euthanasia which the Supreme Court rejected but in the process it laid out guidelines for passive euthanasia in India. But who has the legal, moral and ethical right to make the decision on such a sensitive and complex topic? Is it the judiciary, our Parliament and the elected legislature or should the legality of euthanasia both active and passive be decided after a country wide debate?

The word euthanasia is derived from Greek: eu 'well' + thanatos 'death'. The Oxford dictionary defines euthanasia as the practice of killing without pain a person who is suffering from a disease that cannot be cured.¹ The Stedman's medical dictionary gives a more comprehensive definition and defines it as the act or practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection or the suspension of extraordinary medical treatment.²

Active euthanasia usually

involves a doctor injecting a lethal medicine to trigger cardiac arrest and end the patient's life. In the few countries where active euthanasia is legal, it is practiced under strict guidelines to prevent abuse and protect the patient as well as the doctor. The Hippocrates oath states *"I will give no deadly medicine to any one if asked, nor suggest any such counsel..."* Not surprisingly many physicians are reluctant to practice active euthanasia as it violates the Hippocrates oath. In most of these countries active euthanasia actually involves the physician assisting the patient in dying rather than actively injecting the lethal drug himself. Thus physician assisted suicide or physician assisted euthanasia is the more correct terminology. In India as the law stands now active euthanasia is illegal and a physician who ends a patient's life by actively injecting or assisting in injecting a lethal drug can be prosecuted, lose his license to practice medicine and can even be jailed.

Passive euthanasia on the other hand has been practiced in India for sometime now albeit without any formal guidelines. In its most common form a doctor may hasten the death of a critically ill patient by withholding life support and suspending "aggressive" medical care. In most instances the request to "not unnecessarily prolong life" and "end the patient's suffering" comes from the patient's family. Many patients may express a desire to be allowed to die in their own house. In India where the concept of living will does not exist, doctors frequently are unaware of what the patient's wishes. The terminally ill patient in the intensive care unit who is intubated and mechanically ventilated or comatosed cannot advocate for himself. It is usually the spouse or a close family member who advocates for him telling the physician that the patient would not like his life to be prolonged under

these circumstances. These requests for discontinuation of treatment are usually made when told that the prognosis for a meaningful recovery are remote. Underlying this request is the right to die with dignity. In an essay in the International Herald Tribune the right to die was defined as follows: "every person shall have the right to die with dignity; this right shall include the right to choose the time of one's death and to receive medical and pharmaceutical assistance to die painlessly". An opposing argument to the right to die and which to some smacks of religious primitivism is that all life is sacred and life should end in the manner and time of God's choosing. The issue of passive euthanasia practiced as above raises some concerns about the right of the terminally-ill patient, that of the family and the role of the physician in this process. Who in the end has the final say and knows what is best for the patient? Intuitively the answer would be the patient himself. But many a times the patient is not in a capacity to make a conscious decision and it is the family who makes it for him. What if the patient is conscious but makes the decision to end his life under duress or while suffering from a mental illness? What if the family had a vested interest in ending or wishing to prolong his life? Could the doctor's decision be biased or influenced by his own religious, cultural and ethical beliefs? Maybe he has another seriously ill but salvageable patient who desperately needs that intensive care unit bed? All these are legitimate concerns raised by those who oppose passive euthanasia. For an issue as complex as euthanasia no one law shall likely do justice and cover all scenarios. In our personal opinion euthanasia in the end remains and should remain a deeply personal

issue to be discussed and decided between the patient, his family and the treating physician. Guidelines to guide and protect both the patient and the physician are though needed.

References

1. Oxford dictionary online at <http://oxforddictionaries.com>
 2. Stedman's Online Medical Dictionary at <http://www.stedmans.com>
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