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## Contemplating the controversy: Exploring the Ethics and Realities of Euthanasia

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### Abstract

Euthanasia is one of the most debatable and emotive subjects and has remained controversial on ethical, medical and legal grounds in 20th century and it still is. During all this this time public opinion, decisions of courts, and legal and medical approaches to the issue of euthanasia has been conflicting. It has sharply divided scientific & unscientific public to its supporters and opponents. All major religions are strongly against legalizing killing. A majority of the intellectuals are of the opinion that the sanctity of life, as a primary principle, should be given due consideration before legalizing euthanasia or mercy killing. In the current study authors will probe into the approaches of various countries, in different regions of the world, towards Euthanasia. In some Western European countries, euthanasia is a legal medical procedure backed up by the law and it is conducted for the ease of the critically ill patients. On the other hand, we do have countries where euthanasia is considered a murder like any other murder. On the third place, there are many states where euthanasia is a murder committed under some specific circumstances. In this manuscript the authors have tried to discuss different approaches towards euthanasia; how it is dealt with in different countries; it's advantages, disadvantages and a comparison between the countries where euthanasia is considered as a murder and between the countries where it is a completely legal medical procedure.

**Keywords:** Assisted suicide; Murder; Legalization; Mercy killing; Terminal ailments; Easy death

### 1. Introduction

Euthanasia is an act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or withdrawing artificial life-support measures. Because there is no specific provision for it in most legal systems, it is usually regarded as either suicide (if performed by the patient himself) or murder (if performed by another). Physicians may, however, lawfully decide not to prolong life in cases of extreme suffering, and they may administer drugs to relieve pain even if this shortens the patient's life. In the late 20th century, several European countries had special provisions in their criminal codes for lenient sentencing and the consideration of extenuating circumstances in prosecutions for euthanasia.

When a person performs an act of euthanasia, he brings about the death of another person because he believes the latter's present existence is so bad that he would be better off dead, or believes that unless he intervenes and ends his life, his life will very soon become so bad that he would be better off dead. Accordingly, the motive of the person who performs an act of euthanasia is to benefit the one whose death is brought about. It is important to emphasize the motive of benefiting the person who is assisted to die because well-being is a key value in relation to the morality of euthanasia. Nonetheless, the defensibility of the contention that someone can be better off dead has been the subject of extensive philosophical deliberation. Those who claim that a person can be better off dead believe this to be true when the life that remains in prospect for that person has no positive value for her (a possibility which is discussed by e.g., Foot, 1977; McMahan 2002; Bradley 2009), whereas some of those who hold that a person's life is inviolable deny that a person can ever be better off dead (e.g., Keown in Jackson and Keown 2012). A Kant-inspired variant on this latter position has

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been advanced by Velleman (1999). He considers that a person's well-being can only matter if she is of intrinsic value and so that it is impermissible to violate a person's rational nature (the source of her intrinsic value) for the sake of her well-being. Accordingly, he holds that it is impermissible to assist someone to die who judges that she would be better off dead and competently requests assistance with dying.

The actual authors Different countries have different euthanasia laws. According to the House of Lords Select Committee on Medical Ethics, euthanasia is "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering" In the Netherlands and Belgium, euthanasia is understood as "termination of life by a doctor at the request of a patient". The Dutch law, however, does not use the term 'euthanasia' but includes the concept under the broader definition of "assisted suicide and termination of life on request".

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## 2. Definition of Euthanasia

The word 'Euthanasia' has a Greek origin and it is derived from the Greek 'euthanatos' 'Eu' meaning 'good' and 'thanatos' meaning 'death', so euthanasia means 'good death' and nowadays proponents like to call it "mercy killing." It is the practice of intentionally ending life to eliminate pain and suffering. Euthanasia is also termed as mercy killing. Euthanasia is defined as 'the hastening of death of a patient to prevent further sufferings.' Euthanasia is also defined as 'the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma.' According to OED, euthanasia is 'the action of inducing a gentle and easy death.' Merriam Webster Dictionary defines euthanasia as 'the act or practice of causing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy.' Oxford Learner's Dictionary describes euthanasia as 'the practice of killing without pain a person or animal who is suffering from a disease that cannot be cured'. A simpler definition could be: 'Euthanasia is when a doctor gives someone who is dying medication that will end his life.'

We can say that in euthanasia, being a legal medical practice, a doctor is allowed by law to end a person's life by a painless means, as long as the person and their family agree.

### 2.1. Distinction between Euthanasia and physician Assisted Suicide (PAS)

Euthanasia is generally defined as the act, undertaken only by a physician, that intentionally ends the life of a person at his or her request. The physician therefore administers the lethal substance. In physician-assisted suicide (pas) on the other hand, a person self-administers a lethal substance prescribed by a physician.

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## 3. History of Euthanasia

The opinion that euthanasia is morally permissible is traceable to Socrates, Plato, and the Stoics. Euthanasia has deep historical roots. Before Hippocrates, euthanasia was a routine procedure and physicians assumed that they had the authority to kill patients for whom they gave up the hope of recovery or the less chances to bring them back to their lives, without asking for their permission (Ney 1997). They accepted euthanasia as a part of their medical practice which was totally wrong according to the medical community 2024. Hippocrates regarded this act of killing as a hindrance to the establishment of confidentiality between physicians and patients. He mentions euthanasia in the Hippocratic Oath, which was written between 400 and 300 BC. The original Oath states: "To please no one will I prescribe a deadly drug nor give advice which may cause his death." These words clearly disapprove the idea of euthanasia or PAS implying that he would neither give a deadly drug to anybody even if he/she had asked for it, nor would he make a suggestion to this effect. Despite this, the ancient Greeks and Romans generally did not believe that life needed to be preserved at any cost and were, in consequence, tolerant of suicide in cases where no relief could be offered to the dying or, in the case of the Stoics and Epicureans, where a person no longer cared for his life.

Euthanasia also has a dark history, tainted by the Nazi past. The euthanasia program also called Aktion T4 targeted residents of institutions and hospitals caring for the mentally disabled and psychiatric patients. In October of 1939, Hitler signed a decree enabling doctors to grant "mercy death" to patients judged "incurable," representing the ideology called "life unworthy of life." The program began with the killing of children under three with "serious hereditary diseases" including "suspected idiocy," Down syndrome, and those born with deformities of all kinds. At first, consent was sought from parents and legal guardians, but this was couched in euphemisms that their children would be sent to "special sections and treatment centres" to receive better care. These centres included psychiatric or care facilities specially modified for the killing and disposing of bodies. Once there, the Children would be quickly assessed and given lethal injections. Parents were told their loved ones had died of pneumonia or illness.

Euthanasia is rejected in traditional Christian belief, chiefly because it is thought to contravene the prohibition of murder in the Ten Commandments. The organized movement for legalization of euthanasia commenced in England in 1935, when C. Killick Millard founded the Voluntary Euthanasia Legalization Society (later called the Euthanasia Society). The society's bill was defeated in the House of Lords in 1936, as was a motion on the same subject in the House of Lords in 1950. In the United States the Euthanasia Society of America was founded in 1938. The first legislative approval for voluntary euthanasia was achieved with the passage in the parliament of Australia's Northern Territory of a bill enabling physicians to practise voluntary euthanasia. Subsequent to the Act's proclamation in 1996, it faced a series of legal challenges from opponents of voluntary euthanasia. In 1997 the challenges culminated in the Australian National Parliament overturning the legislation when it prohibited Australian territories from enacting legislation to permit voluntary euthanasia on constitutional grounds. The first countries to legalize euthanasia were the Netherlands in 2001 and Belgium in 2002. In 1997 Oregon became the first state in the United States to decriminalize physician-assisted suicide; opponents of the controversial law, however, attempted to have it overturned. In 2009 the Supreme Court of South Korea recognized a "right to die with dignity" in its decision to approve a request by the family of a brain-dead woman that she be removed from life-support systems.

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#### **4. Classification of Euthanasia**

Euthanasia may be classified into the following categories.

##### **4.1. Voluntary Euthanasia**

When euthanasia is conducted with consent whereby the sick person asks the doctor for help and the doctor agrees. Both act willingly. Voluntary euthanasia is currently legal in Australia, Belgium, Canada, Colombia, Luxembourg, The Netherlands, Spain, Switzerland, and New Zealand. It is also legal in the U.S. states of Oregon, Washington D.C., Hawaii, Washington, Maine, Colorado, New Jersey, California, and Vermont.

##### **4.2. Non-voluntary Euthanasia**

When euthanasia is conducted on a person who is unable to consent due to their current health condition. In this situation, the decision is made by another appropriate person, on behalf of the individual, based on their quality of life.

##### **4.3. Involuntary Euthanasia**

When euthanasia is performed on a person who would be able to provide informed consent, but does not, either because they do not want to die, or because they were not asked. This is called murder, as it's often against the person's will.

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#### **5. Forms of Euthanasia**

There are two procedural forms of euthanasia.

##### **5.1. Passive Euthanasia**

Passive euthanasia is when life-sustaining treatments are withheld. The definitions are not precise. If a doctor prescribes increasing doses of strong pain-management medications, such as opioids, this may eventually be toxic for the individual. Some may argue that this is passive euthanasia. Others, however, would say this is not euthanasia, because there is no intention to take life.

##### **5.2. Active Euthanasia**

Active Euthanasia is when someone uses lethal substances or forces to end the person's life, whether by the individual themselves or somebody else. Active euthanasia is more controversial, and it is more likely to involve religious, moral, ethical, and compassionate arguments.

Passive euthanasia is generally accepted worldwide. Active involuntary euthanasia is illegal in almost all countries. Practicing active voluntary euthanasia is illegal and considered as criminal murder in most of the countries and will face punishment up to imprisonment for 14 years or above now in 2024. While active involuntary euthanasia is legal in countries such as Netherland, Belgium, and Luxembourg, assisted suicide is legal in Switzerland and the United States of Oregon, Washington, and Montana.

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## 6. Worldwide Approach Towards Euthanasia

There appears to be momentum internationally to permit some form of assisted dying within legal processes, with the Governments in areas of Australia, Germany, Ireland, Portugal, Spain, and New Zealand being the latest to produce legislation in support of these practices.

Currently, euthanasia or physician-assisted suicides are legal in the Netherlands, Belgium, Luxembourg, Colombia, and Canada (Quebec since 2014, nationally as of June 2016). Physician-assisted suicide, excluding euthanasia, is legal in 5 US states and Switzerland. Public support for euthanasia and physician-assisted suicide in the United States has plateaued since the 1990s (range, 47%-69%). In Western Europe, an increasing and strong public support for euthanasia and physician-assisted suicide has been reported; in Central and Eastern Europe, support is decreasing. In the United States, less than 20% of physicians report having received requests for euthanasia or physician-assisted suicide, and 5% of less have complied.

The number of dementia patients requesting euthanasia in the Netherlands has increased recently. A survey of physicians in Canada showed that physicians who were older, had stronger religious beliefs, were trained in palliative care, practiced in a teaching hospital, and had not received assisted dying requests in the year preceding aid/preceding aid/assistance in dying (MAID) for non-competent the survey held less favorable attitudes towards medical patients with dementia.

However, there is strong opposition to euthanasia in most states of America and most European countries. McEvoy raised the question “Should doctors allow themselves to become authorized agents of society in ending life? To allow some physicians to perform euthanasia would damage the integrity of the profession. Even the authorized experts in the US penal system are not very good at administering the lethal dose. We should not accede to becoming the bedside analogue of this practice.

Bauer argues that euthanasia cannot be restricted to exceptional cases, based on the idea that the patient’s autonomy is to be valued more highly than their actual illness. If autonomy is of a solute value, it could not be limited to the most serious cases of illness.

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## 7. Religious Views

### 7.1. Euthanasia in Islam

Euthanasia continues to pose a religious, legal, and moral problem in all cultural and religious traditions. Islam, like other religions, upholds the sanctity of life. Euthanasia being the deliberate act undertaken by the attending physician to cause the death of a patient fulfilling the patient’s wish or ending the patient’s life without his explicit approval on the basis of a paternalistic decision to do what is best for the terminally ill is not allowed in Islam. Thus, killing a person to ease his suffering even though it is at the request of the person will be inconsistent with Islamic law, regardless of the different names given to the procedure, such as, active voluntary euthanasia, assisted suicide, or mercy killing.

The Qur’an warns:

Translation: ‘And do not take any human being’s life - (the life) which Allah has made sacred save with right (justice).’

It is evident from this verse that human life is sacred and, therefore, cannot be disposed of except for a just cause, that is, in execution of a legal sentence, or in a just war, or in legitimate self-defense. To terminate the life of the terminally ill does not fall within the gambit of “a just cause”. Therefore, if a medical practitioner were to deliberately end the life of a patient, he would be guilty of homicide. Life and death are the prerogatives of Allah as categorically stated in the Qur’an: Translation: ‘Allah gives life and death, and Allah sees well all that you do.’

One may safely infer from this verse that even if the physician chooses to increase a medication dose, being fully aware that this would in effect cause death, he would then be held liable for terminating the life of his patient, which equates to murder under the shari`a. In the event that a terminally ill patient requests the attending physician to terminate his life as a result of his excruciating pain and suffering, such a request would be termed voluntary euthanasia or assisted suicide. The Qur`an explicitly censures such an action and categorically states:

Translation: 'Do not kill yourselves: for verily Allah is to you Most Merciful.'

A person in such situation is expected to persevere patiently with the available medical treatment as the reward for such patience in the Hereafter is tremendous as promised in Qur`an, in which Allah (Subhana Wa Ta`ala) stated: "And those who patiently persevere will timely receive a reward without measure". Thus suicide, self-inflicted or assisted, is a crime according to the shari`ah and hence constitutes a sin in the sight of Allah. The following hadith discloses the fate of a person who terminates his life:

'There was a man before you who was wounded. The pain became unbearable and so he took a knife and cut his hand. Blood began to ooze out profusely leading to his death. Almighty Allah said: 'My servant hurried to bring death upon himself and so I made Paradise unlawful for him.'

From this hadith we gather that while voluntary euthanasia may end the terminally ill patient's pain and suffering in this world, his problem would be further compounded in the hereafter by being excluded from inheriting a place in Paradise. However, pain-relief or withholding or withdrawing of life-support, in which there is an intention of allowing a person to die when there is no doubt that their disease is causing untreatable suffering, are permissible as long as the structures of consultation between all the parties concerned about the wellbeing of the patient are in place.

According to another hadith, 'when a Muslim is tried with a disease in his body it is said to the angel: Write for him the good actions which he used to do. If He (Allah) cures him, He (Allah) absolves him (of all sins); and if He (Allah) takes his life (as a result of this disease), He (Allah) forgives him and shows mercy upon him.'

There is, therefore, no justification for ending the life of a person so as to relieve suffering. The Qur`an says:

Translation: 'Allah does not tax a soul beyond that which it can bear.'

A famous fatwa (religious ruling) by the European Council for Fatwa and Research (2008) states: The patient whatever his illness and however sick he (or she) is shall not be killed because of desperation and loss of hope in recovery or to prevent the transfer of the patient's disease to others, and whoever commits the act of killing will be a deliberate killer.

The Islamic Jurisprudence Council held in Jeddah in May 1992 declared a strong rejection against so-called euthanasia under all circumstances. And those terminally ill patients should receive the appropriate palliative medication, utilizing all measures provided by God in this universe, and one should not despair of Allah's mercy, and that doctor should do their best to support their patients morally and physically, irrespective of whether these measures are curative or not.

The Saudi regulation of medical profession No 21 clearly criminalizes whoever kills or assists to kill a patient in response to the patient's request to kill him. Similarly, the Syrian penal code No 552, criminalizes what is called mercy killing or assisting the patient to kill himself. Islamic Jurisprudence exonerates the (person who kills himself) if he was insane or suffered a serious psychiatric disease. However, the physician who kills a patient upon his demand, will not face Qisas (capital punishment) in Shafi Mazhab (Minhaj Attalibeen by Imam Nawawi). The physician may not face any punishment, the maximum being to pay the diyyah (blood fine).

## 7.2. Christianity

The Roman Catholic Church condemns euthanasia and assisted suicide as morally wrong. As paragraph 2324 of the Catechism of the Catholic Church states, "Intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator". Because of this, per the Declaration on Euthanasia, the practice is unacceptable within the Church. The Orthodox Church in America, along with other Eastern Orthodox Churches, also opposes euthanasia stating that "euthanasia is the deliberate cessation of human life, and, as such, must be condemned as murder."

Many non-Catholic churches in the United States take a stance against euthanasia. Among Protestant denominations, the Episcopal Church passed a resolution in 1991 opposing euthanasia and assisted suicide stating that it is "morally wrong and unacceptable to take a human life to relieve the suffering caused by incurable illnesses."

The Church of England accepts passive euthanasia under some circumstances, but is strongly against active euthanasia, and has led opposition against recent attempts to legalize it. The United Church of Canada accepts passive euthanasia under some circumstances, but is in general against active euthanasia, with growing acceptance now that active euthanasia has been partly legalized in Canada. The Waldensians take a liberal stance on Euthanasia and allow the decision to lie with individuals.

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## 8. Factors considered to request and seek Euthanasia

Factors which are responsible to decide and opt for euthanasia are categorized into physical and psychological factors.

### 8.1. Physical Factors

Physical conditions refer to the conditions that affect directly to the quality of life the patients. Advocates of voluntary euthanasia typically contend that if a person:

- is suffering from a terminal illness;
- is unlikely to benefit from the discovery of a cure for that illness during what remains of her life expectancy;
- is, as a direct result of the illness, either suffering intolerable pain, or only has available a life that is unacceptably burdensome (e.g., because the illness has to be treated in ways that lead to her being unacceptably dependent on others or on technological means of life support);
- has an enduring, voluntary and competent wish to die (or has, prior to losing the competence to do so, expressed a wish to be assisted to die in the event that conditions (a)-(c) are satisfied); and
- is unable without assistance to end her life.

### 8.2. Psychological Factors

Psychological factors include depression, feeling a burden, fearing loss of control or dignity, or dislike of being dependent.

Previously there was an age restriction for euthanasia in Belgium, but now the country has passed a bill in the parliament which lifts ban on all age restriction on euthanasia.

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## 9. Advantages and Disadvantages of Euthanasia

### 9.1. Advantages of Euthanasia

Euthanasia or assisted suicide is often deemed beneficial to the one suffering. Its advocates believe that ending a person's unstoppable pain is a great act of mercy. To be further clear, let's take a look at some of the advantages of euthanasia.

#### 9.1.1. Pain Relief

Euthanasia can reduce or prevent human suffering by relieving people who are in extreme pain. Advocates argue that forcing people to suffer against their will is wrong and allowing them to end their suffering is morally justified.

#### 9.1.2. More Control over Final Decisions in Life

Euthanasia provides more control over the final decisions of life which reduces the emotional and physical toll for everyone involved. It is kind of a relief for the person in pain as well as the rest of the loved ones. Issues like debts and estates can be taken care of beforehand so that the burden towards the family after death is lessened.

#### 9.1.3. Less Caregiver Guilt

People suffering from terminal illness feel like they are a burden to their loved ones, which can create reactions that cause relationship challenges. Patients tend to push people away because of the emotions of guilt and shame that they have concerning their caregivers. Euthanasia may help people in pain find the peace they need.

#### *9.1.4. Frees up Medical Funds*

Euthanasia could free up medical funds. With the improvement in technology, people today spend a lot in high tech healthcare, even in hopeless cases. If euthanasia is considered as a choice, money would not be spent on these kinds of dead-end cases and the machines could be used by other patients who are in dire needs.

#### *9.1.5. Death is Inevitable*

One way or another, death is bound to happen. Even if people with terminal diseases don't choose to take advantage of euthanasia, there is a big chance that they will pass away shortly. So, when death is inevitable it is not important how a person chooses to die.

#### *9.1.6. Last Option*

The use of euthanasia is left as the last option when nothing goes for the treatment of the patient. The main goal is to end the suffering of the patient of a chronic disease.

### **9.2. Disadvantages of Euthanasia**

Euthanasia raises numerous ethical as well as practical arguments. People believe in the sanctity of life and choosing to end it ourselves is viewed as playing against the flow of nature. Below are some points against euthanasia.

#### *9.2.1. Devaluation of Human Life*

There is a belief that every life on earth is precious. But when we choose to end our own life, it might seem like its value is undermined.

#### *9.2.2. Prediction of Terminal Diagnosis is Not Always Accurate*

Euthanasia is only for terminal cases, but the prediction of a terminal diagnosis is not always accurate. This might lead to the wrong choice. It might not be realistic to expect a medical miracle every time but we should take an open approach to terminal diagnosis statistics.

#### *9.2.3. Deviation from Promised Results*

There have been cases where people who took legal prescription as part of the euthanasia process regained their consciousness. When the process doesn't work as intended, a huge problem arises.

#### *9.2.4. Avoids the Benefits of Palliative Care*

Giving up on life because of some challenging situation is not the right message for doctors to convey their patients. However, instead of trying to improve the life of a terminal patient, euthanasia seeks to take what remains of a person's life away from them.

#### *9.2.5. Corruption*

Many believe that legalizing euthanasia could prompt doctors to abuse their position as it would put too much power in their hands. This may lead to unfair situations that cannot be undone.

#### *9.2.6. Slippery Slope*

If voluntary euthanasia is legal, there is a danger of it developing into a slippery slope situation where say, sick elderly people, end up having their lives terminated because self-centered relatives don't want to look after them.

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## **10. Conclusion**

Historically, the euthanasia is indubitably a controversial phenomenon. There has always been a debate about if Euthanasia/mercy killing to be accepted or legalized or not. According to euthanasia opponent Ezekiel Emanuel, proponents of euthanasia say that first of all that people have a right to self-determination, so they should be allowed to choose their own fate. Secondly assisting a subject to die might be a better choice than requiring that they continue to suffer. They also say that distinction between passive euthanasia (permitted) and active euthanasia (considered illegal) is unreasonable and permitting euthanasia will not necessarily lead to problems. On the other hand, opponents of euthanasia argue that not all deaths are painful. They also say that alternatives such as cessation of active treatment,

combined with the use of effective pain relief are available to provide solace and relief to the patients. They also feel that legalizing euthanasia will place society on a slippery slope which may lead on to a greater number of non-voluntary euthanasia.

To conclude we can say that keeping in mind the sanctity of human life, saving a life should be encouraged, but if euthanasia is legalized, the strict standard guidelines should be formulated to practice it in countries where it is legalized. The practices like mandatory reporting of all cases of euthanasia, consultation with psychiatrist, obtaining second opinion, improved hospice care have to be followed for standardization of euthanasia.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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