**Whose Life Is It, Anyway? The Evolving Face of Euthanasia**

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“Primum Non Nocere – First, do no harm” - “I will give no deadly medicine to any one if asked, nor suggest any such counsel”. – Hippocrates, About 400 B.C. - The Hippocratic Oath

In a hospital in Florida, USA, Terri Schiavo is oblivious to the legal and ethical battles that are being fought for her right to live. The US President had signed a legislation passed by the US Congress, permitting her parents to ask a Federal judge to order her feeding tube reconnected; which was later struck down. The battle continues. 41-year old Ms. Schiavo suffered extensive brain damage 15 years ago, when her heart stopped briefly. “Since then, she has remained in what doctors have described as a ‘persistent vegetative state’ (PVS). Her condition and whether to remove the feeding tube that has kept her alive contributed to an estrangement between Ms. Schiavo’s husband and her parents, Bob and Mary Schindler, which led to the court battles”.

The court battle has gone largely against the Schindlers. Some believe that Terri Schiavo has had “the best of care,” and that everything has been tried by way of rehabilitation, others that that this conviction is unfounded. As religious leader Rev Robert Johansen asserts, Terri has had no attempts at therapy or rehabilitation since 1992, and very little had been done up to that point. “Terri has not even had the physical therapy most doctors would regard as normative for someone in her condition. The result is that Terri suffers from severe muscle contractures, which have caused her body to become contorted. Physical therapy could remedy this, but husband and legal guardian Michael has refused to provide it. Terri has also suffered from what many professionals would regard as neglect. She had to have several teeth extracted last year because of severe decay. This decay was caused by a lack of basic dental hygiene, such as tooth-brushing. She also developed decubitus (skin) ulcers on her buttocks and thighs. These ulcers can be prevented by a simple regimen of regular turning: a basic nursing task that any certified nurse’s aide can perform. The presence of these easily preventable ulcers is a classic sign of neglect. Bob and Mary Schindler have repeatedly complained of Terri’s neglect, and have sought to remove Michael as guardian on that basis. Judge Greer was unmoved by those complaints as well. And, quite apart from the question of Terri’s therapy and care, it is entirely likely that Terri has never been properly diagnosed. Terri is usually described as being in a Persistent Vegetative State (PVS), and indeed Judge Greer ruled as a finding of fact that she is PVS; but this diagnosis and finding were arrived at in a way that has many neurologists expressing surprise and dismay. Doctors for Michael Schiavo have said that an MRI and PET are not necessary for Terri, because PVS is primarily a “clinical” diagnosis, that is, one arrived at on the basis of examination of the patient, rather than by relying on tests like MRI or PET. The star medical witness for the husband Michael Schiavo, Prof R Cranford of the University of Minnesota is one of the most outspoken advocates of the “right to die” movement and of physician-assisted suicide in the U.S. today.”

The theory and practice of euthanasia has been the subject of several such passionate debates over the years. These have ranged from Hippocratic writings urging physicians to give no “deadly drug” even if asked, to media outcries with Dr. Jack Kevorkian (arguably the most famous ‘mercy killer’ of our times) being successfully prosecuted for second-degree murder in 1999. The 1981 movie *Whose Life is it Anyway?* addressed the politics of euthanasia with a touch of humour. Most recently, the Oscar-winning movie *Million Dollar Baby* caused a commotion after Republicans in the US protested against its perceived pro-euthanasia stance.

How can euthanasia be defined, and what are the various terms linked to it? Euthanasia literally means ’good death’ (from the Greek, *eu* = Good, *thanatos* = death). *Euthanasia* is the intentional killing, by act or omission, of a dependent human being for his or her alleged benefit. (The key word here is “intentional”. If death is not intended, it is not an act of euthanasia) When the person who is killed has made and expressed a wish not to be killed, it is termed *Voluntary euthanasia*: When the person who is killed has made no request and given no consent, it is termed *Non-voluntary euthanasia*: When the person who is killed has made an expressed wish not to be

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killed, it is called *Involuntary euthanasia.* When someone provides an individual with the information, guidance, and means to take his or her own life, it refers to *Assisted suicide.* When it is a doctor who helps another person to kill himself or herself, it is called *physician assisted suicide.*

Intentionally causing a person’s death by performing an action such as by giving a lethal injection is called *Euthanasia By Action.* *Euthanasia By Omission* refers to intentionally causing death by not providing necessary and ordinary (usual and customary) care or food and water.

There is no euthanasia unless the death is intentionally caused by what was done or not done. Thus, some medical actions that are often labeled “passive euthanasia” are not a classic form of euthanasia, since the intention to take a life is lacking. These acts include not commencing treatment that would not provide a benefit to the patient, withdrawing treatment that has been shown to be ineffective, too burdensome or is unwanted, and the giving of high doses of pain-killers that may endanger life, when they have been shown to be necessary. All these are part of good medical practice and endorsed by law, when they are properly carried out.

Euthanasia need not only be for people who are “terminally ill.” Increasingly, euthanasia activists have dropped references to terminal illness, replacing them with such phrases as “hopelessly ill,” “desperately ill,” “incurably ill,” “hopeless condition,” and “meaningless life.” “Hopeless condition” is defined as including “incurably ill,” “desperately ill,” and ordinary (usual and customary) care or food and water.

It was in 400 BC that Hippocrates first described Euthanasia indirectly as “I will give no deadly medicine to any one if asked, nor suggest any such counsel.” More specifically, for over 700 years, the Anglo-American common law tradition has punished or otherwise disapproved of both suicide and assisting suicide. In the 20th Century, the United States’ assisted suicide bans have been re-examined and, generally re-affirmed. Due to advances in medicine and technology, Americans today are increasingly likely to die in institutions, from chronic illnesses. Public concern and democratic action are therefore sharply focused on how best to protect dignity and independence at the end of life, with the result that there have been many significant changes in state laws and in the attitudes that these laws reflect. Many U.S. States, for example, now permit “living wills,” surrogate health care decision-making, and the withdrawal or refusal of life sustaining medical treatment.

“In the Soviet gulag to the Nazi concentration camps and the killing fields of Cambodia, history teaches that granting the state legal authority to kill innocent individuals has dreadful consequences.” Pete Du Pont, Former Delaware Governor.

In 1920, the book “Permitting the Destruction of Life not Worthy of Life” was published. In this book, authors Alfred Hoche, M.D., a professor of psychiatry at the University of Freiburg, and Karl Binding, a professor of law from the University of Leipzig, argued that patients who ask for “death assistance” should, under very carefully controlled conditions, be able to obtain it from a physician. This book helped support involuntary euthanasia by Nazi Germany. “In the October of 1939, amid the turmoil of the outbreak of war, Hitler ordered widespread “mercy killing” of the sick and disabled. Using the code “Aktion T 4,” the Nazi euthanasia program to eliminate “life unworthy of life” at first focused on newborns and very young children. Midwives and doctors were required to register children up to age three who showed symptoms of mental retardation, physical deformity, or other symptoms included on a questionnaire from the Reich Health Ministry. The Nazi euthanasia program quickly expanded to include older disabled children and adults.” Hitler’s decree of October, 1939, typed on his personal stationery and back-dated to September, enlarged the authority of certain physicians so that death depended entirely on subjective human judgment.

The Indian Perspective - Sati, Samadhi and Prayopavesha

Hinduism advocates the doctrines of rebirth and reincarnation. Religious scriptures use the metaphor of the immortal soul changing bodies the way human beings change their garments. With this background, perceptions about euthanasia are different in India. Both voluntary and involuntary euthanasia has been indirectly prevalent and rampant in India for centuries. Saints and sages used to take up “Samadhi,” which classically means the release of the soul from the body with volition. It is undergone ceremoniously as in the case of the revered Maharashtrian Saint Dnyareshwar who was renowned for being learned on all religious Hindu scriptures. The barbaric practice of “Sati” (where the wife jumps into the funeral pyre of her husband) is a classic case of “Forced Euthanasia,” which some Indian communities practiced until the 20th century when it became outlawed as a “Suicide”. A proposed bill in the Legislature of Maharashtra by Prof. Varde was prematurely aborted about two decades back, though the movement for the “right to die with dignity” did take formal birth in India, led by the late Minoo Masani. In contemporary India, both Veer Savarkar and Vinobha Bhave are classic examples of voluntary euthanasia. They followed the method of voluntary cessation of nutrition which has the religious sanctity of a procedure called *Prayopavesha.* Currently under Indian law, all forms of euthanasia are illegal and outlawed.
Those who favor physician-assisted suicide hold the individual’s rights to autonomous choice paramount. Since courts in the Netherlands allowed both physician-assisted suicide and euthanasia in the early seventies, the pro-lobby has also focused on the physicians’ duties to treat symptoms, such as pain and discomfort at the end of life. Those who oppose the idea and the practice of euthanasia warn against the potential for abusing the power over someone’s life. They uphold the conservative ethic of medicine as a practice that can provide humane care at the end of a patient’s life without assisting suicide. The key questions then revolve around the patient’s right to autonomy and to choose a dignified death, and a physician’s moral and medical duties, especially at the end of life.

“The fundamental question about euthanasia: Whether it is a libertarian movement for human freedom and the right of choice, or an aggressive drive to exterminate the weak, the old, and the different, this question can now be answered. It is both.” Richard Fenigsen, Dutch Cardiologist.

As Susan Wolf has pointed out, there needs to be a clear distinction between the ways euthanasia has been defined over the years. The termination of life-sustaining treatment (passive euthanasia), assistance in suicide, and a physician directly taking a patient's life (active euthanasia) each lend themselves to a distinct clinical, ethical, and legal discussion. This is a complicated, interdisciplinary debate spanning the areas of psychology, ethics, medicine, law and philosophy.

To borrow a phrase from political science, it is tempting to assert that death is too serious a business to be left in the hands of doctors alone. It is too emotional to be left to politicians alone. It is too complicated to be left to the legislators alone. And too difficult to be left to the family of the patient alone. The burden to be answerable to posterity is too heavy for anyone to shoulder. It requires sustained analysis on a case-by-case basis to avoid superficial sweeping generalizations about the right to life, and the right to death.

Acknowledgement

Some parts of this document have been adapted from a well known website www.euthanasia.com which I duly credit.

REFERENCES

4. Excerpt is from the U. S. Supreme Court ruling in 1997 ‘Washington v. Glucksberg’ and is an opinion written by Chief Justice Rehnquist.