

Moral Permissibility of Voluntary Euthanasia

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Decisions regarding euthanasia are especially difficult in bioethics because it deals with a hard fact that all human will eventually face, sometime not willingly, the death. Is it worse to kill someone than to let someone die? It seems to be common sense that it is worse. We allow people to die, for example, when we fail to contribute money to any famine relief, though we feel somewhat guilty, we do not consider ourselves murderers. Common sense tells us, that while we may not kill people; our duty to give them aid is much more limited. Some philosophers, however, have argued that common sense is wrong about killing and letting die. They have defended it through Equivalence Thesis, which says that killing someone and letting die are equally bad. This is more specific idea that there is no moral difference between making something happen and allowing it to happen.

In this paper, I will attempt to make a case for the moral permissibility of voluntary euthanasia. First I shall make a distinction between active, passive, voluntary, non-voluntary and involuntary euthanasia. I will attempt to make a case for the ethical permissibility of voluntary euthanasia, and then finally, I will conclude with a contemporary brief discourse on the legal stance of euthanasia. I shall, consider voluntary euthanasia only for individuals who are terminally ill and suffering from unbearable pain. My arguments will be evaluated from a Kantian and utilitarian perspective.

Debate about the morality and legality of voluntary euthanasia has been, for the most part a phenomena of the second half of the 20th century and the beginning of the twenty first century. Certainly, the ancient Greeks and Romans did not believe that life needed to be preserved at any cost. It has only been in the last hundred years that there have been concerted efforts to make legal provision for voluntary euthanasia. Quite recently, there has been no success in obtaining such legal provision. However, the outlook changed in the 1970s and 80s. In brief, the guidelines were established to permit physicians to practice voluntary euthanasia in those instances in which a competent patient had made a voluntary and informed request to be helped to die. In the 1990s, the first legislative approval for the voluntary euthanasia was achieved with the passage of bill in the parliament of Australia's Northern Territory to enable physicians to practice voluntary euthanasia.

Euthanasia conducted with the consent of the patient is called voluntary euthanasia. The case for legalizing voluntary euthanasia is made by Jean Davies, a past president of the World Federation of Right to Die Societies. The letter from medical members of the voluntary society stated that nearly 40% of general practitioners "would be prepared to administer voluntary euthanasia if it were legalized. Euthanasia conducted where the consent of the patient is unavailable is termed as non-voluntary euthanasia. Euthanasia conducted against the will of the patient is termed as in-voluntary euthanasia. Voluntary, non-voluntary and in-voluntary euthanasia can all be further divided into passive or active variants. Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life. Active euthanasia entails the use of lethal substances or forces, such as administering a lethal injection, to kill and is the most controversial means.

Moral philosophy contains the guide as to how one should rightfully live life. Moral behavior is based on socially accepted codes or notions of right and wrong. Euthanasia and Physician assisted suicide are controversial issues in ethics and law. In some debates, several arguments are against the moral acceptability and legal feasibility of active involvement of physicians in bringing about a patient's death. Killing another human being is morally an issue of object. The debate concerning euthanasia involves fundamentally different moral principles. One argument is regarding Ten Commandments, "Thou shall not kill". Killing human being is an issue of object and it morally wrong to kill human being. But there are also some arguments which are in favor of euthanasia and physician assisted suicide. One such

argument is right to die. According to this argument, decisions concerning life and death should be up to the individual who is concerned.

In many countries, suicide is morally and legally accepted. If people are allowed to kill themselves, then what is wrong if a patient who is suffering from unbearable pain and sufferings wants to terminate his/her life, it is the argument of those who support euthanasia. Central to ethics is feeling for the concrete situation, which is always contingent and historical. From this perspective, it makes sense to consider how practitioners in specific situation deal with moral issue, like euthanasia. From moral perspective euthanasia is wrong, because it involves taking a human life, either one's own or that of another. The person whose life is taken must be someone who is believed to be suffering from some disease or injury from which recovery cannot reasonably be expected. The action must be deliberate and intentional. Euthanasia is intentionally taking the life of a presumably hopeless person, whether the life is one's own or that of another, the taking of it still euthanasia.

Euthanasia is a matter of respecting life and human dignity and the actualization of right of self determination when death is approaching. In some countries euthanasia is allowed such as, in Netherland it was allowed in 1985, in Belgium 2002 and in Luxemburg 2008, it is not punishable act in these countries. In United States and Oregon, euthanasia was allowed in 1997 and in Washington 2009.

Human life is valuable, according to religious-humanistic view of life, each individual has an indivisible human value, and each individual has a right to his/her own unique life. The patient's own view of the quality of his or her life should be kept distinct from that of relatives and other loved ones or professionals. Views on the quality of life may differ from one another significantly, as was found in studies of ALS (Amyotrophic lateral sclerosis) patients who were almost incapable of communicating. The Patients saw meaning in their lives in a situation where others no longer did.

One's imminent death may cause existential suffering, characterized by a sense of insignificance and worthlessness, experiencing oneself as a burden to others; a sense of being dependent on others, fear of death or panic; wishing to hasten death and isolating oneself. From the standpoint of a differential diagnosis, treatable conditions such as depression, delirium and anxiety, must be identified. A depressed patient can be helped by psychotherapy. It can also be helpful to the dying person's loved ones in a difficult situation.

The thought of taking one's own life is considered wrong in many countries. Over a century ago, asking a doctor to help one take their own life was considered unthinkable and unethical but so was the thought of human organ transplant. Today, our society has become more liberal and has learned to live with human organ transplant as standard medical practice. Now withstanding, euthanasia remains ever more divisive legally, ethically and morally. For doctors especially, euthanasia posses serious conflict with t'he pillar of medical practice.

Euthanasia and individual autonomy are inextricably linked. In case involving euthanasia, the question people tend to ask is whose autonomy is being extended – is it the patients, doctors or states etc. Philosophers such as Dworkin, Scanlon and Nagel suggest that each individual has a right to make the most intimate and personal choices central to persona, dignity and autonomy, a right that encompasses the right to exercise some control over the time and manner of one's death. At the heart of modern bioethics is the respect for autonomy. It is rooted in the liberal, moral and political tradition of individual freedom and choice. A fully conscious patient has the ultimate autonomy over all other things. Similarly, if such a patient has expressed a desire to live in spite of their horrendous condition then voluntary euthanasia becomes a crime and should not be permissible.

For Immanuel Kant, the fundamental moral law was expressed in the "Categorical Imperative". Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means. Broken down, it is wrong for others to treat me as a mere means for their ends, but equally wrong for me to treat myself as a mere means for my own ends. As others should respect my dignity as a person by not using me merely as a means for their purpose, I should have proper regard for my own dignity as a person, and not simply use myself as a means for my own purpose. But that is precisely what I do when I am at my own death as away to eliminate pain. So I

ought not to pursue that aim, and therefore ought not to consent to a morphine injection aiming at death, or give one to a patient who has consented.

According to utilitarianism, “Actions are right as they tend to promote happiness, wrong as they tend to promote pain and sufferings.” Act utilitarian support the view that it is the value of the consequences of the particular act that count, so if breaking the law would lead to the greatest happiness and good for the majority then it would be the correct act to follow. However, rule utilitarianism states that you must follow the rules even if it does not lead to the greatest pleasure for the individual at the time. It focuses solely on the idea that you should follow the rule that will bring about the greatest good within the community.

So, in the case of Chantal Sebire, who was suffering from a rare form of cancer, and fought for the right to die through euthanasia. Even though the greater happiness for the individual would have been derived by allowing euthanasia, it would lead to further conflict and debate about under that circumstance you are allowed to use euthanasia. This leaves me to conclude that utilitarianism leaves no potential scope. Current theories of utilitarianism provide no practical way to measure what is “good.” Utilitarian’s ask for the greatest good, but when different people find different things to be good, the task of figuring out the greatest good is simply impossible. Opponents also argue that legalizing euthanasia could lead to forceful killing of those who do not want to die but who are considered to be socially undesirable and are outcasts from mainstream society. My argument is that euthanasia must not be seen as a medical template, ready to be applied to anyone that is terminally ill. Euthanasia should be the last resort which must be adopted under strict condition such as Chantal Sebire’s.

From a deontological perspective, it is the intent of an action such as respect for rights and duties rather than rightness and wrongness of consequences that determine morality. Thus Immanuel Kant’s theory will become applicable if we accommodate unique individual circumstances. This is place where situation of ethics plays a role. This means that in any situation, when faced with a difficult decision about whether to help someone to die, we need to act out of love, which means ignoring any hard rule and doing what the situation requires.

In a 2003 British survey, 55% of UK doctors believed that someone with terminal illness and uncontrollable physical suffering should be allowed to opt for voluntary euthanasia. The finding was based on survey of over 1,000 doctors registered on the medical website Medix-UK on behalf of the Voluntary Euthanasia Society. Similarly, in a 2006 Gallup Poll, United States responders were asked the question, “when a person has disease that cannot be cured, do you think that doctors should be allowed by law to end the patient’s life by some painless means if the patient and his family request it?” 69% answered yes, 29% answered no, and 4% were unsure.

There are some conditions which are proposed as necessary for candidacy for voluntary euthanasia. Advocates of voluntary euthanasia typically contend that if a person is suffering from terminal illness and is a direct result of the illness, either suffering from intolerable pain, or only has available a life that is unacceptably burdensome. And a person should be given voluntary euthanasia if he/she has its own competent wish to die. There should be legal and medical provision to enable her to be allowed to die or to be assisted to die.

So, euthanasia in Chantal Sebire’s case would have provided intrinsic worth, I.e., empathy, benevolence, and respectfulness. Empathy would encourage the state to have compassion for her; benevolence would encourage helpful actions resulting from the fuller understanding of the person’s predicament and respectfulness would encourage our respect for the person as an individual and for us to respect their right and wishes. When an animal is suffering from pain, we end the suffering of that animal and let such animals enjoy a peaceful death. If that is the case of human beings then why didn’t we have the similar condition? It would be unethical and barbaric if we did not respect the autonomy of that person who is suffering from that irreversible pain.

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