

Impact of Legalization of Euthanasia

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Abstract

Euthanasia (mercy killing) or assisted suicide and sometimes both have been legalized in less number of countries and states. In all jurisdictions, laws and safeguards were put in place to prevent abuse or misuse of these practices. The present paper discusses how legalizing euthanasia would harm the foundational societal importance of respect for human life. The debate surrounding the legalization of euthanasia and physician assisted suicide has become polarized. The principle arguments ‘for’ and ‘against’ euthanasia and physician assisted suicide are well recognized. Euthanasia debate is often bewildering and confusing.

Keywords: euthanasia, assisted suicide, legalization, laws, societal values

The euthanasia debate has been paying attention, almost entirely, on the impact that legalizing euthanasia and physician assisted suicide would have at individual level. But we must also think about the impact of legalizing euthanasia would have institutional, governmental and societal levels. We need to look at not only the practical realities, such as the possibilities for abuse, that allowing euthanasia would open up, but also, the effect that doing so would have on indispensable values and symbols that make up the ethereal fabric that constitutes our society (Anderson, 2014). For example, what would be its likely impact on major societal institutions, such as medicine and law, which facilitate to establish those values and carry the message of the need to respect them?

If euthanasia is legalizing it would harm the foundational societal importance of respect for human life. If euthanasia is involved, how we die cannot be just a private matter of self-determination and personal beliefs because as American philosopher Daniel Callahan says, “Euthanasia is an act that requires two people to make it possible and a complicit society to make it acceptable.” The British House of Lords, likewise, rejects euthanasia because of the harm it would cause to societal values and institutions’ “The prohibition on intentionally killing is the cornerstone of law and human relationships, emphasizing our basic equality.” One important reason to protect health-care institutions is that they are value-creating, value-carrying, value-adding and consensus-forming for society as a whole (Anderson, 2014).

In a secular, pluralistic society, medicine and law are the principal institutions that maintain the value and importance for human life in society as a whole. Changing the law to allow physicians to carry out euthanasia and making it an exception to the norm that we must not kill each other would seriously damage these institutions capacity to carry that worth.

We need to be anxious about the impact that legalizing euthanasia would have on the institution of medicine, not only in the interests of protecting or defending it for its own sake, but also because of the harm to society that damage to the profession would cause.

Euthanasia legislation has the prospective to affect the trust between the student, doctor and patient. Such trust is very essential for medical care. The present law recognizes this and protects patients and society by making it clear that doctors are not permitted to intentionally end a patient’s life or to assist in their suicide but rather they have a duty of care to act in the patient’s best interests until the end of their natural lives (Anderson, 2014).

Though, once euthanasia and assisted suicide become legitimate treatments doctors would be gratified to

raise them as options with all dying patients. Such conversations would be bound to raise the fears in some patients that the doctor had an interest in hastening their death.

The legalization of euthanasia and physician assisted suicide makes an underlying supposition that the worth of human life depends on features such as physical and mental ability, rather than being valuable in itself. Such legislation would send a message to people with disabilities or any chronic disease that because they are reliant on others they might reasonably consider their lives to be less worth living than those of their peers. Therefore, they may feel thankful to choose euthanasia or assisted suicide because society tells them they are worthless than others. Teaching students to carry out the task of judging whether life is 'tolerable' or 'worth living', goes against the existing medical ethos and could inhibit patients from disclosing their concerns about physical, social, psychological or spiritual suffering (Anderson, 2014). Since it is often possible to resolve underlying issue that eventually lead to suicidal desires, it is decisive that patients feel able to communicate openly with nurses and doctors.

Choice is only one aspect of autonomy, but autonomy should not be mystified with independence. We are dependent upon others for our existence throughout our lives and so dependence is a central part of what it is to be an autonomous human beings. Our mutual dependence is a part of our human dignity. Such a concept of human dignity is devalued by equating it with euthanasia or physician assisted suicide. Patient dignity and self respect is already threatened at times in hospital where there is often a lack of privacy for patients. Euthanasia would be an extremely insightful topic to discuss behind curtains with the rest of the ward listening. It would distress neighboring patients, and it is even possible that patients would be moved into a hospice. Hospice in the UK is places where patients place great faith and trust in their doctors and nurses, and physician assisted suicide or euthanasia would change this therapeutic dynamic. Already many patients are anxious about coming to a hospice and legalization of euthanasia and physician assisted suicide would tip the balance even further in a negative direction (Anderson, 2014).

Individual requests for euthanasia and physician assisted suicide are complex in origin and demand vigilant attention with open and sensitive communication. Patients and families often experience great complicatedness in discussing death and dying, how much more difficult it would be to discuss euthanasia and suicide. Sensitive examination of the euthanasia request can help to identify the real needs of an individual patient. The request for euthanasia or physician-assisted suicide seems to point to a series of concerns that the patient has about dying; relating to loss of self, loss of dignity and the social context of dying. Understanding and considering these concerns may help to improve the care of dying patients.

However, assessment of the euthanasia request can also create a difficulty which alters the doctor-patient relationship and may absurdly impair the possibility of discussing the patient's hope and fears. Sometimes it can be difficult to assess patient's needs and desires when the goal of euthanasia dominates.

At present, when we face a patient saying that 'life is not worth living', medical Students are thought to acknowledge the patient's distress and then make an effort to address the factors underlying these feelings and emotions. This approach demonstrates that the patient is precious and valuable in themselves and that the value of their life is not diminished by their loss of independence or disability. If, euthanasia and physician assisted suicide were legalized then an alternative approach becomes possible where the doctors agrees that the patient's life is intolerable and deliberately hasten their death (Anderson, 2014). This confirms to patient's that their lives really have lost meaning and purpose, not only in their own eyes but in the opinion of others and society also.

Legal support of this approach teaches students and doctors, not only that there exists a category of people whose lives are not worth living, but also that it is proper for doctors to make judgments about who might be the part of this group. Legalization of euthanasia will encourage medical decisions that lead to its use rather than the current practice of addressing the cause of despair.

Patients often change their mind for their initial euthanasia request. Legalization of euthanasia will change the way in which society views the sick, the disabled and the dying. There is danger that such patients will be seen as inconvenience to be disposed. Patients might feel a burden to their families and society and so feel obliged to consider euthanasia. There is much for students to learn about the importance of a patient's social circumstances in generating a request for euthanasia and assisted suicide. Rather than encouraging society to develop measures to address the suffering of patients, which affirms

their essential worth, legislation will encourage the attitude that human dependence and need, actually devalue the human life (Anderson, 2014).

There have been a number of attempts to legalize euthanasia and physician assisted suicide in UK and other countries. The present law strikes a balance by providing safeguards for the vulnerable and compassion for individual. In 2003, Lord Joffe, proposed the Assisted Dying Bill which would have legalized both euthanasia and physician assisted suicide but it failed to progress. In 2004, Lord Joffe again introduced another bill. It was referred to a House of Lords Select Committee. In 2005, House of Lords Committee chaired by Lord Mackay of Clashfern spent six months accordingly reviewing the substantiation on legalization of euthanasia and physician assisted suicide. The committee failed to reach a consensus but did agree recommendations that any future legislation should take into account.

In 2005, for the third time Lord Joffe, presented his Bill and now that was limited assisted suicide. It was defeated in the House of Lords by 148 votes to 100. In 2005, Jeremy Purvis presented a consultation paper to Scottish Parliament, “dying with dignity”. This failed to achieve enough support. In 2009, Lord Falconer’s proposed amendment to the Coroner’s and Justice Bill, designed to remove the possibility of prosecution from those taking their relatives to a country where euthanasia and physician assisted suicide was lawful, was defeated by 194 votes to 141.

In 2009, Law Lords unanimously agreed that Debbie Purdy had the right to know the whether her partner would face prosecution if he helped her in ending her life. The Law Lords instructed the Director of Public Prosecution, Keir Starmer, to public prosecution policy relating to cases of assisted suicide. In 2010, the Director of Public Prosecution, “policy for prosecutors in deference of cases encouraging or assisting suicide” was more focused on the motives of the suspect rather than the characteristics of the victim. Starmer made clear that the policy did not change the law on euthanasia and physician assisted suicide. In 2010, Margo MacDonald’s ‘end of life assistance bill’ which allowed both euthanasia and physician assisted suicide, was defeated in Scottish Parliament (Brazier, 1996).

Conclusion

Euthanasia debate is a very large one with many arguments and should it be legalized or not. This debate probably will not be solved for many years and even then a lot of people will be displeased and they will not be satisfied with the decision made. The last thing to think about euthanasia or physician assisted suicide is; are we justifiable or unjustifiable with the patient who is suffering from severe illness or incurable pain. There are some people who are terminally ill and seriously want euthanasia or physician assisted suicide for themselves. According to me euthanasia should be legalized but in certain cases. The primary reason in legalizing euthanasia helps the patients to alleviate their pain, suffering, and depression. Individuals have the liberty right, which includes the right of owing their death. For instance, the patients who have some terrible disease must be trapped with hospital bed with miserable pain each day. They do not want to endure it, but instead, they wish to assuage it. It is clear that patients’ decision to ask for a cessation in treatment, reflecting their own preference for death rather than for a continuation of discomfort or suffering. Therefore, that individual’s decision should be carried out because they have that right to their own personal decisions, which is only one of many reasons why euthanasia should be legalized.

Another reason is the mercy killing can reduce inconveniences, emotional and physical burden, and drawbacks imposed on family, friends and relatives of the patient. Apart from the miserable pain that the patients are suffering, the trauma and emotional disturbance their family and relatives go through is also immense. Besides, their family members and relatives or friends may be sensitive to the costs accumulating during terminal care. Consequently, patients may feel guilty in this entire situation, may even become severely ill. Obviously, the patient will not need to worry about their family and their pain anymore once euthanasia or physician assisted suicide is performed.

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