



When Death is desired

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Death is not the opposite of life, but a part of it.

-- Haruki Murakami

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ABSTRACT: Death is an inevitable, universal process that eventually occurs in all living organisms. It is unavoidable and universal truth. Everyone knows that death will occur eventually, whether one likes it or not. Death is a common thing in our life. Everyone wants to die painlessly; but this is not the destiny of some with an incurable illness or injury. To end their suffering dying patients may take their own life. It is the bringing about of a gentle and easy death (Euthanasia) in the case of an incurable and painful disease. The desired death comes to life in two ways: - one is Active Euthanasia is defined as taking measures to directly cause a patient's death, and others Passive Euthanasia is defined as allowing a patient to die by withholding treatment.

KEYWORDS: Euthanasia, Type of Euthanasia, Killing, Letting die, Patient.

I. INTRODUCTION:

The topic of Euthanasia is one that is shrouded with much ethical debate and ambiguity. Euthanasia comes from the Greek words: EU (good) and Thanatosis (death) and it mean "Good Death". 'Euthanasia' means according to the dictionary, 'a gentle and easy death'. This word to be use for "mercy killing". In the current debate, Euthanasia has been defined as 'the bringing about of a gentle and easy death for someone suffering from an incurable and painful disease or in an irreversible coma'. Perhaps a clearer definition is: The intentional killing by act or omission of a person whose life is no longer felt to be worth living.

The word "Euthanasia" was first used in a medical context by Francis Bacon in the 17th century. It is believed that Euthanasia started in ancient Greece and Rome around the 15th century. Sir Thomas More is the first recommend Euthanasia in his book 'Utopia' in the 16th century. Euthanasia was supported by Socrates, Plato and Seneca the

Elder in the ancient world. Euthanasia was strongly opposed in the Judeo-Christian tradition, Thomas Aquinas, Francois Ranelin. The earliest recorded reference to Euthanasia comes from Hippocrates, the father of medicine. He is quoted as saying "I will give no deadly medicine to anyone if asked, nor suggest any such counsel."

II. DIFFERENT TYPES OF EUTHANASIA:

The Euthanasia classified into three types, according to whether a person gives informed consent; Voluntary, Involuntary and Non-voluntary.

Voluntary Euthanasia: Voluntary Euthanasia refers to Euthanasia performed at the request, desire and consent of the patient.

Involuntary Euthanasia: Involuntary Euthanasia is the term used to describe the situation where Euthanasia is performed when the patient does not request it, with the intent of relieving their suffering – which in effect, amounts to murder.

Non-voluntary Euthanasia: Incurably ill, severely disable infants, and people who through accident illness or old age have permanently lost the capacity of understanding the choice between life and death, in this case Euthanasia would be non-voluntary.

Another concept Voluntary, Involuntary and Non-voluntary Euthanasia can be further divided into active or passive variants.

Active Euthanasia: "Active Euthanasia" entails the use of lethal substances or forces to kill a person such as with lethal injection given to a person with terminal cancer who is in terrible agony.

Passive Euthanasia: "Passive Euthanasia" is usually defined as withdrawing medical treatment



with the deliberate intention of causing the patient's death.

III. TRENDS OF EUTHANASIA IN DIFFERENT COUNTRIES:

Legality of active and passive Euthanasia in different countries and states. As of December 2020 human Euthanasia is legal below states:

Netherlands: The Netherlands become the first European country in the world to legalize passive Euthanasia in 1984 and active Euthanasia in April 2002. It states that Euthanasia and physician assisted suicide are not punishable if the attending physician acts in accordance with the criteria of due care.

Belgium: The Belgium passed a law in 28th May 2002 legalizing Euthanasia, becoming the second country in the world to do so. Even Belgium becomes the first country to legalize Euthanasia for children in February, 2014.

Colombia: Active Euthanasia is legal in Colombia on 15th December, 2014.

Canada: Voluntary active Euthanasia, called "Physician assisted dying" is legal in Canada on 14th April, 2006 for all people over the age of 18 who have a terminal illness that has progressed to the point where natural death is "reasonably foreseeable".

Chile: Passive Euthanasia is legal in Chile since 2012. Currently, a bill to allow active Euthanasia and assisted suicide is being discussed by the congress. The bill was approved in general by the Chamber of Deputies on 12th December 2020.

Finland: Active Euthanasia is not legal in Finland. Passive Euthanasia however is legal.

India: In Indian laws, passive Euthanasia is legal on 9th March, 2018 supported by the Supreme Court for brain death patients. But any actions whatsoever to end the life of a patient (active Euthanasia) is illegal.

Apart from that, passive Euthanasia is legal in Germany (17th May, 2014), England, Australia and New Zealand.

IV. DIFFERENCE BETWEEN ACTIVE AND PASSIVE EUTHANASIA:

Death is desired on two different ways. Passive Euthanasia is defined as allowing a patient to die by withholding treatment, whereas active

Euthanasia is defined as taking measures to directly cause a patient's death.

Many people think that, the human life is gift of God. Life and death is in the hands of God and nobody has the right to end this life bestowed by God. They are accepting to withhold treatment and allow a patient to die, but it is never accept to kill a patient. Because kill a patient is deliberate act and it is same as murder.

But some people think this distinction is nonsense, since stopping treatment is a deliberate act and so is deciding not to carry out a particular treatment.

Switching off a respirator requires someone to carry out the action of throwing the switch. If the patient dies as a result of the doctor switching off the respirator then although it's certainly true that the patient die.

In active Euthanasia the doctor takes an action with the intention that it will cause the patient death.

But passive Euthanasia the doctor lets the patient die. When a doctor lets someone die, they carry out an action with the intention that it will cause the patient's death.

So there is no real difference between passive and active Euthanasia, since both have the same result; the death of the patient on humanitarian grounds.

According to Peter Singer, active Euthanasia may be the only human and morally proper course. Because it can be quicker and cleaner and it may be less painful for the patient. Passive Euthanasia can be a slow process. The idea of active and passive Euthanasia includes the intentional termination of life by "the acts and omissions doctrine". It holds that there is an important moral distinction between performing an act that has certain consequence the death of a disabled child and omitting to do something that has the same consequences. If this doctrine is correct the doctor who gives the child a lethal injection does wrong, the doctor who omits to give the child antibiotics knowing full well that without antibiotics the child will die, does not.

In his essay "Active and Passive Euthanasia" James Rachels argued that the distinction between the moral permissibility of active and passive Euthanasia is ineffective because there is no tenable difference in those act.

First Argument: Active Euthanasia is sometimes more humanely than passive Euthanasia. Because the progress of being "allowed to die" can be relative slow and painful, whereas being given a



lethal injection is relatively quick and painless. Example- considers a familiar kind of case in which someone is dying of an incurable form of cancer. The person suffering from terrible pain that can no longer be alleviated, asks the doctor to end his life.

In the case Rachels argues, the more human thing to do is to (painlessly) kill the patient, to perform active Euthanasia. Our goal is to prevent further unnecessary suffering. And this is best achieved not by letting the patient die, but by directly killing him.

Second Argument: The conventional doctrine leads to decisions about life and death being made on irrelevant grounds, i.e. consider again the Down's syndrome infants with obstructed intestines. Sometimes there is no operation and the baby dies. The parents and doctor will decide not to operate on children, because of that fact, it is better for the child to die.

If the life of such an infant is worth preserving then what does it matter if the infant needs a simple operation. Or, if one thinks that it is better that such an infant not live, what difference does it make that it happens to have an obstructed intestinal tract? In either case, the matter is being decided on irrelevant grounds.

Third Argument: The distinction between passive and active Euthanasia rests on the mistaken assumption that killing is worse than letting die. Rachels denies that killing is intrinsically worse than letting die.

In an effort to show this, he tries to produce two cases which differ only in that one involves a letting die and the other involves a killing.

The Case of Smith: Smith will gain a large inheritance if his six years old cousin dies. While the child is taking a bath one evening, Smith snake entered into the bathroom and drown him. Smith then arranges things so that it looks like the child accidentally drowned.

The Case of Jones: Jones will gain a large inheritance if his six years old cousin dies. While the child is taking a bath one evening, Jones snake entered into the bathroom with the aim of drowning. Just as Jones enters the bathroom, somehow the child slips, hits his head and falls face down in the water. Jones is delighted at his good fortune and stands by as the child drowns.

Now Smith killed the child, while Jones merely let the child die. That is the only difference between

them. We should say that Jones's behavior was less reprehensible than Smith's.

Rachels argued that there is no difference between acting and non-acting, because the result is still a dead child.

V. CONCLUSION:

From the above discussion we can conclude that if passive Euthanasia is get permissible then active Euthanasia is also permissible for people happiness. If the patient is terminally ill and consenting to use Euthanasia, the principle of autonomy is the most important principle. If we are able to accept this fact that our object is fast and painless death, then it will not right thing to accrue the object by fate. Where the death is conforming and disease is not curable, in some important condition active Euthanasia is not offended. On the other hand, this type of death will be blessing to the patient. Apart from this, there is a long waiting list for hearts, kidneys, liver and other organs that are necessary to save the life of people who can be saved. Active Euthanasia allows physicians to preserve vital organs that can be donated to others.

In view of the discussion above, I believe that voluntary active Euthanasia should also be allowed in India and the legislature should step in and make a special law dealing with all the aspects of Euthanasia.

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