Euthanasia

A study of its origin, forms and aspects

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ABSTRACT
The death-and-dying debates, especially where they focus on euthanasia is now a global debated issue and this act (euthanasia) is now practiced in a lot of countries worldwide despite some countries have not legalized it. Some religious groups and individuals are in line with the arguments for euthanasia because it provides a way to relieve extreme pain, provides a way of relief when a person’s quality of life is low and it frees up medical funds to help other people while on the other hand, other religious groups and individual base their arguments against euthanasia because such act and practice devalues human life, and because there is a “slippery slope’ effect that has occurred where euthanasia has been first been legalized for only the terminally ill and later laws are changed to allow it for other people or to be done non-voluntarily. A current debated issue is whether effective palliative care laws are changed to allow it for other people or to be done non-voluntarily. A current debated issue is whether effective palliative care can have an influence over people’s choices towards euthanasia.

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SECTION ONE

INTRODUCTORY WORK

1.1 PERSONAL BACKGROUND AND INTRODUCTION

My name is Priscilla Rockman and I come from Teteman in the Volta Region of Ghana. I am a firm practicing Roman Catholic who believes, adore and practices the doctrines of the Holy Roman Catholic Church. I came to Sweden on 8th February, 2012 for the Linnaeus-Palme exchange programme and I decided to write on euthanasia because my maternal grand parents decided to end the life of my dearest uncle who was suffering from cancer through the help of his Physician without the concern and approval of my uncle. I got very sad because of my background as a Roman Catholic and because I saw the act of both my maternal grandparents and the Physician to be very wrong and unjust. Hence my interest to find out more about euthanasia and Physician assisted suicide (PAS), as to whether the act of euthanasia is right or wrong and its origin also.

1.2 BACKGROUND TO THE STUDY

It is impossible to consider the history and issues of euthanasia without first considering that of suicide. From time immemorial, one of the reasons for suicide has been due to incurable painful disease and people started practicing the act of committing suicide way back before the Middle Ages. But unfortunately, there is not enough documentaries on suicide due to the negative way the society and the general public viewed it especially in the past. The silence and dissimulation that accompanied suicide surrounded it with a climate of discomfort. From remotest antiquity to today, some men and women have chosen death (suicide and euthanasia) and the society has never been indifferent to that choice. On rare occasions, suicide and euthanasia had been acclaimed as an act of heroism but has also been more often subject to social reprobation because they (suicide and euthanasia) were both considered as an insult to God who gave life and to society which provides for the well-being of its members. Refusing God’s gift and the company
of our fellows at the banquet of life is a dual offense that the agents of religion and those of politics find intolerable.

Numerous anthropologists in different parts of the world have testified to the fact that suicide and euthanasia have been regarded with dread and horror.

1.3 DISPOSITION

The research work has been divided into six sections. The first section is about the general introduction to the research work which involves my personal background and introduction, together with the background to the study, the disposition, aim of research, research questions, methodology, abstract and the data collection involved.

The second section is about the history of euthanasia together with its legal issues, its forms and types and what the various world religions think of it. The third section is about the various groups and individuals associated with euthanasia. The fourth section is on the pros and cons of euthanasia and the fifth section is about Palliative care and its strong influence over people’s choices for euthanasia. The sixth section which is the final section entails the conclusion of the research work together with the list of references.

1.4 AIM OF RESEARCH

The aim of this research is to find out more about the origin and history of euthanasia together with its Pros and Cons and why some members of the society agree and disagree with it. Aside the origin of euthanasia, another aim of the research is to find out whether effective Palliative care can possibly have an influence over people’s choices towards euthanasia.
1.5 RESEARCH QUESTIONS

1) What is euthanasia?
2) What are the Pros and Cons of euthanasia?
3) Why do some religions agree or disagree with the whole idea of euthanasia?
4) Can effective Palliative care have an influence over people’s choices towards euthanasia?

1.6 METHODOLOGY AND DATA COLLECTION

Methodology is generally the systematic study of methods that are, can be, or have been applied within a discipline or research work and in this research work, I basically adopted two disciplinary approaches of historical and comparative approaches towards the study of euthanasia. With the historical approach, the research was conducted in order to get more insight about the history and origin of euthanasia and how it all started and hence people’s reactions towards it. On the other hand, the comparative study approach was also chosen in order to identify the different religious views concerning euthanasia. In terms of data collection, I gathered a lot of information from published literature which constituted to my list of reference. I also used the internet and Journals as well as interviews. Most of the people I interviewed were students and workers around campus Sätra because they were those who made themselves available for the interviews but I could not get the chance to interview medical doctors and patients in relation to their views on euthanasia because of the privacy policy attached to it.
SECTION TWO

2.1. HISTORY OF SUICIDE

It is impossible to consider the history and issues of euthanasia without first considering that of suicide. From time immemorial, one of the reasons for suicide has been due to incurable painful diseases and people started practicing the act of suicide way back before the Middle Ages. Recent studies by numerous anthropologists in different parts of the world have testified to the fact that suicide has been regarded with dread and horror in almost all tribes and a punishable act as well. From remotest antiquity to today, some men and women have chosen death and the society has never been indifferent to that choice. On rare occasions acclaimed as an act of heroism, suicide has more often been subjected to social reprobation because it was considered an insult to God, who gave us life, and to society, which provides for the well-being of its members. Refusing God’s gift and the company of our fellows at the banquet of life is a dual offense that the agents of religion who dispense divine largesse, and those of politics, who organize the social banquet, find intolerable.

“Suicide in the Middle Ages had two faces. It seems to have been rampant among commoners but have spared nobles, who had compensatory behaviours that enabled them to avoid “self homicide”. Tourneys, hunting, wars, and crusades offered them opportunities to expose themselves to death or to sublimate their suicidal tendencies, but peasants and craftsmen had only the rope or the river if they wished to end their woes. Hence direct suicide was much more frequent among the lower classes.”

During the Middle Ages, the society and the general public viewed suicide as a negative act which led to the silence and dissimulation that accompanied suicide with a climate of discomfort.

2.2 HISTORY OF EUTHANASIA

Euthanasia is from two Greek words “eu” which means well or good and “thanatos” which means death (Good death). Hence, euthanasia refers to the practice of intentionally ending a life

1 Georges Minois (1999); History of suicide, voluntary death in Western Culture, pg. 16
in order to relieve pain and suffering. Euthanasia is commonly called mercy killing which means ending ones life based on the principle of mercy. Euthanasia can be classified into three different types and they are:

1. Voluntary euthanasia
2. Non-voluntary euthanasia
3. Involuntary euthanasia

“Voluntary euthanasia is the killing of a patient at his or her request in the belief that death would be a benefit to the patient and that the killing is for that reason justified”.\(^2\) This type of euthanasia is always conducted with the consent of the patient. Voluntary euthanasia can further be divided into two categories and they are:-

Passive voluntary euthanasia

Active voluntary euthanasia

Passive voluntary euthanasia is the act of killing a patient by withholding unwanted medical treatment based on the patient’s own request.

Active voluntary euthanasia is the deliberate action of killing the patient at the patient’s informed request.

Non-voluntary euthanasia is the killing of a patient without his or her consent or where the consent of the patient is unavailable. An example involves child euthanasia and this is illegal worldwide.

Involuntary euthanasia is the killing of patient which is conducted against the will of the patient and this is not accepted (illegal) in all countries worldwide.

Just like other terms which were borrowed from history, ‘euthanasia’ has had different meanings depending on its usage. The term ‘euthanasia’ was first used by the historian Suetonius who used

\(^2\) Dickenson, D., Johnson, M. and Katz, J.S (2000); Death, dying and bereavement, pg. 284
it to describe how the Emperor Augustus, “dying quickly and without suffering in the arms of his wife, Livia, experience the ‘euthanasia’ he had wished for”\(^3\)

But in the medical context, the word ‘euthanasia’ was first used by Francis Bacon in the 17\(^{th}\) century to refer to an easy and happy death within which it was a “Physician’s responsibility to alleviate the ‘physical sufferings’ of the body”.\(^4\) In current usage of the term ‘euthanasia’, scholars are with the view that any valid description of the term must incorporate the notion of suffering, intentionality, good motive and the patient’s request or consent. With suffering, this means the painless killing of a patient suffering from an incurable and painful disease or in an irreversible pain. Intentionality means the death must be intended rather than it being accidental, where as the good motive implies that the killing of the patient must be carried out based on the principle (idea) of mercy and it must be in the best interest of the person on the receiving end. Finally, the patient’s request means that, euthanasia must be carried out based on the full consent or request of the patient and not against the will of the patient at the receiving end. Draper argued that any definition of euthanasia must incorporate four elements: an agent and a subject, an intention, a casual proximity, such that the actions of the agent leads to the outcome. Based on this, she offered a definition incorporating those elements, stating that euthanasia must be defined as death that results from the intention of one person to kill another person, using the most gentle and painless means possible, that is motivated solely by the best interests of the person who dies”\(^5\).

According to the historian N.D.A Kemp, the contemporary debate on euthanasia originated in 1870 although euthanasia was being debated and practiced long before that date (1870). This act was practiced in Ancient Greece and Rome. “Euthanasia, in the sense of the deliberate hastening of a person’s death, was supported by Socrates, Plato and Seneca the Elder in the ancient world, although Hippocrates appears to have spotted against the practice writing’ I will not prescribe a deadly drug to please someone, nor give advice that may cause his death’”.\(^6\) Around the mid 1800s, morphine began to be used to treat the “pains of death” and a similar use of chloroform

was also revealed for that same purpose of treating the pains of death by Joseph Bullar in 1866, but this led to a worldwide debate as to whether it was right or wrong. Both non-voluntary and involuntary euthanasia are not legally accepted in almost all countries worldwide but with active voluntary euthanasia, it is Legal in places like Belgium, Luxembourg and the Netherlands. While passive voluntary euthanasia is legal throughout the United States of America and Switzerland.

2.3 Legality of euthanasia

In all African countries, euthanasia is illegal unlike in the western countries, despite efforts to change government policies on euthanasia have not limited success in some western countries. On the other hand, assisted suicide is legal and being permitted in Switzerland and in three states which are all in the United States of America and they are Washington, Oregon and Montana.

Aside the fact that all African countries do not permit or legalize euthanasia, some western countries such as Australia, Israel, New Zealand, Norway, Turkey, and the United Kingdom all reject and do not permit the practice and act of euthanasia (it is illegal in all the above listed countries). “In Japan for instance, the Japanese government has no official laws on the status of euthanasia and the supreme court of Japan has never ruled on the matter. Rather, to date, Japan’s euthanasia policy has been decided by two local court cases, one in Nagoya in 1962, and another after an incident at Tokai University in 1995” 7

2.4 The Hippocratic Oath

Hippocrates lived in the fifth century B.C. During his time, medicine was terribly intertwined with suppositions and decadent religiosity. Morris H. Saffron, the Archivist and Historian of the State Medical Society of New Jersey, says of Hippocrates: “To his majestic figure, subsequent

generations of Physicians turned as to demigod, attributing to him many tracts written centuries after his death, so that the Hippocratic corpus as it now stands, includes more than 70 works”.  

Of all the works attributed to Hippocrates, the most influential part is his famous oath which has guided physicians all this while. The key passage relevant to death by choice is this: “I will neither give a deadly drug to anybody, if asked for, nor will I make a suggestion to this effect”.  

According to Joseph Fletcher, the oath promises two things: first, to relieve suffering, and second, to prolong and protect life. He then argues that “When the patient is in the grip of an agonizing and fatal disease, these two promises are incompatible. Two duties come into conflict. To prolong life is to violate the promise to relieve pain. To relieve the pain is to violate the promise to prolong and protect life”.  

Historically, the Hippocratic Oath is an oath taken by Physicians, Physician assistants and other health care professionals swearing to practice medicine ethically.

It is widely believed to have been written by Hippocrates, often regarded as the father of western medicine, or by one of his students. “The Hippocratic Oath which is one of the most widely known Greek medical texts requires on new physician to swear upon a number of healing gods that he will uphold a number of professional ethical standards. Over the years, derivations of the oath have been modified in different countries and in the United State for instance, most medical schools administer some form of oath. Again, it has also been suggested that a similar oath should be undertaken by scientists in order to put a check on their conducts ( a Hippocratic Oath for scientists). The oath has proved itself an invaluable encapsulation of some of the highest ideals in medical history although it was not inspired by God, Apollo, Aesculapius or even it not being a divine substitute for doing ethics but it was good and perfectible and a modified form of the Hippocratic oath was adopted by the General Assembly of the World Medical Association meeting in Geneva in 1948. This form of oath was also included in the International Code of Medical Ethics, which was adopted in 1949 and it is used by Physicians and Medical schools. Despite this version did not include the passage that swears against giving or counseling the use

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8 Robert F. Weir (1986); Ethical issues in death and dying, pg. 304  
9 Robert F. Weir (1986); Ethical issues in death and dying, pg. 304  
10 Robert F. Weir (1986); Ethical issues in death and dying, pg. 305
of things that would cause death, its omission did not constitute an endorsement of mercy killing (euthanasia) in any form but rather presented a declaration that admitted either a pro or con position on death by choice. As a whole, this oath is against the act of euthanasia (mercy killing).\footnote{http://en.wikipedia.org/wiki/Hippocratic_Oath accessed on 7\textsuperscript{th} June,2012}

### 2.5 RELIGIOUS VIEWS ON EUTHANASIA

Euthanasia which is commonly referred to as mercy killing involves the practice of killing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy. The practice of euthanasia has now become a debated issue worldwide and one which has greatly attracted the views of various religions together with their different teachings in relation to this issue (euthanasia). Most religions come up with their views on euthanasia based on their teachings and doctrines about life and death. Various world religions such as Buddhism, Christianity, Hinduism, Islam, Jainism, and Shinto have their different religious views on euthanasia, although many moral theologians are critical of the procedure. Below are the various religious views on euthanasia.

#### 2.5 i Christianity

The Holy Bible which is the Holy Book or scriptures of the Christian religion did not specifically mention euthanasia but it does address issues closely related to it. According to the Holy Bible, Christians and the whole of mankind are told not to murder (Exodus 20:13). Murder is the unlawful taking of life whiles killing is the lawful taking of life. The Bible tells us that, it is God who appoints people to die and essentially, assisted suicide is an attempt to deny God his sovereign right to appoint who dies when.\footnote{http://carm.org/bible-say-about-euthanasia accessed on 9\textsuperscript{th} June,2012}

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\footnote{http://en.wikipedia.org/wiki/Hippocratic_Oath accessed on 7\textsuperscript{th} June,2012}
\footnote{http://carm.org/bible-say-about-euthanasia accessed on 9\textsuperscript{th} June,2012}
“We are made in the image of God (Genesis 1:26), and it is the Lord God who gives us life (Job 33:4) and who has numbered our days (Job 14:5). This means that God is the Sovereign Lord who gives and determines the day that we die. Therefore, we are not to usurp God’s authority”\(^{13}\)

The Holy Bible from which Christians derive and learn their moral lessons from, teaches and speaks against euthanasia.

According to the Roman Catholic Church, its teachings and doctrines remains firmly opposed to both suicide and euthanasia as moral options. The Catholic Encyclopedia entry on ‘suicide’ published in 1912, describes suicide as a grave sin against God and it gives several reasons for this conclusion because suicide implies the person is master of his body instead of God and this shows a lack of charity for oneself.

“In the most recent version of the catechism of the catholic church (2003), all forms of suicide and euthanasia remains strictly prohibited, but questions of moral culpability and eternal salvation are left open”\(^{14}\)

On November 9, 1992, the Evangelical Lutheran Church in America (ELCA), the Largest Lutheran body in the Untied States, adopted a statement on “End of life Decisions” and the statement oppose the legalization of physician-assisted death which would allow the private killing of one person by another.\(^{15}\)

With the Protestant denominations, their views on euthanasia varies widely. Since the 1970’s, Evangelical churches have worked with Roman Catholics on a sanctity of life approach, though some Evangelicals may be adopting a more exceptionless opposition. While liberal Protestant denominations have largely eschewed euthanasia, many individual advocates (such as Joseph Fletcher) and euthanasia society activists have been Protestant clergy and laity. As physician assisted dying has obtained greater legal support, some liberal Protestant denominations have offered religious arguments and support for limited forms of euthanasia.\(^{16}\)

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\(^{15}\) [http://www.religionfacts.com/euthanasia/christianity.htm](http://www.religionfacts.com/euthanasia/christianity.htm) accessed on 9\(^{th}\) June, 2012  
2.5 ii Buddhism

Among the Buddhists, there are many different views on the issue of euthanasia but many are very critical of the procedure. In line with Buddhist teaching, compassion forms an important value which is being used by some Buddhists as a justification for euthanasia because the person suffering is relieved of pain. However, it is still immoral “to embark on any course of action whose aim is to destroy human life, irrespective of the quality of the individual’s motive”. 17 In Theravada Buddhism, a lay person daily recites the simple formula: “I undertake the precept to abstain from destroying living beings. For Buddhist monastics however, the rules are more explicitly spelled out and it is reasonable to conclude that this opposition to euthanasia also applies to Physician-assisted death and other forms of assisted suicide.18 .

2.5 iii Islam

According to Islam teachings in relation to the Holy Quran, the religion forbids all forms of suicide and any action that will bring the life of any individual or person to an end. It is not accepted for a Muslim to plan or come to know through self-will, the time of his own death in advance.

“The precedent for this comes from the Islamic Prophet Mohammad having refused to bless the body of a person who had committed suicide.”19

From Islamic values, any individual suffering from a terminal illness is permitted to refuse medication and an example includes individuals suffering from kidney failure who refuse dialysis treatments and cancer patients who refuse chemotherapy. In Islam, there is not any right to suicide because we did not create ourselves nor own our bodies but we are entrusted with them for care, nurture and safe keeping. The Quran says: “Do not kill (or destroy) yourself, for verily Allah has been to you most merciful” (Quran 4:29).

2.5 iv Hinduism

From the teachings of Hinduism, there are two Hindus points of view on euthanasia. By helping to end a painful life, a person is performing a good deed and so fulfilling their moral obligations. On the other hand, by helping to end a life, even one filled with suffering, a person is disturbing the timing of the cycle of death and rebirth. 

It is clearly stated in the Vedas that man has only to trust worthy friends in life, the first is called Vidya (knowledge) and the 2nd is called Mrityu (Death). The former is something that is beneficial and a requirement in life, and the latter is something that is inevitable sometimes even unexpected. It is not the euthanasia that is the act of sin, but worldly attachment which causes euthanasia to be looked upon as an act of sin. However, most Hindus would say that a doctor should not accept a patient’s request for euthanasia since this will cause the soul and body to be separated at an unnatural time and this will damage the Karma of both the doctor and the patient. Again, Hindus believe that euthanasia cannot be allowed because it breaches the teachings of ahimsa (doing no harm). Some Hindus say that by helping to end a painful life of a person is performing a good deed and so fulfilling their moral obligations, but it must be noted that euthanasia is a very serious Karma and this applies to all cases including someone experiencing long term intolerable pain and even such difficulty life experience must be allowed to resolve themselves naturally. “Dying may be painful but death itself is not and all those involved (directly or indirectly) in euthanasia will proportionately take on the remaining parabdha Karma of the dying person. And the euthanasia participants will, to the degree contributed, face a similar karmic situation in this or a future life.”

2.5 v. Judaism

Just as Protestants have divided views concerning euthanasia, so is it with Judaism. Jewish medical ethics have become divided, partly on denominational lines over euthanasia and end of life treatment since the 1970s. In general, Jewish thinkers oppose voluntary euthanasia though

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there is some backing for voluntary passive euthanasia in limited circumstances.\textsuperscript{23} Current study performed in 2010 investigated elderly Jewish women who identified themselves as either Hasidic Orthodox, non-Hasidic Orthodox, or secularized Orthodox in their faith. The study found out that all of the Hasidic Orthodox responders disapproved of voluntary euthanasia, whereas a majority of secularized Orthodox responders approved of it.

Despite various Jewish views on euthanasia, the Jewish faith has always strongly reacted against the compromising of a person’s right to live, even in the face of extreme desperation when it seems that life holds no meaning. Judaism firmly believes that only God has the right to decide the fate of one’s own body and it is the He the Creator, who bestows the gift of life, may take away that life, even when it has become a burden rather than a blessing.\textsuperscript{24}

\textbf{2.5.vi Shinto}

In Japan, the dominant religion is Shinto and this religion is not harsh or negative towards the act of euthanasia in relation to the religion’s teachings and doctrines.

“The Shinto attitude towards euthanasia and suicide is somewhat ambivalent. Shinto believes that human return to nature after death, euthanasia and suicide do not constitute an exception, and euthanasia as a sacrificial act is condoned.”\textsuperscript{25}

Unlike Christianity and Islam who strongly disagree with euthanasia and suicide, Shinto does not. In Shinto, the prolongation of life using an artificial means is a disgraceful act against life and views on active euthanasia are mixed with 25\% Shinto and Buddhist organizations in Japan supporting voluntary active euthanasia.

\textsuperscript{23} \url{http://en.wikipedia.org/wiki/Religious_views_on_euthanasia} accessed on 9\textsuperscript{th} June, 2012
\textsuperscript{24} \url{http://www.nswjbd.org/What-is-the-Jewish-view-on-euthanasia/-default.aspx} accessed on 9\textsuperscript{th} June, 2012
\textsuperscript{25} \url{http://otsuicpr.oxfordmedicine.com/cgi/content/abstract/1/1/med-9780198570059-chapter-6} accessed on 9\textsuperscript{th} June, 2012
SECTION THREE

THE VARIOUS GROUPS ASSOCIATED WITH EUTHANASIA

3.1 Dignitas (Assisted Dying Organisation)

Dignitas is an organization which was founded in 1998 by Ludwig A. Minelli, a Swiss lawyer. “Dignitas is a Swiss assisted dying group that helps those with terminal illness and severe physical and mental illness to die assisted by qualified doctors and nurses”\(^\text{26}\). In addition to this, the group gives assistance to people in terms of assisted suicide provided they are of sound judgment and submit to an in-depth medical report prepared by a psychiatrist that establishes the patient’s condition, as required by Swiss Court.\(^\text{27}\) According to the Swiss law, it is illegal to provide assistance to suicide if it is based on one’s self-interest.

In terms of operation, the individual who wishes to die meets several Dignitas personnel in addition to an independent doctor for a private consultation because the Dignitas sees to ensure that it acts as a neutral party by proving that aside from non-recurring fees, they are not a profit making organization who wishes to gain from the deaths of its members.

The individual who wishes to die is made to sign an affidavit together with the countersigned by independent witnesses. “In cases where a person is physically unable to sign a document, a short video film of the person is made in which they are asked to confirm their identity, that they wish to die, and that their decision is made of their own freewill, without any form of coercion. This evidence of informed consent remains private and is preserved only for use in any possible legal dispute.”\(^\text{28}\)

Before the lethal overdose is provided to the person, he or she is once again reminded that in the process of taking the overdose, he will certainly die and in addition, the series repetition of the same question whether the individual wants to proceed or take some time to consider the issue at hand further.


This gives the person the chance again to put an end to the process but if at this point the person is still determined to proceed, a lethal overdose is provided and injected.

From statistics, Ludwig Minelli said in an interview in March 2008 that Dignitas had assisted 840 people to die from which 60% of them were Germans.\(^{29}\)

According to Ludwig Minelli, “Dignitas charges its patients €4,000 (£3,182/$5,263.16) for preparation and suicide assistance, or €7,000 (£5,568/$9,210.53) in case of taking over family duties, including funerals, medical costs and official fees.”\(^{30}\) Dignitas as an organization believes that every individual or person must die in a dignified way because the human body is a dignified priceless being.

### 3.2 Exit International

Exit International is an international non-profit organization advocating for the legalization of euthanasia.\(^{31}\) Previously, it was known as the Voluntary Euthanasia Research Foundation (VERF Inc.) This organization or foundation was founded by Dr. Philip Nitschke in 1997 after the world’s first voluntary euthanasia law was over-turned. Dr. Philip Nitschke became the first physician in the world to administer a legal lethal voluntary injection. The Exit international operates as a non-profit organization with 3,500 members as at 2011 with an average age of 75. “In 2011, Exit International unveiled the first pro-euthanasia billboard in Australia on the Hume Highway near Sydney. The plan had previously met with opposition when the Australia Advertising standards Bureau wrote to Exit International, informing them that the advertisement may be illegal as it would contravene state laws on aiding or abetting suicide”\(^{32}\)

Before the billboard, Exit international had previously developed a television advertisement which was on pro-voluntary euthanasia. Their Motto is “A peaceful death is everybody’s right” and this foundation is located in different part of the world and such places include Darwin,


Auckland, Stroud, Melbourne and London. The foundation has five (5) employees and its focus is on Euthanasia and its related issues.

### 3.3 i Individuals Associated With Euthanasia

Just as some people are against both the practice and legalization of euthanasia, so do others also opt and choose it together with its related issues and practices. Some individuals and people have been well noted and known for their active investment in euthanasia and its related issues and practices.

#### 3.3 ii Jack Kevorkian

who was commonly known as “Dr. Death” was an American pathologist, euthanasia activist, painter, author, composer and instrumentalist who was best known for publicly championing a terminal patient’s right to die through physician-assisted suicide. He was born in Pontiac, Michigan to Armenian immigrants on 26th May, 1928 and had three children. Kevorkian claimed to have assisted about 130 patients to end their lives and he famously said, “dying is not a crime.”

Over a period of years, Kevorkian developed several controversial ideas related to death and in a 1959 journal article, Kevorkian wrote:

> “I propose that a prisoner condemned to death by due process of law be allowed to submit, by his own free choice, to medical experimentation under complete anesthesia (at the time appointed for administering the penalty) as a form of execution in lie of conventional methods prescribed by law”

Kevorkian experimented with transfusing blood from recently deceased into live patients and thought that the US military would have been interested in using his technique to assist wounded soldiers during a battle but the Pentagon rejected it.

According to a report by the Detwit Free Press “60% of the patients who committed suicide with Kevorkian’s help were not terminally ill, and at least 13% had not complained of pain. The

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report further asserted that Kevorkian’s counseling was too brief (with at least 19 patients dying less than 24 hours after first meeting Kevorkian) and lacked a psychiatric exam in at least 19 cases, 5 of which involved people with histories of depression although Kevorkian was sometimes alerted that the patient was unhappy for reasons other than their medical conditions.”35

In 1999, Kevorkian several eight years of a 10-to-25 year prison sentence for second-degree murder but he was later released on parole on June 1, 2007 on condition that he would not offer or give any suicidal advice to any body again. He died on 3rd June, 2011 at the age of 83 years and died out of thrombosis.

3.4 Phillip Nitschke

Philip Nitschke was born on 8th August, 1947 and he is an Australian medical doctor, humanist, author and founder and director of the pro-euthanasia group Exit International.36 He was the first doctor in the world to administer a legal, voluntary, lethal injection and he successfully campaigned to have a legal euthanasia law passed in the Northern Territory of Australia. Before the law was overturned by the Federal government, Nitschke had already assisted four people to end their lives. On 29th April, 2009, Nitschke said” It seems we demand humans to live with indignity, pain and anguish whereas we are kinder to over pets when their suffering becomes too much. It simply is not logical or mature. Trouble is, we have had too many centuries of religious claptrap”.37 According to Nitschke, the quality nature of one’s life is worth more than its quantity and as human beings with intrinsic worth and value, we need to die with dignity rather than being in pain and severe agony before death and this is so because such agony, pain and suffering diminishes one’s dignity as a human being.

In July 2008, Nitschke said that “he no longer believed voluntary euthanasia should be only available to the terminally ill, but the elderly people afraid of getting old and incapacitated should also have a choice”\(^\text{38}\)

Nitschke was detained for nine hours together with his wife by British Immigration officials at Heathrow Airport after their arrival for a workshop visit to the UK on 2\(^{nd}\) May, 2009. Upon series of questions, Nitschke was told that he and his wife were detained because the workshop may go against British law. Prior to that, their visit to the UK was to lecture on voluntary euthanasia and end-of-life choices. In 2009, Nitschke helped to promote Dignified Departure, a 13-hour, pay-television program on doctor-assisted suicide in Hong-kong and mainland China. The program aired in October in China on the Family Health Channel, run by the official China National Radio. Nitschke believes that the right to control one’s death is as fundamental as the right to control one’s life. In 1996, he received the Rainier Foundation Humanitarian Award and in 1998, he was again recognized as the Australian Humanist of the year by the Council of Australian Humanist Societies. He is the author of the books “killing me softly: Voluntary Euthanasia And To The Peaceful Pill” which was published in 2005 and “The Peaceful Pill Handbook” which was also published in January, 2007.

Despite the above mentioned names (Jack Kevorkian and Philip Nitschke) who have been well noted for their active association and involvement with euthanasia (mercy killing), other people in history must also be noted. The most notorious alleged mercy-killing to have occurred in the United States was by Dr. H.N Sander who was charged with the mercy-killing of a cancer-patient, but was acquitted.\(^\text{39}\) He admitted injecting air intravenously to a patient who was in extremis but he continuously defended himself by saying that the person was already dead.

Also, in 1915, a young soldier called Simpson was found guilty of the murder of his severely ill child. He was under great emotional strain: on leave, waiting for his unfaithful wife to return to the neglected sick child. A man also drowned his seriously ill child who was suffering from tuberculosis and gangrene of the face in 1927. He had been sitting up with her all night and the judge in his summing-up recommended mercy and the jury returned a verdict of not guilty of


\(^{39}\) Hugh Trowell (1973); The unfinished debate on euthanasia, pg.21
murder. Again, in 1934, another mercy-killer was reprieved in England. A woman was charged with the murder of her 31-year old imbecile son. She was distraught not knowing who would look after the imbecile son when she went into the hospital for a big operation. Although condemned for murder, she was reprieved two days later as compared to the overwrought father who gassed his deformed imbecile daughter in 1946 and was found guilty of murder but the sentence was commuted to life imprisonment.

“These cases are set forth in some detail as examples of “mercy-killing” because there has been some confusion in the popular mind between mercy-killing and euthanasia”.40

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40 Hugh Trowell (1973); *The unfinished debate on euthanasia*, pg.22
SECTION FOUR

4.1 THE PROS AND CONS OF EUTHANASIA

The death and dying debates, especially where they focus on Physician assisted suicide (euthanasia and suicide) involve some central arguments which includes arguments in favour of and arguments against the legalization and practice of euthanasia (Physician-assisted suicide). The debate over euthanasia and physician-assisted suicide emerged into public consciousness in the mid-1970s and the debate got off to a rousing start as philosophers, doctors, theologians, public-policy theorists, journalists, social advocates and private citizens became embroiled in the debate. On the one side were liberals, who thought physician-assisted suicide and perhaps voluntary active euthanasia were ethically acceptable and should be legal and on the other side were conservatives, who believed assisted dying was immoral or dangerous to legalize as a matter of public policy. Below are some of the principal arguments for and against the legalization and practice of euthanasia and physician-assisted suicide.

4.2 Principal Arguments for Practicing and Legalizing Euthanasia (Pros):

4.2 i. The argument from autonomy: The strongest argument in favour of active voluntary euthanasia is based on respect for individual autonomy. The claim of autonomy involves that we all possess a right to self-determination in matters profoundly touching on such religious themes as life, death, and the meaning of suffering. On this view, it is a matter of basic human dignity to be given the right to decide about the circumstances of our own lives and our deaths. “The principle of autonomy is an expression of the essentially Kantian idea that what is of paramount importance for my life is that it consists of my own choices, for good or ill.” According to Kant, it is not permissible to treat people as a means rather than as ends-in-themselves, even if this will involve attempting to use them as a means to their own well-being. “Taking autonomy (literally‘Self-governance’) seriously means acknowledging individual sovereignty over all purely self-regarding acts. Determining the circumstances of one’s own death, according to this

41 Margaret P. Battin, Rosamond Rhodes, and Anita Silvers (1998), Physician assisted suicide: expanding the debate, pg. 281
principle, should be allowed provided that it is a self-regarding act, and if so like other self-regarding acts, it should be exempt from the interference of others”\textsuperscript{43}

4.2 ii. The argument from relief of pain and suffering: Physician assisted suicide and euthanasia are merciful acts that deliver terminally ill patient from a painful and protected death. “If the Physician is unable to relieve the patient’s suffering in other ways acceptable to the patient and the only way to avoid such suffering is by death, then as a matter of mercy, death may be brought about”\textsuperscript{44}

According to the utilitarian, acts are morally right in so far as they promote happiness and alleviate unhappiness, and wrong in so far as they cause or allow others to suffer needlessly. “Even according to the traditional ethic of the medical profession, physicians have a solemn duty not merely to extend life whenever possible (and desirable), but also to alleviate pain and suffering whenever possible”.\textsuperscript{45} Hence, those in view of this argument think that euthanasia and Physician-assisted suicide should be legalized and in relation to the golden rule “do as you would be done” requires that we provide aid and help to those in distress and in particular provide appropriate relief from suffering and a corollary of the harm principle is that the denial of a right to die is unfair and cruel and no one should be obliged to endure unbearable suffering.\textsuperscript{46}

4.3 Principal Arguments Against Practicing and Legalizing Euthanasia(Cons):

It must be noted that not everyone who oppose to the legalization of euthanasia is opposed to the practice of euthanasia. Those who oppose euthanasia in principle will of course oppose its legalization, but there are some who, while supporting euthanasia in principle have misgivings about its institutionalization. Thus, there are some who defend the right of people to choose the time and circumstances of their death but who find the requirement of satisfying a medical

\textsuperscript{44} Margaret P. Battin (2005), \textit{Ending life: ethics and the way we die}, Pg 29
\textsuperscript{45} Margaret P. Battin, Rosamond Rhode, and Anita silvers (1998), \textit{Physician assisted suicide: expanding the debate}, pg 281
bureaucracy that their decision is sound both onerous and offensive. Below are some of the reasons and arguments against practising and legalizing euthanasia:

4.3 i. The argument from the intrinsic wrongness of killing: The taking of a human life is wrong and since suicide too is killing, then suicide is also wrong because the Holy commandment states that “Thou shall not kill”. Most members of this group with this same view tend to harbor distinctly religious objections to suicide and euthanasia, viewing them as violations of God’s dominion over human life. Killing in itself is simply wrong, whether or not it is done out of respect for the patient’s autonomy or out of concern for her suffering, “killing is understood as morally wrong in virtually all cultures and religious system. Judaism, Christianity, Islam, Hinduism, Buddhism, Confucianism, and many other religious traditions prohibit killing; so do the moral and legal codes of virtually all social systems.”

Although almost all major world traditions share this view about the intrinsic wrongness of killing, the Roman Catholic has been most active in the Political debate over physician-assisted suicide.

“According to the teachings of Catholicism, suicide violates the biblical commandment “Thou shall not kill.” Self-killing can never be permitted, even in painful terminal illness, although if it is caused by depression or other psychopathology, it may be excused from ecclesiastical penalties like denial of funeral rites.”

4.3 ii. The argument from the Integrity of the Profession: Doctors and Physicians are prohibited by the Hippocratic Oath not to kill because the Physician is bound to save life and not to take it and the participation of Physicians and doctors in such practices undermines their role as healer and fatally compromises the physician-patient relationship. This again will undermine the patient’s trust in the Physician because patients trust their physicians more when they know that their physicians will help them, not desert them as they die.

47 Margaret P. Battin (2005), Ending life: ethics and the way we die, Pg. 21
48 Margaret P. Battin (2005), Ending life: ethics and the way we die, Pg. 22
4.3 iii. The argument from potential abuse (the slippery-slope argument): Permitting physicians to assist in suicide, even in sympathetic cases may lead to situations in which patients are killed against their will. “Slippery-slope arguments involve predictive empirical issues about possible future abuse”. 49 Many have argued, for those in vulnerable groups and for instance, Susan Wolf has sought to show that the impact of legalization would fall particularly on women, Adrienne Ash was also worried about the impact on people with disabilities and Leslie Francis was concerned for the elderly. Still others have pointed to the likely impact of legalization on blacks and other racial minorities such as people with chronic illness, mental illness and on people with developmental delays. 50 According to the Dutch cardiologist by name Richard Fenigsen, he intimated that quiet a number of people were being killed against their will due to various reasons which includes their (patients) families seeing them to be a burden both financially and socially and they being a cost to governmental funds especially with the terminally ill patients from which that same fund could have been used on other patients with a higher recovery rate.

4.3 iv The argument from the social limits of autonomy: One of the strongest objections to euthanasia is that the autonomy which if is our duty to respect is not enjoyed by everyone. Even if it is granted that respect for individual autonomy is of paramount importance, it nonetheless applies only to socially empowered individuals or groups within society. There may be serious problems and issues with the application of this principle to marginalized groups and especially to individuals who are or can be exploited. Legalizing euthanasia, according to some, ignores the social reality of marginalized groups and persons who might be exploited by unscrupulous relatives or unscrupulous doctors. This is an essentially utilitarian argument drawing attention to grave social consequences of legalizing the practice. With Mill’s harm principle which is explicitly also for restrictions on an individuals freedom to act in cases where their act harms others, opponents of euthanasia do acclaim that individual acts of self-destruction and the medical assistance for such acts do in fact affect others and therefore are not pure self regarding.

49 Margaret P. Battin (2005), Ending life: ethics and the way we die, Pg. 26
50 Margaret P. Battin (2005), Ending life: ethics and the way we die, Pg. 26
The dispute about euthanasia on this point resembles another which arises in discussions of pornography and prostitution. Some women claim a right to make commercial use of their bodies as a matter of individual liberty. To this it has been replied that such choices do not affect them alone but help to shape community attitudes about how women are perceived. In allowing themselves to be viewed and used as sex objects, they are fostering degrading attitudes towards all women. Despite we all have our basic right to decide for ourselves, we must also put it into consideration that a choice to end our lives is an insult to God the Creator who gave life, and to the society, which provides for the well being of its members of which we are all included and hence part of the society.
SECTION FIVE

5.1 PALLIATIVE CARE AND ITS STRONG INFLUENCE OVER PEOPLES CHOICES FOR EUTHANASIA

According to Palliative care specialists, many patients request for euthanasia due to the fear of physical or psychological distress during the patients’ last days and with the widespread and equitable availability of specialist palliative care services, this will help reduce patients requests for euthanasia.

Palliative care or Palliative medicine are the labels given to the modern package of skills, procedures and practices that have been sponsored and refined mainly within the hospice movement.

Its application is not restricted to people who are dying. In practice, however, its combination of pain relief and the reduction of fear and distress tends to be reserved for those at the terminal stage of illness. Palliative care which is now a recognized medical speciality, focuses first on the recognition, treatment, and prevention of pain and it practitioners advocate better attention to pain management in terminally ill patients, more reliable assessment of pain, the use of escalating, ladder type schedules of pain management and antecedent interception of pain before it begins. Good palliative care is based on assessing what works in terms of relief for the individual person and for most people, complementary therapies provide both physical relief and mental comfort.

Palliative care has its origin in the modern hospice movement and it is concerned with the physical, psychosocial and spiritual care of patients with life threatening disease and their families, focusing on both the quality of the remaining life of the patient and on the support of the family and those close the patient (Sounders 1996). To date, Palliative care has been focused almost entirely on cancer patients but since their inception, some hospices have provided care for patients with neurological conditions, particularly motor neuron disease and multiple sclerosis and more recently for patients with AIDS/HIV. However, it has been recognized since the beginning of modern hospice care that its principles may benefit patients dying from other causes. The extension of palliative care beyond cancer has been advocated since at least 1980.
Palliative care has a strong (Positive) influence over people’s choices towards euthanasia because a lot of terminally ill patients who opt for euthanasia do so due to neglect, severe pain and suffering, loneliness and isolation with which palliative care provides them with all that they lack because the relief sought by patients can be adequately provided with palliative care and perhaps, even some cases the end of life quality can be improved by the skillful deployment of palliative care. Palliative care has been tested and provided adequate because its approaches to caring for dying people includes paying enough attention to the person as a whole in terms of physical, psychological, social and spiritual needs. Palliative care workers provide physical care and needs together with emotional needs because that helps a terminally ill patient to feel a sense of belonging. An example is a nurse who expertly dresses a patient’s wound while engaged in conversation with a colleague about her holidays is caring for the wound but not the person whiles with palliative care, it is not so because its workers (nurses) always have gentle touches towards their patients with observations which are perceptive because that does not only reduces physical pain but also provides evidence of a sensitivity on which a trusting relationship can be formed. Therefore, effective Palliative care has a strong positive influence over people’s (especially terminally ill patients) choices towards their acceptance or rejection of euthanasia because palliative care seeks to provide terminally-ill patients with almost all their physical, emotional, psychological and social needs.
SECTION SIX

Conclusion

In conclusion, euthanasia which is commonly referred to as mercy killing has now become a debated issue which is always under series of discussions worldwide. Various world regions have different views towards the practice of euthanasia which are always in line with their various religious teachings and doctrines. Despite the various religious and individuals views towards the practice and legalization of euthanasia, Palliative care has been approved and accepted because it provides the care and relief sought by patients and hence, helps minimize the rate of patients in favour of euthanasia(its practices and legalization). Various views oppose to the practice of euthanasia because euthanasia devalues human life, it can become a means of health care cost containment, there is a “slippery slope” effect that will occur when euthanasia is legalized and because of the sanctity of life and the intrinsic wrongness of killing. Other views in support of the practice of euthanasia are also based on the fact that it provides a way to relieve extreme pain, it provides a way of relief when a person’s quality of life is low, it again frees up medical funds to help other people and because of the case of freedom of choice.
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