

**A NOTE ON -  
EUTHANASIA AND THE CONTEMPORARY DEBATE**

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Classical Greece interpreted 'life' and 'death' in a significant manner using the terms 'Eudaemonia' for 'good life' and 'Euthanasia' (eu - good and thanatos, death) to designate good death. While 'good life' referred primarily to the mode of living it also expressed a genuine concern for safeguarding the goodness and the sanctity of life. A good life or a life lived fully surely kept room for pleasure and pain and euthanasia as good death referred to the sense of satisfaction which enabled one to face the pains and sufferings, including death, courageously. One felt a sense of achievement in the heroic living out the natural life span despite suffering. As good death referred to the mode of dying, the term 'euthanasia' became closely associated with self-willed painless death, often associated with drinking hemlock. Gradually, it meant self-willed death which was closely related to the general recognition of "freedom to leave" which permitted the sick and dependent to terminate their lives, sometimes with outside help. "Thus the ancient view of euthanasia in the West was close to suicide, in that it was voluntary and self-imposed, although it may have been abetted, especially through provision of poison. Trowell, for example, thinks that some physicians in the Roman Empire "did assist suicide, and even murder, by the use of lethal drugs" and that the "Hippocratic oath and the oath of Asaph arose as protests against this practice".<sup>1</sup>

The history of the concept of euthanasia is associated with human dilemmas involved in advanced old age, severe illness etc. When the Jewish and Christian thinkers as Josephus, Augustine and Aquinas discouraged the practice of 'active euthanasia', its meaning at one time of its history remained confined to 'easy death'. Soon there was a shift in the meaning when more stress was given in controlling an event or in harnessing the powers of nature. "In the seventeenth Century, however, "With Francis Bacon's *'Advancement of Learning'* (1605), 'euthanasia' increasingly came to connote specifically

measures taken by the physician, including the possibility of hastening death'.<sup>2</sup> It is with this definition that the contemporary debate has emerged.

In the early period, the term euthanasia came close to suicide, and in its later development when stress was given on active intervention, the primary meaning of euthanasia became 'mercy killing' or 'compassionate murder'. However, a distinction was usually made between omission and commission, to distinguish 'mercy death' from 'mercy killing'. Though the former was usually permissible in certain circumstances, the latter was a justification of euthanasia in a particular and peculiar situation. The supporters of 'compassionate murder' sought to justify 'will to death' in particular cases at the same time remaining loyal to the 'sanctity of life' principle for normal life situations.

The West has had for centuries a reverence for 'will to live'. Judaism and Christianity considered life as a value and thereby encouraged a natural urge to live out the natural life span. However, a need to justify 'mercy killing' arose when one faced a serious life situation. ".... It may also be contended that there may be equally serious situations in the future---- from population explosion to the difficulty of caring for a large population of the elderly, from individuals suffering from AIDS to eugenics ---- that could easily stimulate abuse if societies fail to support the natural life span. Pessimism may be engendered in the modern age by other factors, such as living in the face of a possible nuclear holocaust or even deep questions on the meaning of human life when death is seen as the absolute end. Any perspective that contributes to the possibility of pessimism at the core of the Weltanschauung must be re-evaluated. It may be far easier to erode life affirmation than to build it new out of a pervasive pessimism....."<sup>3</sup>

The supporters of mercy killing usually start out as a justification for an exception. It is a special adjustment to a perverted situation, when life becomes like death, one may beg for mercy death : "..... A dear friend of mine, who died of cancer of the bowel, spent his last months in just this state, under the influence of morphine, which deadened pain, but vomiting incessantly, day in and day out. The question that we have to face is whether the unintelligent brutality of such an existence is to be imposed on one who wishes to end it"<sup>4</sup>.

In order to justify 'mercy killing' in particular contexts, the moralists faced the dilemma of reconciling such acts to the 'sanctity of life' principle. Some say that the principle, though applicable in most of the cases, in a

particular and abnormal situation, it may not be applicable. Others argue that each individual is the absolute master of his own destiny. But the most important question that can be raised is this, can there be considerations of the quality of life? Granting the fact that human life is a fundamental value and is to be protected, can there be qualitatively superior or inferior lives? In what sense life is viewed as good?

A good life is not merely a life without suffering. A life is good as there is a balance between hope and misery and between good and bad. A very hard and miserable life is also a good life if it does not destroy a person's capacity to endure and to hope. Thomas Neggel's essay on 'Death' draws one's attention to the fact that under normal circumstances life is associated with goodness unless evil destroys the very potentiality of goodness. As a 'person' ceases to be a 'person' when his role playing capacity is taken away from him, so also life becomes abnormal when it is reduced to a vegetative state. As a person continues to exist merely as an organism, a human species, life continues but in an inferior form. If the 'person' refuses to prolong his biological existence, which he feels would be an undignified way of living, he pleads for 'mercy killing' in order to come to terms with senseless suffering. 'Will to die' then becomes a way of deliberately choosing meaningful suffering which now can be experienced as a positive act of dying. By his decision he participates in the dying process in a dignified manner. Death is viewed not just a happening but as a value to be realised in a planned way. "Even for the person who does not hold to religious views of death, the act of facing terminal illness with full human awareness and participation may be central to a good, peaceful death. Being human, which includes the exercise of the will to the very end, is not necessarily a denial of life or in religious terms a loss of hope or refusal to be moral or spiritual, but rather, it may be argued, the very fulfilment of human nature<sup>5</sup>.

In classical India 'euthanasia' as 'freedom to live' was practiced as the sick and dependent has a right to terminate their life. Katherine K. Young, in her essay on 'euthanasia' recovers the classical Indian view on euthanasia which she associates with a type of self-willed death known as '*mors voluntaria religiosa*'. Religious self-willed death was justified by adding a religious dimension to euthanasia. In Jainism, *Sanlekhanā* (self-willed death) was a legitimate religious response to debilitating old age and incurable disease. Jainism sought to reconcile self-willed death with the sanctity of life principle

(its stress on ahimsa or non-injury to life) as they considered *Sanlekhanā* as a yogic control of violent force (violent death). "Thus it may be argued that Jainism tried to harness the power of violent death through yogic control and fasting as a means to conquer totally death and *samsāra*".<sup>6</sup>

This was an appeal to face death with a sense of dignity. Stress was given on the saner aspect of the self which could harness violent death.

In Buddhism there is story of Vakkali, a Buddhist monk, who was ill and suffering great pain and uttering one final time faith in Dhamma, killed himself by the sword. It shows that the compassionate Buddha was willing to consider euthanasia in special circumstances. "Even though Buddha considered the experience of suffering as potentially redemptive, he was known as a good physician. Perhaps because of his pragmatic orientation, he was willing to entertain euthanasia in exceptional circumstances".<sup>7</sup>

Hinduism too sought to tame violent death and considered some types of self-willed deaths as noble and heroic. Warriors, who were defeated in battles sometimes killed themselves rather than be captured. Women escaped capture, rape etc. by willing their own deaths, and such acts were always appreciated. On the other hand, suicide was always prohibited as suicide was prompted by passion, depression etc. but heroic self-willed deaths led to heaven. This posited a general connection of some types of self-willed deaths and a religious goal. However, Vedic ideal of longevity, 'One hundred autumns' was still insisted on and self-willed heroic death was largely confined to the warrior class. Remaining sensitive to the issue of the natural life span Brahmins too created scope for the practice of euthanasia. Withdrawing to the forest toward the end of life may have put them in contact with the practices of self-willed death. "Brahmins had sacramentalized the elderly King's withdrawal to the forest, which involved human sacrifice and may have led the King to self sacrifice in the sense of *Mors voluntaria heroica*. They also began to voice concern regarding suicide. In the next period Brahmins tried "to reconcile acceptance of *mors voluntaria*, prohibition of suicide, and ahimsā either by multiple ethic, involving different rules for different groups or situations or by arguing how euthanasia is an exception to the general rule".<sup>8</sup>

Though the close association of dhārmic sanction to some types of self-willed deaths marked a sharp distinction between suicide and euthanasia, it also

created some problems. Though the traditional Indian view on euthanasia could be confined to consider terminal illness and debilitating old age etc. as the permissible situations for self-willed death, the boundary between such contexts and some other forms of religious voluntary deaths became thin. Abuses of religious self-willed deaths occurred and it became difficult to know the real motivation for religious self-willed deaths.

Although euthanasia was viewed as an option based on the choice of the individual, medical profession should be better guide (rather than depending on dhārmic sanction) in deciding genuine special terminal illness and an attempt should be made to redefine the boundaries between genuine euthanasia (which can be confined to terminal illness) and other types of self-willed deaths including the religious one. Both in the Indian and the Western contexts emphasis was given on the patient's own decision to participate in the process of dying. "..... It may be argued that it is possible to extend the traditional Indian concept of self-willed death to the modern definition of euthanasia as compassionate murder by suggesting that the traditional Indian public declaration of intention (sankalpa) is analogous to the modern notion of patient's consent".<sup>9</sup>

It appears that both the Western and Indian debates on euthanasia highlighted the significance of the patient's power of decision and on the exercise of human will and allowed some help to carry out the patient's will to die. The Indian thinkers gave more emphasis on the patient's will and the West emphasised on the doctor's active role in death. Both the views carefully distinguished euthanasia from suicide and murder. However, the Indian thinkers feel there is a need to be cautious in any understanding of euthanasia in the Indian context as the boundary between euthanasia and religious suicide is very thin. To quote Katherine K. Young, "Given the potential abuse if any form of self-willed death is allowed, a second approach to self-willed death in cases of terminal illness in modern India has also been deemed worthy of consideration. It is aware that reintroducing self-willed death so soon after having eliminated century old problems associated with *mors voluntaria religiosa* may cause regression (especially since we know from the history of religions that in time of social, political or economic stress, particularly when identity is threatened, there may be a regression to religious practices that formerly embraced the religious ideal, and there is an increase in suicide). And it realistically acknowledges that it may prove difficult to ensure illness, especially when many

do not have adequate access to medical treatment. It would maintain the legal definition of suicide as all-inclusive and a criminal act. But, should cases of self-willed deaths in cases of terminal illness come to the attention of the court, the law would be interpreted generously".<sup>10</sup>

### REFERENCES

1. Katherine K. Young, "Euthanasia, Traditional Hindu View and the Contemporary Debate" in '*Hindu Ethics*', by Harold G Coward, Julius J. Lipner, Katherine K. Young (eds.) INDIAN BOOK CENTRE, DELHI, 1989. P - 71.
2. *Ibid*, P - 72.
3. *Ibid*, P - 121.
4. Glanville William S., from "MERCY KILLING" LEGISLATION -- A REJOINDER" In '*Ethics for Modern Life*' by Raziet Abelson and Marie Louise Friquegnon, (eds.), St. Martin's Press, New York. P - 56.
5. Katherine K. Young, "Euthanasia ....." P - 117.
6. *Ibid*, P - 88.
7. *Ibid*, P - 70.
8. *Ibid*, P - 92.
9. *Ibid*, P - 117.
10. *Ibid*, P - 120.