

CONCLUSION

The concluding remarks of the history of euthanasia remain still to be discussed. It is undeniably true that many issues surrounding death, dying, terminally illness deserve more debate. As one distinguished writer comments “death still needs to be demythologized”. We are always hesitant to face death and there is a constant fear which works unconsciously behind our every activity. So, educating the public on these dimensions can reduce the persistent fears many feel, when their own deaths or the deaths of others are imminent. This fear, which wants to be muted by the consolations of religious belief, is what primarily drives the demand for euthanasia. The history of euthanasia in the twenty-first century hinges on whether the nations of the world can conquer these fears and take the right steps to ensure that in future one may face the death with dignity. Death equalizes everyone. Thus how society defines what is and is not a good death potentially affects every human being. It is the ultimate question that lies at the heart of the evolving history of euthanasia.

Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but theists see in life something greater, namely a gift of God’s love, which they are called upon to preserve and make fruitful.

Ever since the time of Hippocrates in the fifth century BC, medical profession has been guided by the concept of the worth of each individual’s life. This was reaffirmed by the Geneva code in 1948, which states, “*I will show the utmost respect for human life from the time of conception.*” Hitler had a utilitarian philosophy of life. He preserved any person who had utilitarian value. The others he eliminated. If we think that life is gift of God, it should be cherished, supported and cared. Thus, we need to respect the unique and intrinsic value of human life for which we need to consider some practical steps in euthanasia.

- Doctors need to serve and care for their patients in love.
- Deliberate attempt to end or shorten life, whether by omission or commission, is wrong and should not be done.
- Our society need to proclaim the way of righteousness and truth and provide compassionate care. It must take a stand against taking innocent lives.
- Medical personnel and the people at large must be educated in moral and spiritual values. These should lead to sound legislation.
- Bring in the principle of love as the mainspring.

There is an intense opposition from the religious groups and people from the legal and medical profession. According to them it's not granting 'right to die' rather it should be called 'right to kill'. According to them it is totally against the medical ethics. Medical ethics call for nursing, care giving and healing and not ending the life of the patient. In the present time, medical science is advancing at a great pace. Thus even the most incurable diseases are becoming curable today. Thus instead of encouraging a patient to end his life, the medical practitioners should encourage the patients to lead their painful life with strength which should be moral as well as physical. The decision to ask for euthanasia is not made solely by the patient. Even the relatives of the patient play an important role in doing that. Thus, it is probable that the patient comes under pressure and takes such a drastic step of ending his life. Of course in such cases the pressure is not physical, it is rather moral and psychological which proves to be much stronger. Also added to that is the economical pressure. The patient starts feeling him to be a burden on the relatives when they take such a decision for him and finally he also succumbs to it. As suicide is not allowed then euthanasia should also not be allowed. A person commits suicide when he goes into a stage of depression and has no hope from the life. Another argument of the opponents is regarding the slippery slope. According to this argument, if voluntary euthanasia will be allowed, then surely it will lead to

consequently allowing involuntary and non-voluntary euthanasia also. If this is not done then surely it will lead to its abuse.

We have known that euthanasia means killing a person rather ending the life a person who is suffering from some terminal illness which is making his life painful as well as miserable or in other words ending a life which is not worth living. But the problem lies that how should one decide whether the life is anymore worth living or not. Thus, the term euthanasia is rather too ambiguous. This has been a topic for debate since a long time i.e. whether euthanasia should be allowed or not. In the present time, the debate is mainly regarding active euthanasia rather than passive euthanasia. The dispute is regarding the conflicts of interests: the interest of the society and that of the individual. Which out of these should prevail over the other? According to the supporters of euthanasia the decision of the patients should be accepted. If on the other hand we weigh the social values with the individual interest then we will clearly see that here the interest of the individual will outweigh the interest of the society. The society aims at interest of the individuals rather it is made with the purpose of assuring a dignified and a peaceful life to all. Now if the individual who is under unbearable pain is not able to decide for himself then it surely will hamper his interest. In that case it will surely be a negation of his dignity and human rights. Regarding this debate from legal point of view, Article 21 clearly provides for living with dignity. A person has a right to live a life with at least minimum dignity and if that standard is falling below that minimum level then a person should be given a right to end his life. It is also point out to the fact that as passive euthanasia has been allowed, similarly active euthanasia must also be allowed. A patient will wish to end his or her life only in cases of excessive agony and would prefer to die a painless death rather than living a miserable life with that agony and suffering.

Thus, from a moral point of view it will be better to allow the patient die painlessly when in any case he or she knows that he or she is going to die because of that terminal illness. So the question arises why to let increase that period of pain for him when in any case he is going to die. It is very important point on which, that a lot of medical facilities which amount a lot are being spent on these patients which are in any case going to die. Rather than spending those on such patients, it will be much better to use such facilities for those who have even fair chances of recovery. Thus, again the question lies that whom do we want to save using these medical facilities; those who are in any case going to die today or tomorrow or those who have fair chances of recovery. A point which is often raised against the supporters of euthanasia is that if such right will be granted to the terminally patients then there will be chances of abuse of it. Everyone should agree with this view that every right involves a risk of being abused but that doesn't mean that the right itself should be denied to the people. We should rather look at the brighter side of it than thinking of it being abused.

Today it is very important to protect, at the moment of death, both the dignity of the human person and most of them religious concept of life, against a technological attitude that threatens to become an abuse. Thus, some people speak of a "right to die", which is an expression that does not mean the right to procure death either by one's own hand or by means of someone else, as one pleases, but rather the right to die peacefully with human dignity. From this point of view, the use of therapeutic means can sometimes pose problems. In numerous cases, the complexity of the situation can be such as to cause doubts about the way ethical principles should be applied. In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak for the sick person, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case. Everyone has the duty to care for his or her own health or to seek such care from others. Those whose

task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful.

However, is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use “extraordinary” means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of “proportionate” and “disproportionate” means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.

In order to facilitate the application of these general principles, the following clarifications can be added:

If there are no other sufficient remedies, it is permitted, with the patient’s consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.

It is also permitted, with the patient’s consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient’s family, as also of the advice of the doctors who are especially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques.

It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community.

When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger.

Views, ideas, even concepts of ethics are fast changing in the context or the progress of science and technology. The traditional institutions in our society, which protect human life and spiritual values, are gradually being pushed aside or getting eliminated. Love is the foundation of ethics. Loving our God with all our heart, soul and mind and loving our neighbour as ourselves, are the two foundations for our ethical and religious practice. Only a code of ethics based on sound principles can lead our society to lasting happiness, harmony and peace. The fact that, in India, even an attempt to suicide is punishable goes to show the extent of creditability accorded to the sanctity of life and the right to life as a whole. This apart, the decriminalization of euthanasia is unworkable in the Indian perspective, even on humanitarian grounds, as it involves a third person. No life that breathes with human breath has ever truly longed for death. One thing is clear that euthanasia or assisted suicide

controversy is likely to be a significant source of communal disagreement and political argument for many years to come.

In spite of all these dilemmas, in this age of fast and complex living there are some cases where we are pressurized to support mercy killing without considering its moral implications. It seems that time has come when we should consider the cases of Living Will which will help us to guide our life to run smoothly. As it is well known, Living Will is a kind of document which may help one to get the right direction in time of crisis. Here we may mention the case of the famous car racer Michael Schumacher. He is a seven-time Formula One World Champion and is widely regarded as one of the greatest F1 drivers of all time. Last six months, he was in a coma. Schumacher is now communicating via fluttering his eyelids, indicating signs of recovery. Doctors are also hopeful that he'll be able to sit in an advanced wheelchair that he can operate by using his mouth. His spokeswoman confirmed on June 16, 2014, she states that he will continue his long phase of rehabilitation, away from the public eye.

Here one may argue against mercy killing that it is possible to revert back from the coma state. As it happens in the case of Michael Schumacher. The media reported that Michael Schumacher is back from his coma state. But the question here arises whether mere blinking of eyes is worth for a good living or not. Quite related to vegetative state what is the satisfaction of living without being active? This is the question that haunts us even in this 21st century when technology attains its highest peak.