



Euthanasia In India: A Social Discourse

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ABSTRACT

"I do not fear death. I had been dead for billions and billions of years before I was born, and had not suffered the slightest inconvenience from it."¹

— Mark Twain

'Euthanasia' is a term that consistently attracts regular dispute, paying little importance to whether individuals are 'for' or 'against' of it. It is a vanquisher among the most examined moral issues in contemporary times as uncovered by the enormous number of savvy manifestations, media degree of explicit cases and besides proposed charges in different nations. The idea depends upon the acumen of humanism and empathy. It sees the self-governance of a unique possibility of a decision to live incredible equalization. In this article, an endeavour has been made to streamline the bonafide and incredible and fundamental complexities on the planet, concerning Euthanasia with astonishing reference to Indian socio-economic picture. This assessment explains an incredibly old issue, with its foundations in standard reasoning. As of late, the chance of Euthanasia has wound up being coherently under the spotlight; considering the steady expert's molecule of medication.

Keywords: Euthanasia, Socio-economic, Individuality, Governance, Humanism.

Introduction

The word 'Euthanasia' is a subsidiary from the Greek words 'eu' and 'thanatos' which indicate 'great passing' or 'simple demise' (COD). It is generally portrayed as leniency murdering. It is the easy end of life of an insufferably enduring patient by the doctor upon the patient's request. Euthanasia is an ancient issue, with its foundations in traditional reasoning. Throughout history, nonetheless, it has been seen in an unexpected way. As of late, the idea of Euthanasia has turned out to be progressively under the spotlight because of the continuous 'technicians' ion of medication' (Government of India, 2011)². A few other intensifying components are making the issue of Euthanasia a squeezing issue for contemporary society. One can expect that the debate encompassing the ethical agreeableness of Euthanasia and its decriminalization demise of a critically ill patient is quickened through dynamic or latent means keeping in mind the end goal to ease such patient of torment and enduring. It creates the impression that the word was utilized as a part of the seventeenth century by Francis Bacon to allude to a simple, effortless and cheerful passing for which it was the doctor's obligation and duty to reduce the physical enduring of the body of the patient. Killing, include making the purposeful move (expectation) to end or help with consummation the life of someone else on caring ground on will remain a test for our maturing social orders in the twenty-first century. This paper aims to explain the importance of the effectiveness of Euthanasia and to analyze the status of Euthanasia and to explore the role of the judiciary to Euthanasia.

Euthanasia and Murder: Distinction

Ordinarily, kill implies deliberately and unlawfully executing somebody and such murdering can be of two sorts. Initially, those where the killer has educated assent of the individual killed and besides, where the killer does not have the educated assent of the individual slaughtered. For ace life defenders, Euthanasia is equal to kill since it is the demonstration of intentionally finishing the life of a patient both at the patient's own particular demand and at the demand of his friends and relatives. The term benevolence executing, firmly much the same as Euthanasia progresses toward becoming homicide just when there is no consent of the

patient, says Rody Green. Though advocates of Euthanasia feels that phase act, that is (Physician helped understanding enacted suicide,2004)³ isn't kill however Factored which is (Physician actuated patient demand,2002)⁴ passing is proportional to kill, in light of the fact that in the later doctor effectively partakes during the time spent killing the patient.

History:

In ancient Greece and Rome (5th Century B.C.-1st Century B.C.), before the coming of Christianity, attitudes toward infanticide, active Euthanasia, and suicide tended to be tolerant. Many ancient Greeks and Romans had no cogently defined belief in the inherent value of individual human life, and pagan physicians likely performed frequent abortions as well as both voluntary and involuntary mercy killings. Although the Hippocratic Oath prohibited doctors from giving 'a deadly drug to anybody, not even if asked for,' or from suggesting such a course of action, only a few ancient Greek or Roman physicians followed the oath faithfully. Throughout classical antiquity, there was widespread support for voluntary death as opposed to prolonged agony, and physicians complied by often giving their patients the poisons they requested.

Since ancient times, Jewish and Christian thinkers have opposed suicide as inconsistent with the human good and with responsibilities to God. In the 13th century, Thomas Aquinas supported Catholic teaching about suicide in arguments that would shape Christian thought about suicide for centuries. Aquinas condemned suicide as wrong because it contravenes one's duty to oneself and the natural inclination of self-perpetuation and since it injures other people and the community of which the individual is a part and because it violates God's authority over life, which is God's gift. This position exemplified attitudes about suicide that prevailed from the Middle Ages through the Renaissance and Reformation.

In the mid-1800s, the use of morphine to treat "the pains of death" emerged, with John Warren recommending its use in 1848. A similar use of chloroform was revealed by Joseph Bullar in 1866. However, in neither case was it recommended that the use should be to hasten death.

That in all cases of hopeless and painful illness, it should be the recognized duty of the medical attendant, whenever so desired by the patient, to administer chloroform or such other anaesthetic as may by-and-by supersede chloroform – so as to destroy consciousness at once, and put the sufferer to a quick and painless death; all needful precautions being adopted to prevent any possible abuse of such duty; and means being taken to establish, beyond the possibility of doubt or question, that the remedy was applied at the express wish of the patient. —*Samuel Williams (1872), Euthanasia Williams and Northgate: London*⁵

Behavioral Science

Proponents of legalizing of physician assisted suicide argue that the practice is ethically justifiable because it can alleviate prolonged physical and emotional sufferings associated with debilitating terminal illness. Opponents claim that legally sanctioned lethal prescriptions might destroy any remaining desire to continue living - a sign of society having given upon the patients. Ultimately arguments rest on differing opinions regarding the effect of this policy on the patients' wellbeing. The challenge, then, is to determine how legalization of physician assisted suicide would affect the wellbeing of terminally ill patients and their medical decision making ⁶.

Looking at the question from an expected utility perspective suggests that given the option to terminate their own life, terminal patients will decide how long they want to live by comparing the value they expect to gain from rest of their lives to the expected intensity of their suffering. At the point where future utility is expected to be negative and so intolerable that living any longer is not worth the cost - the patient would choose to end life if the option was so available.

The critical point from this perspective is that patients choose the amount of time they are willing to continue living with their illness, which will depend on how quickly they deteriorate. If the rate of deterioration is slower than expected, then patients should delay terminating their lives; if the rate of deterioration is faster than expected, patients desire to end their lives quicker. But now let us say that patients have been prescribed lethal medication and have the option of ending their lives at any point of their choosing. Being given the option to determine the time of our own death can transform patients from powerless victims of their illness to willing survivors of it. Together, the importance of feeling in control and the ability to reduce (but not eliminate) uncertainty about rate of deterioration adds an interesting new dimension to the underlying ethical debate and seems to provide credence to the benefits of legalized physician-assisted suicide.

Some form of Euthanasia is legal in Belgium, Luxembourg, The Netherlands, Switzerland and the US's state of Oregon and Washington. It seems that the legislators started responding to the needs of terminally ill patients. Importantly, the legalized use of voluntary Euthanasia in this jurisdiction is not out of control as has been claimed by those opposing voluntary Euthanasia. Interestingly, but not surprisingly, the rate of Euthanasia in the Netherlands has decreased rather than increased because inter alia, people are aware that a voluntary euthanasia, and suicide by premature access of more drastic and less dignified options, is not required.

Economic Argument

The reading speech for the euthanasia laws act by Kevin Andrews (MP) referred to economic pressure on terminally ill patients, but not in a way that reflects a tight monetary situation. Is it preferable to pay \$5000 to

\$6000 on average for a person in the terminal stages of their life even if they want to die, rather than spending this on, say a younger person who is badly injured and wants to live.

In India, 87% of the health sector expenditure comes from the private sector funding and private healthcare facilities are expensive and not everyone can afford it. This definitely puts financial pressure on the family of the patient.⁷

The Human Factor

These people must be treated in a humane and compassionate way. But for some people drugs do not provide a good quality of life, and they may suffer from continuous pain, discomfort or loss of dignity. Therefore, some people would like to choose the option of Euthanasia rather than taking medicines for lifetime.

To deny terminally ill patients the right to Euthanasia is to condemn them to a miserable existence, against their wishes and best interests. It is difficult to establish any difference in moral character between someone, who denies a legitimate request for voluntary Euthanasia, and who subsequently watches that person die a slow and a painful death like someone watching a cancer –ridden pet writhe in agony without putting it down. Most people - around 80 per cent - would argue that if you are terminally ill, are of sound, mind not clinically depressed, and choose Euthanasia, then it is morally right⁸.

For acts like voluntary Euthanasia that affect directly on an individual, and only an individual, the moral and humane thing to do is what is right for that individual. Voluntary Euthanasia is moral and humane because it is what the individual wants, and the gist of above analogies is that not providing the option of voluntary Euthanasia in the above situations is inhumane and callous. In our society the prevention of suffering and dignity of the individual should be the uppermost on the minds of those caring for the terminally ill. When quality of life is more important than quantity, voluntary Euthanasia is good option.

Conclusion

Euthanasia is an exceedingly emotive and delicate subject, causing debate and errors. In spite of its regular presentation out in the open media and in scholastic writing, it doesn't mirror an unmistakable arrangement of ideas and definitions. Killing civil arguments frequently twist up deficiently shaped and inadequate, causing more disappointment than arrangements. One can expect that the discussion encompassing great passing as an existential, sincerely delicate and ethically combative talk will keep on being a genuine social and lawful challenge. The foundation of the quandary is that independence and individual rights must be advanced with the goal that an individual can settle on the decision about his or her own particular life and demise, while the privilege to life must be firmly ensured. The response to a considerable measure numerous inquiries which are left unanswered bringing about equivocalness, should be contemplated over. An undeniable law on this touchy issue is of critical need today, talking a wide range of alert and care remembering the interminable philosophy, culture and normal and physical sensibility of our nation where religion is the indispensable and unavoidable wellspring of life.

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