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LIST OF CONTRIBUTORS

1. **IDOWU WILLIAM, Ph.D**
Professor, Department of Philosophy, Obafemi Awolowo University,
Ile-Ife, Osun State, Nigeria.
2. **HANAFI A. HAMMED, ESQ**
Faculty of Law, Kogi State University, Anyigba, Kogi State, Nigeria.
3. **SAM NNAMANI, LL.B (Hons), B.L., LL.M.**
Department of International Law & Jurisprudence, Faculty of Law
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State, Nigeria.
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5. **AKAA T. IMBWASEH, LL.B (HONS), LL.M, Ph.D, BL**
Dean Faculty of Law Benue State University, Makurdi, Benue State,
Nigeria.
6. **MUHAMMED TAWFIQ LADAN, Ph.D**
Professor, Department of Public Law, Ahmadu Bello University, Zaria,
Nigeria.
And
YUSUF DANKOFA, Ph.D
Head, Department of Public Law, Ahmadu Bello University, Zaria,
Nigeria.
7. **ABDULRAHEEM NIMAH MODUPE, LL. B (Hons); BL; LL. M; Ph. D**
Senior Lecturer, Department of Jurisprudence and International Law,
Faculty of Law, University of Ilorin, Kwara State, Nigeria
and
R. K. SALMAN, LL. B (Hons); BL; LL. M; Ph. D
Senior Lecturer, Litigation Department, Nigerian Law School, Lagos
Campus., Lagos State, Nigeria.
- A.B. ABDULKADIR, LLM (UNILORIN), LL.B, BL.**
Department of Public law, Faculty of Law, University of Ilorin, Kwara

THE RIGHT TO DIE: HOW FAR RIGHT? ISLAM AND OTHER RELIGIOUS RESPONSES

BY

A.B. ABDULKADIR, LL.M, LL.B, BL.

Department of Public law, Faculty of Law,
University of Ilorin, Kwara State, Nigeria.

1.1 Introduction

Euthanasia means an easy, quiet and painless death in a procedure that involves the deliberate ending of the life of a patient with incurable or terminal illness either initiated by the patient, privy or the doctor in charge.¹

The fear of death is powerful. Yet even more powerful can be the fear of not dying, or living a full life of pointless suffering.² From the fear, stems the belief that we should be masters of our fate³. This then brings about the imaginary right to terminate one's life through euthanasia or physician assisted suicide.⁴

The right to terminate one's life poses a lot of questions, tensions and contradictions considering the notions fact that the God is the giver and taker of life and that medical doctors will be playing God if they

¹ Euthanasia, practice of mercifully ending a person's life in order to release the person from an incurable disease, intolerable suffering, or undignified death. The word *euthanasia* derives from the Greek for "good death" and originally referred to intentional mercy killing. When medical advances made prolonging the lives of dying or comatose patients possible, the term *euthanasia* was also applied to a lack of action to prevent death. Active euthanasia involves painlessly putting individuals to death for merciful reasons, as when a doctor administers a lethal dose of medication to a patient. Passive euthanasia involves not doing something to prevent death, as when doctors refrain from using an artificial respirator to keep alive a terminally ill patient. In voluntary euthanasia, a person asks to die (by either active or passive euthanasia). Non voluntary euthanasia refers to ending the life of a person who is not mentally competent to make an informed request to die, such as a comatose patient.

² Beauchamp, Tom L. "Euthanasia." Microsoft Student 2008 [DVD] : Microsoft Corporation, 2007.

³ Ibid.

⁴ Ibid.

are to end the life of a willing terminally ill patient.⁵ However, the right to life still remains the most fundamental of all Human rights because all other rights can only be exercised by a person who is alive.⁶

Euthanasia differs from assisted suicide, in which a patient voluntarily brings about his or her own death with the assistance of another person, typically a physician. In this case, the act is a suicide (intentional self-inflicted death), because the patient actually causes his or her own death.⁷

⁵ Following traditional religious principles, Western laws have generally treated the act of assisting someone in dying as a form of punishable homicide (unlawful killing). However, in modern times laws have become more secular. Those who wish to legalize euthanasia have argued that, under principles of individual liberty (such as those expressed in the Constitution of the United States), individuals have a legal right to die as they choose. Most countries (including the United States), however, have not fully adopted this position and retain restrictions on euthanasia. The first organizations to promote the legalization of voluntary euthanasia in the United States and Great Britain formed in the 1930s. For several decades these organizations remained small and had little impact. However, in the late 1970s the pro-euthanasia movement gained significant momentum after a highly publicized incident in the United States. In 1975 a 21-year-old woman named Karen Ann Quinlan suffered a respiratory arrest that resulted in severe and irreversible brain damage and left her in a coma. Several months later, after doctors informed them that their daughter's recovery was extremely unlikely, Quinlan's parents requested that artificial means of life support be removed. The hospital refused this request. After a lengthy legal battle, in 1976 the Quinlans obtained a court order allowing them to remove the artificial respirator that was thought to be keeping their daughter alive. The New Jersey Supreme Court ruled that the Quinlans could disconnect the device so that the patient could "die with dignity." This decision spawned increased discussion of the scope of patients' rights to control their death. (Although the respirator was removed in 1976, Quinlan began to breathe on her own. She lived until 1985 without ever regaining consciousness.)

⁶ For example, section 33 of the 1999 constitution of the federal Republic of Nigeria provides that every person has a right to life and no one shall be deprived intentionally of his life. Article 4 of the African Charter corroborates the above proviso as it also provides that Human beings are inviolable, every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of his or her right.

⁷ The term *assisted suicide* may also refer to the act of providing an individual with the means to commit suicide, knowing that the recipient plans to use these means to end his or her own life. If a doctor provides medications or other means of committing suicide with the understanding that a patient may intentionally use them to end his or her own life, this act is referred to as physician-assisted suicide. The remainder of this article deals primarily with physician-assisted suicide.

Assisted suicide also differs from euthanasia, in which a person other than the patient ends the patient's life as painlessly as possible for merciful reasons. Euthanasia may be active, such as when a doctor administers a lethal dose of medication to a patient, or passive, such as when life-sustaining treatment is withheld or removed. In either case, someone other than the patient is the final cause of the patient's death. Assisted suicide⁸ involves a more direct action by the person who dies than does euthanasia.⁹ For example, in a case of assisted suicide,

⁸ Assisted Suicide, a person's voluntary suicide with help from another individual. A suicide is an intentional, self-caused death. Individuals who elect to kill themselves with the assistance of another person typically have an incurable illness or are experiencing extreme physical suffering.

⁹ Since ancient times philosophers have contemplated the concept of a merciful and acceptable death. However, individual choice in dying did not become a widespread social issue and legal concern until recently. As technological advances in medicine have enabled doctors to keep patients alive for longer periods of time, legal rights to forgo medical intervention have developed. Although a mentally competent patient's right to refuse treatment is now widely accepted, until the 1970s physicians and lawmakers disputed the propriety and legality of treatment refusal. Doctors typically assumed control over a patient's length of hospitalization and type of treatment. Often no serious discussion of alternatives took place. A patient who refused a useful life-sustaining treatment was considered to have requested something medically unacceptable. This view changed during the 1970s, when the right to refuse treatment was established by various court cases. Today the dispute over patient autonomy extends beyond the right of treatment refusal to issues of active euthanasia and assisted suicide. People who believe that assisted suicide should be legalized maintain that individuals should have control over the timing and manner of their own deaths. Some argue that actively bringing about one's death is no different legally than refusing life-sustaining treatment. However, opponents contend that legalizing assisted suicide will cause many problems. They fear that vulnerable individuals may be coerced into suicide as a result of financial pressure or fear of burdening their families. Religious opposition to assisted suicide is often based on the belief that God, not humans, should make the choices regarding death. The legalization of assisted suicide has been a subject of intense public debate. In the early 1990s, the actions of retired Michigan pathologist Jack Kevorkian brought extensive attention to the issue. Kevorkian began to help suffering individuals end their lives with a "suicide machine" he designed. The device administered an anesthetic and then a lethal injection of potassium chloride through an intravenous line. Although prosecutors in Michigan have charged Kevorkian for various crimes, juries consistently refused to convict him for his assistance in the deaths of numerous individuals. However, in 1999 a jury found Kevorkian guilty of second-degree murder and delivery of a controlled substance. In this case Kevorkian himself administered lethal drugs to an incurably ill person who Kevorkian indicated had asked to be put to death. Kevorkian was sentenced to 10 to 25 years imprisonment.

although a physician may prescribe a lethal dose of medication, the patient administers the medication to himself or herself.¹⁰

This paper examines in detail the nature and scope of the concept of euthanasia, its types, and argument for and against the practice of euthanasia, the practice in some jurisdictions and position of Islam and other religious on the practice.

1.2 Nature and Scope of Euthanasia

Euthanasia has been accepted in some forms by various groups or societies throughout history.¹¹ In ancient Greek and Rome helping others die or putting them to death was considered permissible in some situations. For example, in the Greek city of Sparta newborns with severe birth defects were put to death. Voluntary euthanasia for the elderly was an approved custom in several ancient societies.¹²

¹⁰ Some people who face acute illness wish to refuse treatments offered by doctors, even if refusing such treatment may cause them to die. Like people who commit suicide, patients who refuse treatment often intend to end their lives because of their grim prospects for a healthy recovery. On the other hand, many people who desire assisted suicide seek relief from their suffering and do not seek death as an end in itself. Therefore, distinguishing a suicide from a refusal of treatment merely by the patient's intention can be difficult. Nonetheless, the belief that those who commit suicide with a physician's assistance are in a very different category from those who simply refuse treatment is widely held.

¹¹ The first organizations to promote the legalization of voluntary euthanasia in the United States and Great Britain formed in the 1930s. For several decades these organizations remained small and had little impact. However, in the late 1970s the pro-euthanasia movement gained significant momentum after a highly publicized incident in the United States. In 1975 a 21-year-old woman named Karen Ann Quinlan suffered a respiratory arrest that resulted in severe and irreversible brain damage and left her in a coma. Several months later, after doctors informed them that their daughter's recovery was extremely unlikely, Quinlan's parents requested that artificial means of life support be removed. The hospital refused this request. After a lengthy legal battle, in 1976 the Quinlans obtained a court order allowing them to remove the artificial respirator that was thought to be keeping their daughter alive. The New Jersey Supreme Court ruled that the Quinlans could disconnect the device so that the patient could "die with dignity." This decision spawned increased discussion of the scope of patients' rights to control their death. (Although the respirator was removed in 1976, Quinlan began to breathe on her own. She lived until 1985 without ever regaining consciousness.)

¹² In the early 1990s the decision of *Nancy B. v. Hotel-Dieu de Quebec* in Canada played a similar role in promoting public awareness of the issues surrounding euthanasia. In this case, a young woman paralyzed as a result of the rare disease known as Guillain-Barré syndrome wished to have the artificial breathing mechanism that kept her alive disconnected. Concluding that su

However, as Christianity developed and grew powerful in the West, euthanasia became morally and ethically abhorrent and was viewed as a violation of God's gift of life. Today most branches of Christianity, Judaism, and Islam condemn active euthanasia, although some permit restricted forms of passive euthanasia.

Euthanasia and assisted suicide have their roots in the beliefs and practices of the ancient Romans and Greek.¹³ To them, euthanasia did not imply the hastening of death. Their focus was on whether or not the person died a painless death. They put a great deal of importance on dying good death.¹⁴ The Greek and Romans found the compassion needed when dealing with those who are terminally ill. They allowed them the least painful release from their present situation which was filled with a general feeling of discomfort and pain.¹⁵

The Romans and Greeks had a great sympathy toward the act of euthanasia, provided it was done for the right reason, for example to end suffering during a terminal disease.¹⁶ They found a tolerance of the freedom to leave which permitted the sick and dying to end their lives.¹⁷

For over 700 years, the Anglo-American common law tradition has punished or otherwise disapproved any form of assisting suicide. In the 13th century, Henry de Bracton¹⁸, one of the first legal treatise writers, observed that '*just as a man commit felony by slaying another so may he do by slaying himself*'. The real and personal property of one who

refusal of treatment was permissible, in January 1992 a Québec superior court judge authorized the woman's physician to remove the respirator.

¹³ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay, faculty of law, University of Ilorin, Nigeria. Pp.12.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Bracton, Laws and Custom of England 423 (f. 150)

killed himself to avoid conviction and punishment for a crime were forfeit to the king.¹⁹

Other late medieval treatise writers followed and restated Bracton²⁰. By the mid 16th century, the court at Common Bench observed that 'suicide is an offence against Nature, against God and against the King..... To destroy one's self is contrary to Nature and a thing most horrible.'²¹

Centuries later, Sir William Blackstone²² whose commentaries on the laws of England not only provided a definitive summary of the Common law but was also a primary legal authority for 18th and 19th century American lawyers, referred to suicide as 'self murder'²³.

Overtime, however the American colonies abolished these harsh common law penalties. Zephaniah Swift²⁴, who later become the Chief Justice of Connecticut, where in 1776 opined that 'there can be no greater cruelty than the inflicting of a punishment as the forfeiture of good, which must fall solely on the innocent offspring of the offender.'²⁵

Though deeply rooted, the state's assisted suicide bans have in recent years been re-examined and generally reaffirmed. This is because of advances in medicine and technology. A lot of people today are increasingly likely to die in institutions from chronic illnesses.

Public concern and democratic action are therefore sharply focused on how best to protect dignity and independence at the end of life, with the result that there have been many significant changes in state laws

¹⁹ Ibid.

²⁰ The earliest American Statute explicitly to outlaw assisting suicide was enacted in New York in 1828, and many of the new states and territories followed New York's example. In this country, the model penal code also prohibited aiding suicide, prompting many states to enact or revise their assisted suicide bans. The codes drafters observed that the interests in the sanctity of life that are represented by the homicide laws are threatened by one who expresses willingness to participate in taking the life of another, even though the act may be accomplished with the consent or at the request of the suicide's victim.

²¹ See *Hales v Petit* 75 Eng. Rep 387, 400 (1561-1562)

²² William Blackstone, *Commentaries on the laws of England* (189-190)

²³ Ibid.

²⁴ Swift .Z., *A Digest of the laws of the State of Connecticut* 304 (1796)

²⁵ Swift .Z., *A Digest of the laws of the State of Connecticut* 270 (1823)

and in the attitudes these laws reflect.²⁶ Many states in American for example, now permit living wills surrogate health care decision making and the withdrawal or refusal of life sustaining medical treatment.²⁷

Euthanasia like any other practice, developed overtime from a stage of explicit prohibition²⁸ to the recent stage of full acceptability in some

²⁶ See *Vacco v. Quill* 79f. 3d, at 818-820.

²⁷ Laws in the United States and Canada maintain the distinction between passive and active euthanasia. While active euthanasia is prohibited, courts in both countries have ruled that physicians should not be legally punished if they withhold or withdraw a life-sustaining treatment at the request of a patient or the patient's authorized representative. These decisions are based on increasing acceptance of the doctrine that patients possess a right to refuse treatment. Until the late 1970s, whether or not patients possessed a legal right of refusal was highly disputed. One factor that may have contributed to growing acceptance of this right is the ability to keep individuals alive for long periods of time—even when they are permanently unconscious or severely brain-damaged. Proponents of legalized euthanasia believe that prolonging life through the use of modern technological advances, such as respirators and kidney machines, may cause unwarranted suffering to the patient and the family. As technology has advanced, the legal rights of the patient to forgo such technological intervention have expanded. Every U.S. state has adopted laws that authorize legally competent individuals to make *advanced directives*, often referred to as living wills. Such documents allow individuals to control some features of the time and manner of their deaths. In particular, these directives empower and instruct doctors to withhold life-support systems if the individuals become terminally ill. Furthermore, the federal Patient Self-Determination Act, which became effective in 1991, requires federally certified health-care facilities to notify competent adult patients of their right to accept or refuse medical treatment. The facilities must also inform such patients of their rights under the applicable state law to formulate an advanced directive. Patients in Canada have similar rights to refuse life-sustaining treatments and formulate advanced directives. Only one U.S. state, Oregon, has enacted a law allowing physicians to actively assist patients who wish to end their lives. However, Oregon's law concerns assisted suicide rather than active euthanasia. It authorizes physicians to prescribe lethal amounts of medication that patients then administer themselves. In response to modern medical technology, physicians and lawmakers are slowly developing new professional and legal definitions of death. Additionally, experts are formulating rules to implement these definitions in clinical situations for example, when procuring organs for transplantation. The majority of states have accepted a definition of brain death the point when certain parts of the brain cease to function as the time when it is legal to turn off a patient's life-support system, with permission from the family.

²⁸ About 400 B.C, the Hippocratic Oath, which represent the medical doctors professional oath provide that " I will give no deadly medicine to anyone if asked, nor suggest any such counsel. 14th through 20th century, the England common law tradition punished and disapproved of both suicide and assisted suicide. In the 20th century United States due to advances in

places, while some other societies are giving it some little considerations by amending laws that generally used to prohibit it.²⁹ An example of this is the permission of living will in many states in the USA.³⁰

In 1920, the book "*Permitting the destruction of life not worthy of life*" was published. In this book, authors Alfred Hoche, M.P a professor of Psychiatry at the University of Freiburg, and Karl Binding,³¹ a Professor of law from the University of Leipzig, argued that patients who ask for death sentence should under very controlled condition, be supported obtain it from a physician³². This book helped support involuntary euthanasia by Nazi Germany. This indeed marks the starting point in the agitation for Euthanasia.

1.3 TYPES AND NOTABLE CASES ON EUTHANASIA

For the purpose of analyzing the types of euthanasia, the writer seeks to put these different concepts under the two headings of (a) the doctor's involvement and (b) the patient's involvement.

A. The Doctor's Involvement

The doctor's involvement could be through (1) administering lethal treatment (2) withholding life-sustaining support; (3) withdrawing life-sustaining support; or (4) assisting the patient to administer lethal treatment (physician-assisted suicide).³³

This four-fold classification of the doctor's action cut across the distinction that is often drawn between actively taking steps to end life (such as administering a lethal injection or giving the patient the

medicine and technology, public concern and democratic action become sharply focused on the protection of dignity and independence at the end of life.

²⁹ See *people v. Kevorkian* 447 Mich. 436, 478-480.

³⁰ *Ibid.*

³¹ Lawal, A.H., *The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study)* LL.B Long Essay faculty of law, University of Ilorin, Nigeria. Pp.

16.

³² *Ibid.*

³³ Shaun D. Pattison, *Medical law and Ethics* (1st ed.) 479-504.

means of doing so)³⁴ and passively withdrawing or withholding treatment such as removing or not attaching a patient to a ventilator. Sometimes, this distinction is expressed as killing and letting die or as active and passive euthanasia.³⁵

This four-fold classification relies on the distinction often drawn between the doctor providing assistance with the preparatory steps for ending life (such as giving a patient drugs with which he can commit suicide) and the doctor actually executing the life-ending action himself (such as administer a lethal injection or removing a ventilator).³⁶ This is procedural distinction between the drawing of which will facilitate discussion on the ethical and legal debate³⁷.

A patient's life could be shortened by the deliberate administration of life shortening treatment or by the deliberate provision of assistance for patient to self-administer lethal treatment. The law on these issues is straight forward. The doctor commits murder if he causes a patient's death by actively intervening with the sole intention of killing the patient.³⁸

The doctor commits at least a criminal offence under the law if a patient successfully takes his own life with the doctor's assistance.³⁹ The underlying ethical issue is that should a doctor be allowed to administer anything other than treatment designed to cure a patient

³⁴ Ibid.

³⁵ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay faculty of law, University of Ilorin, Nigeria. Pp.47.

³⁶ Ibid.

³⁷ Ibid.

³⁸ However, in *R v Woolin*, the House of Lords outlined the requirements of murder in such a way that they fit uneasily with the doctrine of double effect, giving the leading judgement. Lord Steyn cited and applied a direction given by Lord Lane in *R v Nedrick* that the defendant recognizes that death or serious harm would be virtually certain to result for his voluntary act.....may find it easy to infer that he intended to kill or to do serious bodily harm, even though he may not have had any desire to achieve that result.

³⁹ See *R v. Adams* [1957] Criminal Law Review 365.

and palliative care⁴⁰ (that is, care mitigating the patient pain and discomfort but lacking curative effect).

In *R. V. Cox*⁴¹, Dr. Cox was faced with an elderly patient who repeatedly begged him and he then ends her life. She was suffering from a disease which was causing her extreme pain against which conventional pain-relief was proving to be ineffective.⁴² He administers a lethal dose of potassium chloride, a drug that stops the heart but has no therapeutic or pain relieving value. Since she was terminally ill and her body had been cremated, it was difficult to prove that the injection had killed her⁴³. Dr. Cox was therefore charged with attempted murder. He was convicted and given a 12 month suspended prison sentence. It might have been a different story if Dr. Cox's choice of life shortening drug had had pain-relieving or therapeutic value.⁴⁴

The continued criminalization of assisted suicide under section 2 (1) of the **Suicide Act**⁴⁵, remains an ethical controversy. However, in law, a patient who refuses life-sustaining treatment is not treated as

⁴⁰ See *R v. Nedrick* [1986] 1 W.L.R. 1025, 1028.
⁴¹ [1992] 12 BMLR 38.

⁴² Patients sometimes seek not to refuse life-prolonging treatment, but to make a (contemporaneous or advance) demand that it be administered. The court will not compel a doctor to act against his clinical judgement. The issue came before Munby J and then the court of appeal in *R (Burke) v GMC*. Mr Burke was a patient with a degenerative brain condition that would eventually remove his ability to swallow and require him to receive nutrition and hydration by tube if he is to survive. He sought to challenge the legality of the General Medical Council guidance, which he reads as permitting doctors to withdraw artificial nutrition and hydration from him against his will. Munby J. Issue declaration to the effect that patients with capacity were said to have the right to assist on receiving ordinarily available life prolonging treatment, so that Mr. Burke was entitled to insist the provision of artificial nutrition and hydration for at least those stages of his illness in which he remained aware of his surroundings.

⁴³ In *R v. Chard*, a teenager was acquitted of aiding and abetting the suicide of a terminally ill friend to whom he had give paracetamol tablets, after the judge noted that more was required than providing someone with an option of taking her own life. One may conclude that, where a doctor is charged with the offence (PAS), much will turn on the judge's view of the relevant facts and his consequent sense of direction in reaching decision.

⁴⁴ See *Re T* [1993] Fam. 95, 117 (Butler Sloss LJ)

⁴⁵ See the **Suicide Act**, 1961.

committing suicide. And in *Bland's case*⁴⁶, Lord Goff emphasized that when a patient is refusing treatment there is no question of the patient having committed suicide, nor therefore of the doctor having aided or abetted him in doing so.⁴⁷ It is simply that the patient has, as he is entitled to do,⁴⁸ decline to consent to treatment which might or would have the effect of prolonging his life, and the doctor has, in accordance with his duty, complied with his patient's wishes.⁴⁹

Therefore, a doctor who complies with a valid refusal of treatment is not viewed as actively ending or assisting in the ending of a patient's life and is, in fact required to comply with a capacitated patient's wishes.⁵⁰

B. Patient's Involvement

Distinction can also be drawn with regard to the involvement of the patient. There are situations where the patient is apparently competent to consent or withhold consent and situation where the patient apparently lacks such competence,⁵¹ where steps are taken to end the life of competent patient, these can be taken either with the patient's consent or against the patient's will. This is sometimes expressed as distinction between voluntary and involuntary euthanasia⁵².

Where the patient appears to have requested that action be taken to end his life or that life-saving treatment be stopped with full knowledge that his will lead to his death, explains what voluntary euthanasia is.⁵³ Involuntary euthanasia is when a patient's life is ended

⁴⁶ [1993] A.C. 789, 864.

⁴⁷ *Ibid.*

⁴⁸ See *St. George's Healthcare NHS Trust v. S.* [1999] Fam. 26.

⁴⁹ *Re B* [2002] EWCH 429.

⁵⁰ *Ibid.*

⁵¹ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay faculty of law, University of Ilorin, Nigeria. Pp.47.

⁵² *Ibid.*

⁵³ *Ibid.*

without the patient knowledge.⁵⁴ This may mean that the patient is kicking and screaming and begging for life, but in practice it usually means that the patient is unconscious, unable to communicate, or is too sick and weak to be aware of what is happening or to take any action on his own behalf.⁵⁵

Where the patient appears to lack the competence to participate in an end of life decision, the decision to end the patient's life is often referred to as non-voluntary euthanasia⁵⁶. Non-voluntary euthanasia captures those situations where the patient is simply not capable of understanding the choice between life and death.⁵⁷

Life prolonging treatment could be rejected by the patient either for the present time (contemporaneous refusal) or for a future time the patient expects to have lost capacity (an advance refusal). Conversely, a patient could make a contemporaneous or advance direction that a particular type of treatment is to be administered.⁵⁸ In addition, a patient who expects to lose capacity could seek to appoint a substitute decision maker (an appointed proxy) tasked with the responsibility for

⁵⁴ James Rachel made a case for active euthanasia against passive euthanasia. According to her, active euthanasia is in many cases human, as being allowed to die. Can be relatively painful and slow, whereas being given a lethal injection is relatively quick and painless. Also she noted that the conventional doctrine of passive euthanasia rests upon the distinction between killing and letting die that itself has no moral importance.

⁵⁵ Ibid.

⁵⁶ Derek Humphrey, a former journalist who founded the Hemlock society, in 1980 after seeing the pain and suffering his first wife experienced when she died of cancer, has written several books on the subject of voluntary euthanasia, including *Jean's way* (1978); *The practicalities of self-deliverance and Assisted suicide for the dying* (1991) and *Lawful exist: The limits of freedom for help in dying* (1993) which contains Humphrey's recommendation for legislation that would legalize PAS and active voluntary euthanasia. In his word, the right to choose to die is the ultimate civil liberty.

⁵⁷ The face turned to euthanasia by human rights is usually that of the right to self determination. Glanville Williams noted in Pages 69 of his book on criminal law that although this right is inherent in the common law, it seems still to be unfamiliar to English Judges. He posited that a person has an absolute right to refuse medical treatment and even an adult patient who is non conscious in the terminal stages of an illness, cannot be given treatment that he is known to have rejected when in full possession of his faculties.

⁵⁸ See *Airedale NHS Trust v. Bland* (1993) A.C. 789.

deciding when future treatment should be refused or tasked with the responsibility for interpreting the instruction that the patient leaves.⁵⁹

The courts have repeatedly declared that an adult with capacity has an absolute right to refuse medical treatment, even where this will result in death.⁶⁰ In fact, the failure to respect a free and informed refusal given by a patient with capacity will constitute both the tort of trespass and the crime of assault.⁶¹ A patient dying of heart disease is entitled to refuse to continue taking anti-biotic to combat a life-threatening infection, no matter how strongly they are recommended by his doctor. The House of Lords in *Bland's case*⁶² confirmed that complying with a valid refusal of medical treatment is not unlawful⁶³ act but is legally required.⁶⁴

In *Ms B's case*⁶⁵, the rupture of a blood vessel in her neck had paralysed from her neck down and in need of a ventilator to breathe. While her life expectancy remained normal, there was no real prospect of recovery. The doctors refused to comply with her request for ventilator to be removed. Ms B was left with no alternative but to apply to the High Court for a declaration. **Butler Sloss P**, reiterated the now well established principle that an adult with capacity is entitled to refuse all life prolonging medical treatment. Completely satisfied the

⁵⁹ Ibid.

⁶⁰ Re T (n) 44.

⁶¹ Re AK (2001) 1 F.L.R. 129.

⁶² [1993] A.C. 789, 864.

⁶³ The fact of *Bland's case* goes as follows. In 1989 Anthony Bland, then aged 17, was injured in the Hillsborough stadium disaster suffering irreversible brain damage and thereafter was in a persistent vegetative state (PVS) no cognitive function, no sight, hearing, capacity to feel pain, move his limbs or communicate in any way. Being unable to swallow, he was fed by naso-gastric tube. Repeated infections were treated by antibiotics. The consensus of medical opinion was that there was no hope of his improvement or recovery. On the application (with the support of Bland's parents) of the Airedale NHS Trust, in whose hospital Bland was a patient, Sir Steeph Brown P granted declaration that the trust might lawfully discontinue all life sustaining treatment including ventilation, nutrition and hydration by artificial means and that they can discontinue medical treatment except for the purpose of enabling Bland to die peacefully with the greatest dignity and least distress.

⁶⁴ Ibid.

⁶⁵ [2002] EWHC 429.

plaintiff had capacity, the presiding judge declared that continued ventilation was unlawful. Ms B was transferred to another hospital where she died after being removed from ventilator.⁶⁶

Our focus had been on voluntary end of life made by those who have competence and capacity. It is therefore pertinent at this stage to examine the stands of that patient in permanent/ persistence vegetative state (that is patient who are not competent to decide their fate).

In the UK, like any other place in the world, there are between 1000 and 1500 diagnosed as being in a vegetative state from which they are not expected to recover. They suffered serious brain damage, which deprived them of the capacity for consciousness. Such patients are believed to be unable to see, hear, taste, smell or feel pain. Yet their brain stem continues to function, their heart continues to breathe, they sleep, they wake, and some even appears to smile and frown. And with adequate care, the patient can remain in a vegetative state for years or even decades.

Patient who have been in such a wakeful state of unconsciousness for a sustained period of time were first described as being in persistent vegetative state over thirty years ago. After a vegetative state has persisted for a certain length of time, modern practice is to describe it as permanent to signify a prognosis of irreversibility.⁶⁷

In 1994, the multi-society Task Force in the United States⁶⁸ declared that it was reasonable to assume a permanent vegetative state (hereafter PVS) after one year in traumatic cases and after six months in non-traumatic. The Royal College of Physician has recommended longer period of six months for the latter type case.⁶⁹ According to the

⁶⁶ Ibid.

⁶⁷ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay faculty of law, University of Ilorin, Nigeria. Pp.66.

⁶⁸ Multi Society Task Force on permanent vegetative state 1994 Report.

⁶⁹ Royal College of Physician Working Group 1996.

group, the diagnosis of PVS "may reasonably be made when a patient has been in a continuing vegetative state for more than twelve months or following other cases of brain damage for six months"⁷⁰

In *Herczegfalvy v. Austria*⁷¹, where it was held that a measure that is a therapeutic necessity cannot be regarded as inhuman or degrading. The Court further opined that the withdrawal of treatment from patients in PVS in accordance with a reasonable body of medical opinion is for a purpose in accordance with the best interest of the patient⁷².

1.4 Ethical Concern on Euthanasia

The issue of euthanasia raises ethical questions for physicians and other health-care providers. The ethical code of physicians in the United States has long been based in part on the Hippocratic Oath,⁷³ which requires physicians to do no harm. However, medical ethics are refined over time as definitions of harm change.⁷⁴ Prior to the 1970s, the right of patients to refuse life-sustaining treatment (passive euthanasia) was controversial. As a result of various court cases, this right is nearly universally acknowledged today, even among conservative bioethicists.⁷⁵

The controversy over active euthanasia remains intense, in part because of opposition from religious groups and many members of the legal and medical professions. Opponents of voluntary active euthanasia emphasize that health-care providers have professional obligations that prohibit killing⁷⁶. These opponents maintain that active euthanasia is inconsistent with the roles of nursing, care giving,

⁷⁰ Ibid.

⁷¹ [1993] E.H.R.R. 437, 484.

⁷² Ibid.

⁷³ Beauchamp, Tom L. "Euthanasia." Microsoft Student 2008 [DVD] : Microsoft Corporation, 2007.

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Smith Stephen W, Evidence for the Practical Slippery Slope in the Debate on Physician assisted Suicide and Euthanasia (2005) 77.

and healing. Opponents also argue that permitting physicians to engage in active euthanasia creates intolerable risks of abuse and misuse of the power over life and death.⁷⁷ They acknowledge that particular instances of active euthanasia may sometimes be morally justified. However, opponents argue that sanctioning the practice of killing would, on balance cause more harm than benefit.⁷⁸

The dominant approach of opponents of PAS (physician assisted suicide) and VLT (voluntary lethal treatment)⁷⁹ is to appeal to the allegedly harmful consequences of legalization. One fear is that of abuse, whereby PAS and VLT will take place without proper informed consent,⁸⁰ because patients will be coerced, their mental illness or incompetence will be overlooked, or optimal palliative care will not be offered or available.⁸¹

Other fears are directed at the wider consequences of allowing PAS and VLT⁸², such as the likelihood that psychological distress will be caused to surviving family members or to patients who fear that their doctor will kill their will.⁸³

Supporters of voluntary active euthanasia maintain that, in certain cases, relief from suffering (rather than preserving life) should be the primary objective of health-care providers⁸⁴. They argue that society is obligated to acknowledge the rights of patients and to respect the decisions of those who elect euthanasia⁸⁵. Supporters of active euthanasia contend that since society has acknowledged a patient's right to passive euthanasia (for example, by legally recognizing refusal

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ The Dutch legislation requires the patient to be suffering unbearable and hopelessly and the Oregon legislation require the patient to be terminally ill.

⁸⁰ For more detail view see Diane Pretty's Case [2001] EWHC Admin 788.

⁸¹ Ibid.

⁸² Lawal, A.H.(n) 67, p. 90.

⁸³ Ibid.

⁸⁴ Beauchamp, Tom L. "Euthanasia." Microsoft Student 2008 [DVD] : Microsoft Corporation. 2007

⁸⁵ Ibid.

of life-sustaining treatment), active euthanasia should similarly be permitted.⁸⁶

When arguing on behalf of legalizing active euthanasia, proponents emphasize circumstances in which a condition has become overwhelmingly burdensome for a patient, pain management for the patient is inadequate, and only a physician seems capable of bringing relief. They also point out that almost any individual freedom involves some risk of abuse and argue that such risks can be kept to a minimum by using proper legal safeguards. Proponents of the legalization of PAS and VLT often appeal to patient autonomy and argue that legalization is required to realize maximal patient autonomy.⁸⁷

Finally the notion whether euthanasia is right or wrong, or whether should be allowed or prohibited rests in the legal system of various country or states.

1.5 International Practices of Euthanasia

Under this heading, the writer shall consider the efforts to change government policies on euthanasia in some countries of the world, where the issue of euthanasia has been raised one time or the other.

In 1995 the **Northern Territory of Australia** became the first jurisdiction to explicitly legalize voluntary active euthanasia. However, the federal parliament of Australia overturned the law in 1997.⁸⁸

In 2001 **The Netherlands** became the first country to legalize active euthanasia and assisted suicide, formalizing medical practices that the government had tolerated for years. Under the Dutch law, euthanasia

⁸⁶ Ibid.

⁸⁷ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay, faculty of law, University of Ilorin, Nigeria. Pp. 89.

⁸⁸ Although it is a crime in most Australia states to assist in euthanasia, prosecution has been rare. In 2002, Nancy Crick a 69 years resident of Queensland ended her life in the presence of twenty family friends and supporters. This was extensively investigated by the police but no charges were laid.

is justified (not legally punishable) if the physician follows strict guidelines.⁸⁹ Justified euthanasia occurs if (1) the patient makes a voluntary, informed, and stable request; (2) the patient is suffering unbearably with no prospect of improvement; (3) the physician consults with another physician, who in turn concurs with the decision to help the patient die; and (4) the physician performing the euthanasia procedure carefully reviews the patient's condition. Officials estimate that about 2 percent of all deaths in The Netherlands each year occur as a result of euthanasia.⁹⁰

In 2002 the parliament of **Belgium** legalized active euthanasia under limited conditions. Like the Dutch law, the Belgian law allows physicians to perform euthanasia only for patients who are suffering unbearably with no hope of improvement. The patient must make a voluntary, well-considered, and repeated request to die, and the request must be put in writing. Other physicians must be consulted to confirm the patient's condition. Additionally, each act of euthanasia must be reported to a government commission for review.⁹¹

In **Albania**, euthanasia was legalized in 1999. It was stated that any form of voluntary euthanasia was legal under the **Right of the terminally ill Act**. Passive euthanasia is considered legal should three or more family members consent to the decision⁹².

In a first step towards legalizing euthanasia, the law commission of **India**, Ministry of Law and Justice has recommended legislation that would permit a terminally ill patient family to request a physician's assistance in euthanasia.⁹³ If the physician agreed, the request would

⁸⁹ The law on euthanasia in Netherlands codified a twenty years old convention of not persecuting doctors who have committed euthanasia in very specific cases, under very specific circumstances.

⁹⁰ Ibid.

⁹¹ The Belgium parliament legalized euthanasia in September 2002. Proponents of euthanasia state that prior to the law, several thousand illegal acts of euthanasia were carried out in Belgium each year. According to the proponents, the legislation incorporated a complicated process which has been criticized as an attempt to establish a bureaucracy of death.

⁹² [http://www.euthanasia.com//care not killing](http://www.euthanasia.com//care%20not%20killing). Accessed on 27 May, 2010

⁹³ [http://www.euthanasia.com//international developments](http://www.euthanasia.com//international%20developments). Accessed on 27 May, 2010.

be considered by a government-appointed committee of three expert physicians, who would have to concur before euthanasia would be allowed.⁹⁴

In Italy, euthanasia remains criminalized. However, public plea is yet to change government policy towards it. In September, 2006, **Piergiorgio Welby** sent a video tape to Italy's president, **Giorgio Napolitano** asking to be granted the right to euthanasia. Welby a 60 years old man suffers from progressive muscular dystrophy and is on a respirator, he is fed by a feeding tube, and communicates through a voice synthesizer. The president responded with a letter saying that he hoped euthanasia would be discussed in parliament.⁹⁵

In Switzerland deadly drug may be prescribed to a Swiss person or to a foreigner, where the recipient takes an active role in the drug administration.⁹⁶

Thailand's National Health Act⁹⁷ has come into force as of 20 March, 2007. The Act contains the provision in relation to euthanasia as follows:

A person shall have the right to express in a written form the intention not to receive the public health service as provided for prolonging the death in the final stage of his or her life or for extinguishing the suffering occurred from illness.⁹⁸

⁹⁴ Ibid.

⁹⁵ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay, faculty of law, University of Ilorin, Nigeria. Pp. 32.

⁹⁶ Article 115 of the Swiss Penal Code which came into effect in 1992 (having being written in 1918), consider assisting suicide a crime if and only if the motive is selfish. Recent debates in Switzerland have focused suicide right for the mentally ill. A decision by a Swiss Federal Supreme Court on November, 3 2006 laid out standards under which psychiatric might terminate their lives which must be for the benefit and safety of the terminally ill person.

⁹⁷ See the National Health Act BE 2550 (2007)

⁹⁸ Ibid.

In the **United Kingdom** euthanasia is illegal. Any person found to be assisting suicide is breaking the laws and can be convicted of assisting suicide or attempting to do so. Although two third of Briton think it should be legal, a recent **assisted dying for the terminally ill** Bill was turned down in the lower political chamber, the House of Common by a 4 to 1 margin. Currently, Dr. Cox is the only British doctor to have been convicted of attempted euthanasia. He was given a 12 month suspended sentence in 1992.⁹⁹

In the **United States**, euthanasia is illegal in most of the United States. Attempt to legalize euthanasia and assisted suicide resulted in ballot initiatives and legislation bills within the United States of American in the last twenty (20) years.¹⁰⁰ However, four states had already legalized it the U.S.¹⁰¹

On December 5, 2008, the Montana¹⁰² State District Court Judge **Dorothy McCarter** ruled in favour of a terminally ill Billing residence who had filed a law suit with the assistance of Compassion and Choices, patience's right group. The ruling state that competent ill patient have the right to self administer lethal doses of medication as prescribed by a physician. Physician who prescribed such medications will not face legal punishment.

Ballot measure 16 in 1994 established the Oregon Death with Dignity Act¹⁰³ which legalizes physician assisted dying with restrictions, making Oregon the first U.S state and one of the first jurisdictions in

⁹⁹ In 1957, Judge Delvin in the trial of DR John Bodkin Adams ruled that causing death through the administration of lethal drugs to a patient, if the intention is solely to alleviate pain is not considered murdered even if death is a potential or even likely outcome.

¹⁰⁰ For example, Washington voters saw Ballot Initiative 119 in 1991, California placed proposition 101 on the ballot in 1992, Oregon passed the Death with Dignity Act in 1997, Michigan included proposal B in their ballot, in 1998 and Washington Initiative 1000 on the ballot in 2008.

¹⁰¹ Margaret Otlowski, voluntary euthanasia and the common law, (Oxford University Press 1997) 175-177.

¹⁰² Montana is the third U.S state to legalize assisted suicide.

¹⁰³ Oregon Blue Book: Initiative, Referendum and Recall: 1988-1995.

the world to officially do so.¹⁰⁴ The law survived an attempted repeal in 1997, which was defeated at the ballot by a 60% vote. And in 2005, the United State Supreme Court ruled 6-3 to uphold the law after hearing argument in the cases of **Gonzales v Oregon**.¹⁰⁵

In 1999, the state of Texas passed the **Texas Futile Care Law**. Under the law, Texas hospital and physicians have the right to withdraw life support measures, such as mechanical respiration, from terminally ill patient when such treatment is conceived to be both futile and inappropriate.¹⁰⁶

1.6 The Major Religious' Positions

A ISLAM

The sanctity of human life is a basic value as decreed by God even before the time of Moses, Jesus and Muhammad (peace be upon him). Commenting on the killing of Abel by his brother Cain (the two sons of Adam), God says in the Quran:

On that account, we ordained for the children of Israel that if any one slays a person, unless it be for murder or spreading mischief in the land, it would be as if he slew the whole people...¹⁰⁷

The Quran also says:

Take not life which Allah made sacred otherwise than in the course of justice.¹⁰⁸

¹⁰⁴ Under the law a capable adult Oregon resident who has been diagnosed by a physician with a terminally illness that will kill him within six months may request in writing from her physician, a prescription for a lethal dose of medication for the purpose of ending the life.

¹⁰⁵ (2006) 546 U.S. 243

¹⁰⁶ Lawal, A.H., The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study) LL.B Long Essay, faculty of law, University of Ilorin, Nigeria 36.

¹⁰⁷ Qur'an 5:32

¹⁰⁸ Qur'an 6:51

There is no right to suicide in Islam. The position is that since we did not create ourselves, we do not own our bodies. We are entrusted with them for care, nurture, and safe-keeping. God is the owner and giver of life and his rights in giving and taking life are not to be violated under any terminal illness. The Quran says:

Do not kill (or destroy) yourselves, for verily Allah has been to you most merciful¹⁰⁹.

The concept of a life not worthy of living does not exist in Islam and so is the justification of taking life to escape suffering. This is corroborated by the position of the Islamic Code of Medical Ethics endorsed by the First International Conference on Islamic Medicine, which holds:¹¹⁰

Mercy killing, like suicide, finds no support except in the atheistic way of thinking that believes that our life on this earth is followed by void. The claim of killing for painful hopeless illness is also refuted, for there is no human pain that cannot be largely conquered by medication or by suitable neurosurgery.....¹¹¹

There is still another Islamic dimension to the question of pain and suffering. Patience and endurance are regarded and rewarded values in Islam. "Those who patiently perseverance will truly receive a reward without measure".¹¹² The Quran further says: "And bear in patience whatever (ill) may be fall you: this behold is something to set one's heart upon"¹¹³.

The argument of the high financial cost of maintaining the incurably ill is a fact that is undoubted. However, the claim by some duty to die group that when the human machine has outlived its productive span

¹⁰⁹ Qur'an 4: 29

¹¹⁰ Islamic Organization of Medical Sciences, Kuwait (1981) 65.

¹¹¹ Ibid.

¹¹² Qur'an 39:10

¹¹³ Qur'an 31:17

its maintenance is an unacceptable burden on the productive stratum of the society¹¹⁴ is completely out of the context of the Islamic doctrine. This logic is completely alien to Islam. In an Islamic clinical setting, the question of euthanasia usually does not arise, and if it does, it is diminished as religiously unlawful.¹¹⁵

The seeking of medical treatment for illness is mandatory in Islam. According to the two saying of the prophet (PBUH): "seek treatment, it is subject of God, for to every illness God has made a cure" and "your body has a right on you". But when the treatment holds no promised, it ceases to be mandatory.¹¹⁶ This applies both to surgical and pharmaceutical measures, and according to a majority of scholars, ordinary life needs which are not categorized as treatment are regarded differently and these include food and drink and ordinary nursing care, and they are not to be withheld as long as the patient lives.¹¹⁷

Finally, the concept of euthanasia is completely alien to Islam and any attempt to introduce same in Islamic jurisprudence will prove abortive. This is for the only reason that Islam being monotheism in nature believes that life is sacred and on no account should man be allowed to kill himself because his life does not belong to him but to God, his creature.

B SIKHISM

Sikhs drive their ethics largely from the teaching of their scripture, Guru Granth Sahib and the Sikh Code of Conduct.¹¹⁸ Guidance also come from the example set by the gurus and from the experience of Sikh community over the last 500 years. These do not give detailed

¹¹⁴ Jacques Attali, *La Médecine en accusation* in Michel Solomon 'L' avenir de la vie, coll. Les visages de L' avenir Senghens, Paris (1981) 273-275.

¹¹⁵ Ibid.

¹¹⁶ Lawal, A.H., *The termination of one's life: The prospect of its practicability in Nigeria (Euthanasia as a case study)* LL.B Long Essay, faculty of law, University of Ilorin, Nigeria. Pp 78.

¹¹⁷ Ibid.

¹¹⁸ Lawal, A.H.(n) 67, p. 81.

answers to many ethical questions, but rather set down general principles and provide a framework for Sikh to answer those questions.¹¹⁹

Sikhs have a high respect for life which they see as a gift from God. They are against euthanasia as they believe that the timing of birth and death should be left in God's hands. The Sikhs gurus rejected suicide (and by extension euthanasia) as an interference in God's plan.¹²⁰ Suffering, they said was part of the operation of Karma, and human being should not only accept it without complain but act so as to make the best of the situation Karma has given them.¹²¹

Although Sikhism sees life as God's gift, it also teaches that we have a duty to use life in a responsible way. Also, much of Sikh moral teaching is devoted to caring for others who are less fortunate. This suggests that the Sikh reaction to situations where people think about euthanasia become an unattractive option.

C CHRISTIANITY

Christians like adherents of other religions are mostly against euthanasia. The arguments are usually based on the beliefs that life is given by God, and that human beings are made in God's image¹²². Some churches also emphasize the importance of not interfering with the natural process of death. For instance Pope Benedict XVI was quoted to have said that "it is only if human life is respected from conception to death that the ethics of peace is also possible and credible¹²³."

The Christians also posit that birth and death form part of life processes which God has created, so we should respect them. Therefore no human being has the authority to take the life of any innocent person even if that person wants to die. The Biblical support

¹¹⁹ Ibid.

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² Genesis 1:27

¹²³ In a speech delivered in November 2006 to Swiss Bishop

for this position is categorically provided for in one of the Commandments that 'Thou shall not kill.'¹²⁴

Christians also believe that all human lives are equally valuable; they do not buy into the idea that human dignity and value are measured by nobility, intelligence, or any achievements in life. The biblical story of the death of Saul¹²⁵, where David ordered the death of the man that killed Saul after Saul had been badly injured and begged the man to put an end to his life best explain the Christian point of view as regards euthanasia.¹²⁶

In one recent study in the USA, dealing primarily with Christian Southern Baptist, Pentecostals and Evangelicals and Catholic tended to be opposed to euthanasia.¹²⁷ Moderate Protestants like Lutherans and Methodists showed mixed views concerning end of life decision in general¹²⁸. Both of these groups showed less support than non-affiliates, but were less opposed to it than Conservative Protestants.

Respondents that did not affiliate with a religion were found to support euthanasia more than those that did. The liberal protestant affiliates were the most supportive. In general liberal Protestants affiliates more loosely with religious institutions their views were similar to those non-affiliates.¹³⁰ This is to say that individuals that attend church regularly and considered themselves more religious were found to

¹²⁴ Exodus 20:13

¹²⁵ Members of group of Christian Jewish and Muslim leader opined that those who promote this last fatal escape as a right should remember that such a right may quickly become expectation and finally even a duty to die. They fear eventually some individuals and families will be forced to put financial concern above the need of loved one.

¹²⁶ Samuel 1:16

¹²⁷ Burdette, Amy M, Terrence D, Moulton, Benjamin E, Religion and Attitude towards Physician-Assisted Suicide and Terminal Palliative Care. (Journal of the Scientific Study of Religion, 2005) 79-93.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid

opposed to euthanasia than to those who had a lower level of ability.¹³¹

The religious institution remains one of the biggest stumbling blocks against the advancement of the concept of euthanasia in other parts of the world where it remains criminalized.

Conclusion

As earlier observed the law draws a distinction between actively and passively taking a patient's life. Both withholding and withdrawing life-sustaining treatment are, in law, omissions. No legal wrong is committed by an omission, unless there is a legal obligation to act, which will be absent where a patient validly refuses treatment or where the treatment is not in the patient's best interests.

End of life decisions evoke the loudest demands for increased patient autonomy. Some patients fear that their life will be sustained beyond the point that they consider compatible with a meaningful existence and wish to refuse life and will to die in pain or distress not capable of being addressed by modern palliative care and wish to be killed or assisted to die. Yet others request voluntary lethal treatment (VLT) and physician assisted suicide (PAS) simply as a means of exercising their autonomous decision that their life is no longer worth living.

Again there seems to be no moral difference between killings and letting die. And thus, the attempt at differentiating between active and passive euthanasia appears to be an effort at academics. And so I suggest that both passive and active euthanasia may be legalized depending on the state of health of the patient involved and the autonomy to choose between withdrawing and withholding life supporting treatment and administering lethal treatment should be left to the patient.

This area is a very sensitive topic, as it deals with death, which is quite irreversible in the event of any mistake. Thus necessary care must be

¹³¹ Ibid.

taken by all those concerned to avoid the irrevocable. However, when the patient's death is inevitable and the pains become unbearable, the dignity of the individual, his decision to choose death over painful life and the intractable pain he suffers may justify the rightness of euthanasia.

All in all, it remains the decision and the discretion of the individual readers and persons alike to hold views as regards euthanasia. But objectivity must not be lost while we make our views and opinion on this issue known to the world.