

‘Euthanasia: Right to Die with Dignity’

Dear Editor,

The concept of Euthanasia has been a controversial topic since its inception. The word ‘Euthanasia’ is derived from Greek, ‘Eu’ meaning ‘good’ and ‘thanatos’ meaning ‘death’, put together it means ‘good death’. Euthanasia is defined as the hastening of death of a patient to prevent further sufferings. Active euthanasia refers to the physician deliberate act, usually the administration of lethal drugs, to end an incurably or terminally ill patient’s life. Passive euthanasia refers to withholding or withdrawing treatment which is necessary for maintaining life. There are three types of active euthanasia, in relation to giving consent for euthanasia, namely voluntary euthanasia – at patient request, nonvoluntary – without patient consent, involuntary euthanasia – patient is not in a position to give consent.^[1]

Other terminology like assisted suicide and physician-assisted suicide are not synonyms of euthanasia.^[1] Do not resuscitate (DNR) order means the attending doctor is not required to resuscitate a patient if their heart stops and is designed to prevent unnecessary suffering. Even though DNR is considered as passive euthanasia, it is practiced in most part of the world without much legal issues.^[2]

Common conditions which make patients to seek euthanasia are terminally ill cancer patients, acquired immune deficiency syndrome (AIDS) and other terminally ill conditions where there is no active treatment. Factors which are responsible for decision making are classified into physical and psychological factors. Physical conditions that affect the quality of life in these patients are unbearable pain, nausea and vomiting, difficulty in swallowing, paralysis, incontinence, and breathlessness. Psychological factors include depression, feeling a burden, fearing loss of control or dignity, or dislike of being dependent.^[2] But some argues that suicidal ideation and inadequate palliative care might also be the underlying reasons for seeking euthanasia.^[3]

Passive euthanasia is generally accepted worldwide. Active involuntary euthanasia is illegal in almost all countries. Practicing active voluntary euthanasia is illegal and considered as criminal homicide in most of the countries and will faces punishment up to imprisonment for 14 years. While active involuntary euthanasia is legal in countries such as Netherland, Belgium, and Luxembourg, assisted suicide is legal in Switzerland and the United States of Oregon, Washington, and Montana.^[4]

Previously there was an age restriction for euthanasia in Belgium, but recently the country has passed a bill in the parliament which lifts ban on all age restriction on euthanasia. In Belgium alone, there are 1400 cases of euthanasia practiced. The concept of death tourism or euthanasia tourism is slowly increasing in which patients who want to seek euthanasia or other assisted suicide services will travel to countries where it is legalized to avail those services. Switzerland is known for death tourism, where every year patients primarily from British, German, and French travel there to end their lives.^[5] In Netherland, euthanasia accounts for 2% of all deaths.^[6]

Many activists against euthanasia feel that legalizing euthanasia will leads to 'slippery slope' phenomenon which leads on to more

number of nonvoluntary euthanasia. To conclude, strict standard guidelines should be formulated to practice euthanasia in countries where it is legalized, regulation of death tourism and other practices like mandatory reporting of all cases of euthanasia, consultation with psychiatrist, obtaining second opinion, improved hospice care have to be followed for standardization of euthanasia.

Kalaivani Annadurai, Raja Danasekaran, Geetha Mani

*Department of Community Medicine, Shri Sathya Sai
Medical College and Research Institute,
Kancheepuram district, Tamil Nadu, India*

Address for correspondence: Dr. Kalaivani Annadurai,
Department of Community Medicine, Shri Sathya Sai Medical
College and Research Institute, Kancheepuram District,
Tamil Nadu - 603 108, India.
E-mail: kalaimedicos11@gmail.com

References

1. Chao DV, Chan NY, Chan WY. Euthanasia revisited. *Fam Pract* 2002;19:128-34.
2. British Broadcasting Corporation. Ethics Guide. Euthanasia. 2014. Available from: <http://www.bbc.co.uk/ethics/euthanasia/overview/introduction.shtml>. [Last accessed on 2014 Mar 15].
3. VKS, Basu S, Sarkhel S. Euthanasia: An Indian perspective. *Indian J Psychiatry* 2012;54:177-83.
4. Ebrahimi N. The ethics of euthanasia. *Aust Med Stud J* 2012;3:73-5.
5. Rodriguez C. Will Belgium's Legalized Child Euthanasia Trigger Death Tourism? *Forbes*. 6th March 2014. Available from: <http://www.forbes.com/sites/ceciliarodriguez/2014/03/06/2378/>. [Last accessed on 2014 Mar 17].
6. Pereira J. Legalizing euthanasia or assisted suicide: The illusion of safeguards and controls. *Curr Oncol* 2011;18:e38-45.

Access this article online

Quick Response Code:



Website:
www.jfmpc.com

DOI:
10.4103/2249-4863.148161