

Euthanasia: Changing Trends

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Maqbool H. Jafary (Bahria Complex, M.T. Khan Road, Karachi.)

Australia's Northern Territory passed the law to legalize euthanasia on July 1, 1996. World's first legally sanctioned euthanasia death was carried out in Darwin in late September, 1996. A 66 years old male, terminally-ill with cancer, received a lethal mix of a barbiturate and a muscle relaxant intravenously through a computer-controlled machine¹. "It is an absurd act of total cruelty" the Roman Catholic Church mouthpiece *Osservatore Romano* declared recently². Gino Concetti, a theologian, criticized those who participated in assisted suicide and in a recent article in *Vatican Daily*³, he added that "assisted suicide is a crime legalized by a state and one of the most aberrant acts in the history". Most churches including the Anglican, the Salvation Army and the Jewish community have joined Roman Catholics in condemning the death. The issues of euthanasia and assisted suicide continue to be widely discussed in the medical and bioethics literature^{4,5}. Moral and ethical sides of the issue have been thrashed out in the medical community, religious bodies and public at large for a long time. From the point of view of a terminally-ill patient, a significant minority (around 2%) tend to hold the extreme view that euthanasia is justified as God has given the ability to humans to make their own choices and that includes the choice to die. Medical community has been polarized on the issue. There is an increasing lobby of strong supporters who emphasize the relief of misery, patients autonomy and their right to be free from patronising attitude of the society⁶. The notorious case of Dr. Izry Benjamin, a New York City internist, is well-known as he has practiced assisted-suicide for years⁷. Similar is the case with American pathologist, Jack Kevorkian nicknamed as "Doctor Death" who continues this practice. Some physicians have been quietly doing it all along, even in the absence of laws permitting such a practice. It seems that whatever the laws of the land (which generally forbid euthanasia) for physician-assisted suicide, these laws are going to catch-up with the quiet practice of complying with the patients wishes. The attitudes of the medical profession in some communities may as well be changing and becoming softer in favour of carrying out euthanasia. For example, in a survey of Michigan doctors in *New England Journal of Medicine*⁸, 67% preferred legalization or "no law" to enable them to help some terminally ill patients to die and 7% admitted having already done so. Even the nurses have admitted to indulge in this practice⁹ with their own initiative or with the tacit consent of doctor or the families of the patients. Whether assisted-suicide is carried out in the presence of the law permitting to do so, or as quiet practice on the part of the doctors or nurses, it must leave the majority of the members of the profession, opposed to euthanasia, to be very uncomfortable. This discomfort, quite apart from the religious or ethical values, is related to the fear of erosion of social values and the unintended negative consequences¹⁰, in addition to the fear of ill-considered decisions to terminate life. Clinical depression on the one hand, or intensity of the pain on the other, may induce the patient to opt for euthanasia. There is always a risk that the death-wish may be taken lightly and even though proper assessment by a psychiatrist may be used as a shield to justify the procedure, human error based on the eagerness to help the patient, may lead to faulty judgement. One faulty judgement is much too much and cannot be defended ethically. The first priority could be to relieve depression and pain, while the disease takes its own course. This is where the real role of the doctor is to try to relieve the misery to the best of his ability and resources available to him. Participation in voluntary euthanasia could run counter to the physician's role as a healer and compromise the trust which the patients and their families place in their physicians¹⁰. Islamic perspective for euthanasia is very clear. It does not in any way allow the healer to determine the time of death. A doctor is supposed to act only in one direction and

that is the preservation of life and making the patient as comfortable as possible. Giving or taking away life is not within the domain of a human being as Holy Quran says¹¹. “And the life which He gives therewith to an earth that is dead”. The Holy Book has aptly highlighted the authority of Allah in the matters of life and death e.g., “It is He who created death and life”¹² and “It is He who created you to die”¹³. In the light of the teachings of Islam. Muslim ethicists universally view euthanasia as an act of willful murder¹⁴. There has not been any reactions from the Islamic World so far, to the first case of legalized euthanasia in Australia. However, in view of the teachings of Islam forbidding such a cruel act and ‘playing God’ by humans, the reactions, if ever, are likely to be similar to the ones expressed by Roman Catholics and Jews. In spite of the changing views and softer approach to euthanasia by a significant body of doctors in the West, which is forcing their professional associations to re-visit the issue, it is inconceivable that a softening will ever take place in the minds of those doctors who are even slightly aware of the Islamic perspective.

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