

## Dying with dignity: a round-table discussion

The *Society for the Right to Die with Dignity*, the *Freedom First Foundation* and the *Leslie Sawhney Programme* joined hands to organise the Mr Minoo Masani Memorial Programme on May 29, 1999, in Mumbai. The agenda consisted of a round-table discussion on the freedom to choose death, dying with dignity and voluntary euthanasia.

A small but pensive group of intellectuals representing the fields of law, commerce, administration, journalism, social sciences and medicine gathered together under the chairmanship of Dr. B. N. Colabawalla, senior urologist and associate of the late Mr. Masani. Dr. Colabawalla invited all participants to express views freely especially when they were at variance with those of other participants. In doing so, he set the tone for honest exchange of perceptions, ideas and beliefs. He pointed out that advances in medical technology had the unfortunate consequence of prolongation of life when there was no hope of recovery, when the patient was in a moribund condition and when unremitting pain (physical or mental) could not be relieved by any means. He asked whether, under such circumstances, each individual should not be permitted by law to decide that no further treatment was welcome and that the physician should cease to 'strive officiously to keep alive'. He also asked whether it was time for Indian law to recognise the injunction 'Do not treat' or 'Do not resuscitate' under specified circumstances, pronounced by an individual in full possession of his senses.

Taking this discussion one step further, Dr Colabawalla asked whether under specified circumstances, an individual was justified in asking for

his life to be terminated. If the house was in agreement with these proposals, he asked what steps could be taken to change the law in India. He pointed out that the distinction between allowing a person to die by withdrawing drugs and nutrition ('passive euthanasia') and terminating life by giving a lethal drug ('active euthanasia') was illogical. In either event, the end result is death. Under certain circumstances, 'passive euthanasia' may prove to be cruel as the suffering of the patient is unduly prolonged, death being postponed by hours or days.

During the three-hour long discussion that ensued, the following points were made:

1. There was unanimity on the acceptance of the concept of death with dignity and an individual's right to decide when nothing further was to be done by way of therapy. All were also agreed on the need for scrupulously obeying the patient's injunction, made whilst in full possession of senses and witnessed by two others, that under specified circumstances, no resuscitation was to be attempted.

2. In order to further these two objectives, it was necessary to amend the law.

3. Prior to making the formal attempt at amending the law, it was necessary to place these concepts before society at large, elicit opinions and suggestions. Mr. Walter Vierra, management consultant and senior executive, offered to draw up an outline of how such a campaign, using the various media, could be conducted. Dr. Usha Mehta, respected Gandhian philosopher, suggested the enrolment of leading literary and stage personalities who could discuss the pros and cons of these propositions in plays, novels and talks and reach a wide range of individuals throughout the country.

4. Justice RA Jagirdar (retired)

pointed out that the wilful causation of death, by omission (of therapy) or commission (injection of a lethal drug), needed more thought. The wilful death of oneself is termed suicide. This is prohibited by law. The glaring anomaly with regard to this offence of the law - punishment only of those unsuccessful of the 'crime' - is receiving attention and attempts are being made to ensure that the surviving suicide victim is not penalised. Causing the death of another is, at present, termed murder or homicide. If euthanasia is to be permitted under Indian law, there must be extensive public debate and the careful formulation of a new statute permitting such an act.

5. Professor. Sadanand Varde, educationist, told the gathering about his attempt at moving a bill on euthanasia through the Maharashtra Legislative Assembly. Only half in jest, he quoted an un-named senior bureaucrat who had then explained to him the inordinate delay on the part of the government in proposing the bill. "Neither votes nor money are likely to accrue to the Government from the passage of this bill." Professor Varde's bill suffered involuntary euthanasia!

6. It was generally agreed upon that any move to promote the cause of euthanasia should come from the non-medical segments of society. Medical doctors should provide expert opinion or offer advice only when asked. The decision on euthanasia must be made by the population at large with the medical doctors playing no role in the decision-making process

7. In closing, Mr. Varde requested interested individuals to swell the ranks of the *Society for the Right to Die with Dignity* by enrolling as members and participating in its debates, discussions and efforts at improving the lot of those nearing death and of those suffering from incurable, progressively debilitating and painful illnesses.

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