Dying with dignity : a response

Eustace J de Souza

It was only natural that an anniversary of the highly respected Mr Minoo Masani should be an occasion to bring back into public attention a cause close to his heart (1). Mr Masani made no bones about his desire to see euthanasia being made available to his fellow Indians, for whose welfare he tirelessly laboured. He was greatly impressed with the doctor's legal restraints against releasing a patient from what both doctor and patient might perceive as unspeakable agony. It seemed secondary that the release was made at the expense of the individual's life.

The report on the panel discussion on the subject raises several issues which need a response.

The old wolf returns in not-so-old sheep's clothing (2,3). In fact, it follows a now-familiar pattern of confusing definitions and sugar-coating hard facts. When "mercy killing" became obnoxious to a discerning public, "euthanasia" became a palatable substitute, with the stress on the Greek derivation meaning "good death" - and who could oppose a plea for a good death? (3,4,5).

The word "euthanasia" is a euphemism to describe what is really killing as an act of mercy. It is "an act directly causing death painlessly in order to end the suffering of victims of incurable disease or lingering illness - 'mercy killing', in other words (4,5,6)." Let us make no mistake about that.

It is also misleading to describe this act as one that allows for a person's "right to die". A person does not have a "right to die" (5,6,7). If it were so, the logical step of a "right to suicide" would have to be accepted (7). As we come into this world without an act of one's own volition, we only hold our lives in stewardship.

Finally, discussions on the subject confuse the right to die with dignity with a right that allows for the procurement of death or direct termination of a human life - whether made at the person's request or independently on compassionate grounds (4,7).

It is interesting to note that in order to make the subject more palatable, the same pleas are being made by societies claiming to represent a right to "age with dignity". It is the ultimate illogic that aging with dignity can require legislating for permission to terminate life before future aging becomes "undignified".

The fact that death itself is to be procured to achieve this end is neatly obscured from one's consciousness. Attempts to distinguish the various issues are labeled semantic hypocrisy. Physicians attempting to save a patient who, in agony, may call for an end to his life are considered "officious" (1).

At the round-table discussion, one of the participants, Justice Jahagirdar, noted that the wilful death of oneself is suicide. He also saw the need for serious thinking on the subject (1,7). It also makes no difference whether the act is a direct termination of life or an act of omission. A good example is the man who slips and bangs his head against the edge of his bath. If his brother who could easily have held his sibling's head above water "allows" him to drown instead, he cannot disclaim culpability just because he "did nothing to directly kill". It is such a claim that would be semantic quibbling.

Another error is to equate the right to refuse treatment with the right to ask to have life terminated (7). The doctor has the right to expect that the patient accept his judgement about the necessary treatment, and the right to refuse to treat a patient. If a patient wishes to refuse a doctor's treatment, he has the right to leave the doctor. However, he cannot insist that the doctor hasten his death by doing nothing because the treatment is considered "undignified" - and also insist on remaining in the doctor's care. As long as a patient has surrendered himself to the care of a doctor, "living wills" or "advance directives" cannot be used to force a doctor to work against his better judgement.

Another participant at the discussion, Professor Varde, claimed that he was informed that the Bill he had proposed lapsed because it would have lost votes (1). He should have been told that the immediate reason the Bill lapsed was strong public disapproval (8,9). A Respect Life Society has publicly stated that the Bill was unnecessary and, if enacted, it would easily be abused; legal safeguards can be bypassed by clever lawyers at the instance of relatives who stand to gain (9).

Finally, the doctor swears to "do no harm". Terminating a patient's life is the most irreversible harm that a doctor can inflict, though it may satisfy a rapacious family or provide the cheapest solution for an already overburdened society.

Eustace de Souza, *Director (Research), Holy Family Hospital and Research Centre and honorary emeritus executive director, FIAMC Bio-Medical Ethics Centre, Mumbai.*

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