Dying with dignity: a response

I refer to the letter by Dr. Eustace de Souza on "Dying with Dignity : a response." (1) Dr. de Souza has been singularly consistent in obfuscating issues on this topic. He confuses euthanasia with 'mercy killing'. Killing is an act of violence against an individual, without his consent. Mercy is an attribute of power which one individual has over another by virtue of which he exercises this power as he wishes. There is no 'killing' in voluntary euthanasia as it is the individual's self volition which requests termination of life. If another individual helps him it is from compassion to relieve suffering.

On the issue of the 'right to die', if Dr. de Souza had perused the report on the roundtable discussion, he should have discerned that the consensus was not on 'rights', but on the 'freedom to choose' how we wish to live and how we wish to go.

On the topic of suicide, he once again causes confusion. Nobody can advocate a 'right to suicide' (suicide as understood by common usage of the term). Section 309, IPC, is relevant only as far as the attempt at suicide is concerned. It is an irrational and inhuman law against which even Mr. Justice Jahagirdar has campaigned for over a decade. An act of voluntary euthanasia cannot be made equivalent to an irrational act of suicide. When Mr. Justice Jahagirdar stated that wilful death of one's self is suicide, he was stating the legalistic aspect of the fact. Whether he was in sympathy or otherwise with the concept is his right to decide.

Aging with dignity is, indeed, one of the most gracious aspects of life. No law is necessary for that. There is certainly no logic in suggesting that there may arise a need for a specific law to permit termination of life in old age in a futuristic scenario of life becoming undignified. The application of voluntary euthanasia in old age must be based on overall criteria laid out and not merely on the fact of old age.

Dr. de Souza once again causes unnecessary confusion by implying that the medical professional is under any obligation to carry out the wishes of the patient. Let it be clear that the medical professional, for whatever reasons he may have, has the absolute right not to participate in the process.

About Prof. Varde's Bill, it is commonly known how the majority of signatures against the Bill were collected. The less said about this, the better.

Dr. de Souza states that the doctor swears to 'do no harm'. One cannot take this as an absolute dictum. Today medical technological progress holds out great benefits but also risks of great harm. If Dr. de Souza's dictum is to be taken at face value, the application of modern technology will have to be circumscribed when it intends to prolong life but only prolongs death. Indeed, all of us, whether in the medical profession or generally in society, have a moral obligation not to harm each other. In medical practice, though, this 'non-maleficience' has to be weighed against other moral values, when benefit to patients sufficiently outweighs harm.

Dr. de Souza has a right to oppose the concepts of 'right to die' and 'voluntary euthanasia'. But he should do so in the spirit of trying to understand opponents' viewpoints. Perhaps that is asking too much of anyone steeped in the tenets and beliefs of Roman Catholic theology. However none of us have the right to criticise that or the tenets of any theology.

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Reference:

1. de Souza Eustace: Dying with dignity: a response. *Issues in Medical Ethics* 1999 October-December; VII (4): 127

MARD strike : our reservations

The MARD strike raises several questions for the larger medical community.

There is some truth in grievences raised by MARD: insufficient pay, poor living and working conditions, long working hours, and insensitive or absent redressal mechanisms. This was the organisation's 16th strike in as many years. Their frustration is understandable if conditions have not changed significantly even with several changes in government. But the larger concern is the grave consequences to the lives and health of lakhs of patients who have nothing against the doctors, and have little leverage with the government. In several instances emergencies were neglected, almost amounting to rights violation.

The problem stems partly from the over-reliance on teaching institutions, and the neglect of all other government hospitals including rural hospitals and health centres, forcing most patients to travel hundreds of kilometres and for several days for health care. Extra work pressures and poor hospital conditions are a direct result of this perennial neglect.

Second, there is lack of clarity on the status of resident doctors. Are they resident students or employees? What are their ethical and legal responsibilities if they abstain from mandatory work?

Third, what is the basis for their compensation? Are they given subsistence as a matter of goodwill, or are they paid on the basis of an accepted principle? Should residents in all the specialities be paid the same though those in some departments have a lighter workload than others?

Finally, does any reasonable redressal system exist, or must the battle be fought on the streets? No previous government has attended to this problem.

Still, we have two very definite reservations on the MARD stand. First, it is obvious that the strike hurt people in pain more than the state with whom residents had a grievance. This is not just an issue of profit or loss. It affects several families adversely, and for life.

Second, MARD should have started the settlement initiative rather than resort to a strike just when the new government came into power.

The larger issues go beyond the strike to the overall framework of our health care system. Even 50 years after the Indian republic was formed, we have aggrieved doctors in urban hospitals while the majority of villages don't even have health workers, let alone doctors. The government has done practically nothing to help the matter. Most teaching institutes do not have adequate full-time staff, and depend on students, who usually manage most day-to-day work. Finally, the cost of medical treatment is rising beyond what ordinary people can afford. We all need to pay attention to these deeper maladies rather than react in the usual kneejerk manner.

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