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## **Is Euthanasia Ethical**

Euthanasia, just like abortion the word Euthanasia has violent reactions from people. Not literally, but emotionally, the reactions are violent and they are aggressive, at times even the most docile people have very strong views about euthanasia. To start, all I had like to say is that “Don't be selfish, don't make another person suffer for your joy”. Do not make your loved one go through pain. The joy of having someone with you is lesser than the pain that they go through.

If you love someone, done give them pain, free them.

I do not advocate Euthanasia for people who have a chance to recover, but I advocate it for people who cannot recover. There are examples from the Oscar winning movie Million Dollar Baby and even the Terri Schiavo case. There are many points of view, people feel we cannot take away what we have not given, but another line of thought is that if the family decides (and hopefully their decision is not based on some will that makes them millionaires after this person goes) then they have considered what is in best interests of the person.

Euthanasia is derived from the Greek word eu for good and thanos which means death and originally referred to intentional mercy killing. Nevertheless, the word euthanasia has acquired a more complex meaning in modern times. Proponents of euthanasia believe that a dying patient has the right to end their suffering and leave the world in a dignified manner. Those who contest euthanasia believe that man does not have the right to end another person's life no matter what pain they endure. Euthanasia is one of the most important public policy issues being debated today. The outcome of debate will profoundly affect family relationships, interaction between doctors and patients, and concepts of basic morality. The

word euthanasia has acquired a complex meaning in modern times. There are several types of euthanasia and one must define them in order to avoid confusion. Passive euthanasia is the process of hastening the death of a person by withdrawing some forms of support and letting nature take its course. Such an act would include removing life-support equipment, stopping medical procedures, stopping food and water and allowing the person to die. Active euthanasia involves causing the death of a person through a direct act

The simple principle of life is that many of us derive our joy from our loved ones and it's the joy of having that person around, that makes us decide to let this person live with a disease, but their pain and suffering is more than our joy and so we must let go. So pulling a life support machine is not the easiest decision to make for another person's life.

There are a few countries in the world where euthanasia is legal and people are allowed to make that choice. The debate is on in many other countries and people are divided on basis of religion or self-righteousness.

The samurai tradition gives a good analogy "The samurai ritual of seppuku comes very close to euthanasia indeed - an assistant would behead the suicide after the suicide had fatally stabbed themselves in order to bring death swiftly and reduce the time the suicide was in pain.

The samurai motivation for suicide was similar to that of the person seeking euthanasia: either they had lost a battle and would be killed by their enemies (the analogy is that the patient has lost their battle against the disease, and it will kill them) or they had been so badly wounded that they could no longer be useful members of society (the patient could be in a similar position).

In line with Buddhist thinking, the seppuku ritual laid great emphasis on the suicide having a peaceful mind during the action.”

The Buddhist generally are no very clear on euthanasia, they feel that ‘Death is a transition. The deceased person will be reborn to a new life, whose quality will be the result of their karma.

This produces two problems. We do not know what the next life is going to be like. If the next life is going to be even worse than the life that the sick person is presently enduring it would clearly be wrong on a utilitarian basis to permit euthanasia, as that shortens the present bad state of affairs in favor of an even worse one.

The second problem is that shortening life interferes with the working out of karma, and alters the karmic balance resulting from the shortened life.

Another difficulty comes if we look at voluntary euthanasia as a form of suicide.

The Buddha himself showed tolerance of suicide by monks in two cases. The Japanese Buddhist tradition includes many stories of suicide by monks, and suicide was used as a political weapon by Buddhist monks during the Vietnam War.

However, these were monks, and that makes a difference. In Buddhism, the way life ends has a profound impact on the way the new life will begin.

Therefore, a person's state of mind at the time of death is important - their thoughts should be selfless and enlightened, free of anger, hate or fear.

This suggests that suicide (and so euthanasia) is only approved for people who have achieved enlightenment and that the rest of us should avoid it.”

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An article from LifeSiteNews.com puts a broader perspective on Switzerland's adoption of euthanasia and the situation in Netherlands and Belgium. "Lausanne University hospital, Switzerland has decided to permit assisted suicides starting from January 1, 2006. Assisted suicide has always been considered a form of active euthanasia. In addition to Lausanne, other leading Swiss hospitals are now actively discussing permitting the procedure. However, Swiss law initially did not allow doctors to kill their patients the practice of euthanasia has been gradually extended from private groups into the public health systems.

According to Doctors for Life (DFL), extensive experience with euthanasia laws in other countries has revealed a consistent pattern. Assisted suicide is presented to the public as a last resort necessary to alleviate human suffering. Once this becomes acceptable to the public, says DFL, the categories of people deemed expendable steadily expands to include those perceived to have a diminished value to society or to themselves.

In the Netherlands, doctors have been allowed to practice active euthanasia since 1973. While Dutch death regulations initially required that euthanasia be strictly limited to the sickest patients, it has been steadily redefined with the protective guidelines gradually eroded. As a result, Dutch doctors now legally kill the terminally ill, the chronically ill, disabled people and depressed people, on demand, Doctors for Life reports. Furthermore, repeated studies sponsored by the Dutch government show that a significant number of patients are killed by their doctors every year as a result of involuntary euthanasia.

Consequently, says DFL, "eugenic infanticide has now become common in the Netherlands (even though babies cannot ask to be killed)." According to a 1997 study published in the British medical journal The Lancet, approximately 8 percent of all Dutch infant deaths result from lethal injections. An alarming 45 percent of neonatologists and 31 percent of

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pediatricians who responded to Lancet surveys had killed babies. "A more severe slide down this slippery slope has been well documented in Belgium with euthanasia advocates actively fighting to not only expand the categories of killable people but to also force health care workers with moral objections to participate in assisted suicides against their consciences."

The scary part is that people are being killed involuntarily! As much as I support euthanasia, I do not think that a doctor should decide when to end life, that decision must be made by the person or his immediate family. Many people I know feel that only the person should decide if he or she wants to end their life, but I feel that they may not always be in a position to decide, the disease itself or a coma etc can prevent people from deciding to end or continue life.

Here is another line of thought by Immanuel Kant on Suicide "Firstly, under the head of necessary duty to oneself: He who contemplates suicide should ask himself whether his action can be consistent with the idea of humanity as an end in itself. If he destroys himself in order to escape from painful circumstances, he uses a person merely as a mean to maintain a tolerable condition up to the end of life. However, a man is not a thing, that is to say, something that can be used merely as means, but must in all his actions be always considered as an end in him. I cannot, therefore, dispose in any way of a man in my own person so as to mutilate him, to damage or kill him. (It belongs to ethics proper to define this principle more precisely, so as to avoid all misunderstanding, e.g., as to the amputation of the limbs in order to preserve myself, as to exposing my life to danger with a view to preserve it, etc. This question is therefore omitted here.)"

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The above is taken from Immanuel Kant's *Fundamental Principles of the Metaphysics of Morals* as translated by Thomas Kingsmill Abbott. Kant does not directly touch the topic of euthanasia, but he seems to suggest that as much as possible one must try to preserve life.

However, the surprising part is that Euthanasia was allowed in per-war Germany under Hitler- you might say that Hitler was a killer, but there are some startling articles around Euthanasia in Germany during Hitler's time. In 1920 was published a book titled *The Permission to Destroy Life Unworthy of Life*, by Alfred Hoche, M.D., a professor of psychiatry at the University of Freiburg, and Karl Binding, a professor of law from the University of Leipzig. They argued in their book that patients who ask for "death assistance" should, under very carefully controlled conditions, be able to obtain it from a physician. The conditions were spelled out, and included the submission of the request to a panel of three experts, the right of the patient to withdraw his request at any time, and the legal protection of the physicians who would help him terminate his life. Binding and Hoche explained how death assistance was congruent with the highest medical ethics and was essentially a compassionate solution to a painful problem.

Death assistance, according to the authors, was not to be limited to those who were able or even willing to ask for it. They would have such mercy extended as well to "empty shells of human beings" such as those with brain damage, some psychiatric conditions, and mental retardation, if by scientific criteria the "impossibility of improvement of a mentally dead person" could be proven. The benefits to society would be great, they said, as money previously devoted to the care of "meaningless life" would be channeled to those who most needed it, the socially and physically fit. Germans needed only to learn to evaluate the relative value of life in different individuals.

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An opinion poll conducted in 1920 revealed that 73% of the parents and guardians of severely disabled children surveyed would approve of allowing physicians to end the lives of disabled children such as their own. Newspapers, journal articles, and movies joined in shaping the opinion of the German public. The Ministry of Justice described the proposal as one that would make it "possible for physicians to end the tortures of incurable patients, upon request, in the interests of true humanity" (reported in the *N.Y. Times*, 10/8/33, p. 1, col. 2). Moreover, the savings would redound to the German people if money was no longer thrown away on the disabled, the incurable, and "those on the threshold of old age."

A 1936 novel written by Helmut Unger, M.D., further assisted the German people in accepting the unthinkable. Dr. Unger told the story of a physician whose wife was disabled by multiple sclerosis. She asks him to help her die, and he complies. At his trial, he pleads with the jurors to understand his honorable motive: "Would you, if you were a cripple, want to vegetate forever?" The jury acquits him in the novel. The book was subsequently made into a movie that, according to research by the SS Security Service, was "favorably received and discussed," even though some Germans were concerned about possible abuses.

With the public now assenting, the question turned from "whether" to "by whom" and "under what circumstances."

The first known case of the application of this now-acceptable proposal concerned "Baby Knauer." The child's father requested of Adolph Hitler himself that his son be allowed death because he was blind, retarded, and missing an arm and a leg. Surely, in his condition, he would be better off dead. Hitler turned the case over to his personal physician, Karl Brandt, and in 1938, the request was granted.

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Over the next few months, a committee set out to establish practical means by which such "mercy deaths" could be granted to other children who had no prospect for meaningful life. The hospital at Eglfing-Haar, under the direction of Hermann Pfannmuller, M.D., slowly starved many of the disabled children in its care until they died of "natural causes." Other institutions followed suit, some depriving its small patients of heat rather than food. Medical personnel who were uncomfortable with what they were asked to do were told this was not killing: they were simply withholding treatment and "letting nature take its course."

Over time, Pfannmuller set up *Hungerhauser* (starvation houses) for the elderly. By the end of 1941, euthanasia was simply "normal hospital routine."

In the meantime, no law had been passed permitting euthanasia. Rather, at the end of 1939, Hitler signed this letter:

"Reichleader Bouhler and Dr. Med. Brandt are responsibly commissioned to extend the authority of physicians to be designated by name so that a mercy death may be granted to patients who, according to human judgment, are incurably ill according to the most critical evaluation of the state of their disease." Not many of us would expect Hitler to pass a jurisdiction like this, but it seems that he genuinely wanted to help people by allowing euthanasia and the establishment of a panel and passing on the case of Baby Knauer to his personal physician only add credibility to Hitler's actions on euthanasia.

In the end I had like to repeat, it is joyful to see the ones we love, but true love would be in feeling their pain and letting them go, for the joy of seeing them around is not more the pain that they are going through.

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