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## Perspectives of Euthanasia from Terminally Ill Patients: A Philosophical Perspective

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### Abstract

At the outset my paper is intended to discuss the concept of 'Euthanasia' especially in the light of 'beneficence'. The concept of benefit or beneficence here is to unpack the act of doing good or to benefit others. The act of doing good is to flesh out the underlying concept of not doing harm to the patients throughout their treatment time. The term 'benefit' mentioned in my paper attempts to espouse the important concepts in the field of medical ethics and envisages the rules and principles followed according to the prescribed duty of the physician. Benefit of the patient is one of the moral maxims that have to be followed right from the maxims of the Hippocratic Oath which is an imperative in the field of medical profession. Accordingly, physician's important duty is to give maximum benefit to their patients; such as saving life, prolonged life and death. The point is in the lines of the philosopher Hippocrates where he mentions the duty of the physician, "to come for the benefit to the sick"<sup>13</sup>. In the normal paradigm professionals entering in the field of medical science have the responsibility to prevent harm and promote good to his/her patients. Hence, the professionals in the concerning field presume that they are working *a priori* on the principles of Hippocrates in promoting the benefit and the interest of the patients.

There is always a cursory of anomaly involved in questioning the chastity of the physicians pertaining to euthanasia. The moral dilemma involved in bridging the rift between the actual benefit of the patient from the physician perspective and the actual benefit of the patient according to his embodiment and embeddedness is attempted to address in a judicious manner. This paper attempts to discuss the beneficence of terminally ill patients where the dilemma between physicians view to benefit patients by eliminating pain and suffering from the terminally ill patient life on the one side and the patients benefit to choose death (voluntary euthanasia) because of the intolerable pain on the other side. The yardstick used to measure the ethical standards of these two groups is analyzed from philosophical perspective especially in the ethical spectacles of Joseph Fletcher. According to the Divine right theory life or sanctity of life, 'life is the gift of god and it is worth living' but sometimes a particular person to continue life is a worse prospect than immediate death. Hence, the term 'beneficence' is analyzed from a

broader spectrum of the physician and the patient in understanding its legitimacy and coherence.

**Key Words:** Euthanasia, Benefit or Beneficence, Prolonging Life, Terminally ill.

### Introduction

This paper tries to explore the concept of benefit in the light of euthanasia, concerning patient's situation in matters of life prolonging circumstances. 'Euthanasia' is generally defined as ending the life of suffering patient without pain or shortening the life with the help of the physician. It always leads to a dilemma to decide whether euthanasia is wrong as well as right. This is one of the burning issues in the present day society, where few countries are in favour of legalising euthanasia, while countries like India are against it. Apart from the discussions pertaining to legalize euthanasia, it also opens the gate to have deliberations from the perspectives of social and ethical issues.

At the outset my paper is intended to discuss on the concepts of 'euthanasia' especially in the lights of 'beneficence'. The concept of benefit or beneficence is to the act of doing good or to benefit others. Benefit is one of the ethical codes of medical profession. The term benefit was introduced from the ancient times. The ethical code for medical ethics was derived from the standards of Hippocratic Oath. The rationale of the oath is to have the maximum benefit of the patient in any of the life saving situations. Hippocratic Oath proclaims that, "I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice".<sup>14</sup> Benefit of the patient is one of the moral maxims that have to be followed right from the maxims of the Hippocratic Oath which is an imperative in the field of medical profession. Accordingly, physician's important duty is to give maximum benefit to their patients; such as saving life, prolonged life and death. The point attempted to nail the coffin here is in the lines of the philosopher Hippocrates where he mentions about the duty of the physician as, "to come for the benefit to the sick".<sup>13</sup>

Even in Indian Medical Oath one can find traces of ethical principle according to the benefit of the patient. Ethical principles have been followed in the field of medicine since ancient time in India. One can find the seeds of medical ethics in Indian soil right from the Indus Valley Civilization, which can be conveyed through the ancient literature such as *Vedas, Manusmruthy, Agnivesa Charaka Samhita, Sushruta Samhita and Kautilya's Arthasasthra*. In Charaka Samhita one can find plenty of arguments in favor of the patients and against the practice of euthanasia confirming the benefit of the patient as the ultimate perspective. It was stated that, "*Thou shalt be free from envy, not cause other's death, and pray for the welfare of all creatures. Day and night, thou shalt be engaged in the relief of the patients, thou shalt not desert a patient, not commit adultery, be drunkard, neither sinful, nor associate with abettors of crimes. A person known*

<sup>13</sup> Hippocratic Oath, James F.C. *Who Should Decide Paternalism in Health Care*, New York: Oxford University Press, 1982, p.32

<sup>14</sup> Paul Carrick, *Medical Ethics Ancient World*, Washington DC: Georgetown University Press, 2001, p-84

to the patient shall while enter a patient's household shall not be made public".<sup>15</sup> However, the connotation of the term euthanasia differs from the context it is used in the contemporary situation. The *raison d'être* behind both the traditional fields of medicine and the contemporary situation is to protect the interest of the patient not by harming in any form but by prescribing certain ethical codes to the doctor. In the normal paradigm professionals entering in the field of medical science have the responsibility to prevent harm and promote good to his/her patients. Hence, the professionals in the concerning field presume that they are working *apriori* on the principles of Hippocrates in promoting the benefit and the interest of the patients.

It was mentioned earlier that benefit or beneficence is one of the important ethical principles in the medical profession. Benefit is defined as both doing good and not doing harm. It is both positive and negative as beneficence and non-maleficence, while the former is concerned about doing good, whereas the latter is about not doing harm. Hippocratic Oath has mentioned benefit as *primum non nocere* meaning first of all or at least do no harm. This is the physician's duty towards his/her patient and patient also trust their physicians. The meaning of the vow 'do not harm' is that the physician will not do harm unless it is outweighed by the good consequences of the act that causes harm. Hence, beneficence is the obligation to do good overall. Here, the meaning of doing good and not doing harm is also the same that of benefit for the sick. A benefit of the sick is to prevent and remove evil and promote good.

According to Frankena benefit or beneficence is the principle of utility. It is the act to practice "greatest possible balance of good over evil in the universe" (William K Frankena, *Ethics Second Edition*, New Delhi: PHI Learning PVT Ltd, 2011, p-45.) In his view that we ought to do good and to prevent or avoid the harm. Frankena categories benefit in four divisions. It is non-maleficence and beneficence the former is "one ought not to inflict pain or harm. And later is one ought to prevent harm or evil, and one ought to promote good".<sup>16</sup> This is the basic obligation of doing good or balancing good over the evil. This principle of good over evil is the ideal of utility.

Accordingly, benefit or beneficence is the duty of the physician for the benefit of the sick. The physician's duty shows that trustworthiness to explicit or implicit promises, commitments and contracts. The health care professionals follow these rules to prevent or remove harm of the patient. Benefit is the cardinal ethical principle sacred to medicine. The major role of medicine is to relieve pain and cure disease. It is to improve the quality of life of the terminally ill patient's most importantly it helps in relieving from the horrible pain. The principle of beneficence reflects an interest in

the common pursuit of the good life and mutual human sympathies. Philippa Foot's argument about benefit is "other things being equal, the obligation not to harm people is more stringent than the obligation to benefit people".<sup>17</sup> Immanuel Kant opines 'benefit' through duty that a physician's duty is not to harm. On the other hand "we do not have a duty to benefit all other people; apart from everything else it is incoherent to talk of duty which is impossible to fulfill".<sup>17</sup> Thereby, benefit is the duty of the physician to help the patients not to harm.

In the case of patients who are both terminally ill and in great pain, it is often only possible to control the pain effectively if analgesics are given in quantities, where the toxicity of the drugs inevitably further curtails the lives of the patients. Thus the patients die sooner than they would have if the pain were not controlled. Now, of course, doctors do not want the drugs to kill their patients. They would like to be able to control the pain without any increased morbidity. They do not then aim at their patients' deaths, either as a means or as an end; it is a side-effect of the treatment but it is still an effect. If it is justified, it is justified not because the death is a side-effect rather than a direct effect, but rather because, in these circumstances, hastening death is a price worth paying for the relief of pain. It's not the fact that the side-effect is unwanted that makes it permissible, but rather that the total package of consequences including unwanted side-effects is morally preferable to the alternative. This can be seen very clearly if we imagine an alternative case in which premature death is a consequence of effective pain control. Suppose a patient were suffering from a condition (if there is one) that subjected him to terrible pain for two years, but thereafter, if appropriate treatment had been given during the two years, he could be expected to make a complete recovery. The pain is as bad as or worse than in the case of the terminal patients. The only way to control the pain is to give drugs that would have as a side-effect the effect of killing him shortly after the two years had elapsed. Here I think we can see that although the morbidity of the drug is still a side-effect, if doctors were to administer it in such circumstances, they could not plausibly evade responsibility for the patient's premature death.

The beneficence claiming that, furthering the well-being of individuals also supports permitting euthanasia. In some circumstances, continuing to live can inflict more pain and suffering, than death. There are also cases in which the ending of human life is not only morally right, but an act of humanity. I refer to cases of absolutely incurable, fatal, and agonizing disease or condition, where death is certain and necessarily attended by the excruciating pain. Given that each individual has a different conception of what is good and valuable, there will be no single objective standard to define when life is burdensome enough to be ended.

Euthanasia is defined as easy death or good death. In short 'euthanasia' involves shortening the life of the

<sup>15</sup> Nagesh Kumar, R. G., *Text Book of Forensic Medicine and Toxicology*, Delhi: Jay pee Brothers Medical Publishers (Ptd), 1997, p. 31.

<sup>16</sup> James F Childress, *Who Should Decide? Paternalism in Health Care*, Oxford: Oxford University Press, 1982, p. 29.

<sup>17</sup> Raanan Gillon, *Philosophical Medical Ethics*, New York: John Wiley and Sons, 1985, p. 81.

patients' by doctors.<sup>18</sup> Euthanasia is defined as "the act or practice of killing or permitting the death of hopelessly sick or injured individual... in a relatively painless way for reasons of mercy" (*Merriam-Webster's collegiate dictionary* (10<sup>th</sup> Ed) (Springfield, MA: Merriam- Webster cited on Moral Philosophy (3<sup>rd</sup> Ed) Cited by Emmett Barcalow, *Moral Philosophy*, Australia: Thomson Publication, 2003.p. 236) Literally the term euthanasia was mentioned in the ancient time. Hippocratic oath mentions about euthanasia as "I will give no deadly medicine to any one if he asked, or suggest any such counsel; and in like manner I will not give to a women a pessary to produce abortion" (Paul Carrick, *Medical Ethics in the Ancient World*, Washington DC: Georgetown University Press,2001, p-147). One such example about the administration of a form of euthanasia in ancient Greece is Socrates death of hemlock. It was mentioned clearly by Paul Carrick in his book on *Medical Ethics in the Ancient World*: "When quick-acting and relatively painless drugs such as hemlock were first developed by the Greeks in the fifth century B.C., which allowed the individual to quit life in an efficient and blood-less manner, the linguistic result was that these forms of suicide were sometimes described as instances of euthanasia".<sup>19</sup> Pythagoras perspective about euthanasia was a sinful of the God divine. In his view euthanasia is result of past sinful life and he believed that God only the right to take the life. According to his school of thought, "*Vicissitudes of moral existence including the traumas of painful death were divine recompense for past sins. Therefore resort to euthanasia was considering a violation of divine law because it cut short the appointed time of the soul's captivity with the human body*".<sup>20</sup> The above indicates a form of euthanasia though different from contemporary situation was practiced even in pre-Socratic period. However, from their perspective also euthanasia was wrong and physician wants to give maximum benefit to his/her patient. It has been shown that the concepts against euthanasia and giving benefit to the patient previously existed and disagree with the practice of euthanasia. In 1872 Dr. S. D Williams published in his essay stated "*Euthanasia came to be used in the modern sense of the act of painlessly putting to death those of suffering from terminal condition*".<sup>21</sup>

In the 20<sup>th</sup> century, lots of organizations are formed to help the terminally ill patients. The Hemlock Society which is the national right-to-die organization was founded in Santa Monica by Derek Humphrey in 1980. The aim of this institution includes providing information to the dying persons and also supporting legislation permitting to the physician-assisted suicide. In this

society it is estimated that there are more than 60,000 registered members. After Second World War in USA, the scientific and medical technology has well developed and the life expectancy rate increased. In the 1970s USA<sup>22</sup> faced a problem where the normal average life expectancy increased from forty seven years to seventy one. Resulting in the increase in the number of elderly people who suffered from incurable diseases. These elderly people preferred euthanasia as one of the options available to them in ending their sufferings. This led to the attention of the doctors to the debate on legalising euthanasia. This debate along with the emergence of bioethics rendered more attention to the issues pertaining to euthanasia and ushered the ideology of the people around the world.

### Conclusion

It is not that life is not worth living because of distress, illness, physical or mental handicaps etc. Every life has some worth - there is no such thing as life is not worth living. The people who are suffering from painful and terminally ill, such circumstances as 'blessed release' will be considered as merciful death or euthanasia. In this concept euthanasia will become a benefit to the patient. Killing or promotion to die is wrong but the patients in particular painful situation will create a dilemmatic condition in the application of euthanasia. Scarcity of medicine also sometimes promotes euthanasia to the patient. If my life is so terrible that no one would wish to live as I do, then since it is my life its value to me consists precisely in doing with it what I choose, regardless of whether what I choose is to live on in great suffering or to end it in my own way rather than in your own way.

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<sup>18</sup> John Keown, *Euthanasia Ethics and Public Policy: an Argument against Legalisation*, Cambridge: Cambridge University Press, 2004, p.10.

<sup>19</sup> Paul Carrick, *Medical Ethics in the Ancient World*, Washington DC: Georgetown University Press,2001, p-147.

<sup>20</sup> S. Cromwell Crawford, *Dilemmas of Life and Death: Hindu Ethics in North American Context*, Delhi: Sri Satguru Publication, p.84.

<sup>21</sup> Leizl L. Van Zyl, *Death and Compassion: A Virtue Based Approach to Euthanasia*, Burlington: Ashgate, 2000, p. 2.

<sup>22</sup> James D. Torr, *Euthanasia Opposing Viewpoints*, San Diego: Greenhaven Press, 2000, p.11.

S. Cromwell Crawford, *Dilemmas of Life and Death: Hindu Ethics in North American Context*, Delhi: Sri Satguru Publication.

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## Islamic Perceptions of Medication with Special Reference to Ordinary and Extraordinary Means of Medical Treatment

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### Abstract

This study attempts an exposition of different perceptions of the obligation to medical treatment that have emerged from the Islamic theological understanding and how they contribute to diversity of options and flexibility in clinical practice. Particularly, an attempt is made to formulate an Islamic perspective on *ordinary* and *extraordinary* means of medical treatment. This distinction is of practical significance in clinical practice, and not only its right understanding is important to publically funded healthcare authorities, guardians of the patients, health and life insurance institutions, and employers who provide health care coverage to their employees, but also to lawyers and justice administration functionaries to deal with relevant litigations. The distinction is made regarding terminally ill patients and non-terminally ill patients separately. The essential factors that matter in making the distinction between ordinary and extraordinary means of treatment are: (1) patient capacity, (2) expert advice, and (3) nature of medication. Regarding terminally ill patients, medical treatment can become extraordinary because of (1) patient capacity and (2) nature of medication. In both these case the deciding condition applies: the expert advice taken from a group of physicians. In regards to non-terminally ill patients, extraordinary medical treatment includes three cases: (1) treatment that is known to be useless and futile, (2) treatment that endangers the life or cause more harm than what it removes, and (3) useful treatment, but the patient is unable to bear the cost.

**Key words:** medication, bioethics, extraordinary medical treatment, medical ethics

### Introduction

Deciding on medical treatment becomes sometimes complicated because of the quality of available medical treatment and multifaceted considerations related to patients, their financial strength, and the nature of the diseases they suffer from. Making an adequate distinction between ordinary and extraordinary means

of medical treatment is one of such difficult dilemmas. This distinction is significant in clinical practice. And its right understanding is not only important to administrators of public healthcare, guardians of minor or incapacitated patients, health and life insurance companies, and employers who provide health care coverage to their employees, but also to lawyers and justice administration functionaries in dealing with relevant litigations. Therefore, an Islamic stance on the issue is attempted in this study. The underpinnings of this discourse are necessarily rooted in the ways Muslims perceive importance of obligation to medical treatment -- as multiple perceptions from the basic theological sources: the Quran and the Sunnah. These multiple perceptions of obligation to medical treatment allow flexibility in clinical practice and, at the same time, help formulating an applicable distinction of ordinary and extraordinary means of medical treatment.

In the subsequent sections, I will explore the position of the Quran and the Sunnah on the subject of medication; different perceptions of obligation to medication that have emerged from these sources from the early times to the present; and, finally, how by deriving on the aforesaid sources and perceptions, formulating the distinction between ordinary and extraordinary means of medical treatment is possible.

### Sources and Applied Methods in Islamic Ethico-Juristic Studies

In face of changing circumstances and advances in medical science, Muslims seek guidance (*hidÉyah*) from the Quran, which is foremost a book of guidance: "... guidance unto those who ward off (evil)".<sup>23</sup> Along with the Quran, the Sunnah is the second source: "... Obey Allah and obey the Messenger and those charged with authority among you. If ye differ in anything among yourselves, refer it to Allah and His Messenger..."<sup>24</sup> Beside the Quran and the Sunnah, there are other additional sources such as *ijma`* (consensus), *qiyas* (analogical deduction), *Istihsan* (juristic preference), *al-maslaha al-mursalah* (public interest), *istidlal* (textual indication), *Urf* (common practice), etc. However, different schools of Islamic jurisprudence do disagree on inclusion and exclusion of some of these sources or understand them differently in terms of their scope and referents; yet, without any disagreement, they are unanimous on accepting the first two sources. The common agreeable authorities among all sects and schools of Islam in their theologies and jurisprudences are the Quran and the Sunnah alone. Therefore, the door of taking decisions by making intellectual effort (*ijtihad*) is always open for learned Muslims by turning to the Quran and the Sunnah, especially when new issues emerge that require resolution from Islamic perspective.

The ethical, juristic, and doctrinal guidance from these two sources has manifested in a bulk of classics of Islamic studies known to Muslims as *turÉth*. Islamic *turÉth* is itself sometimes diversified with dimensions

<sup>23</sup> The Quran, 2:2.

<sup>24</sup> The Quran, 4: 59.