Dilemmas with Passive Euthanasia

What is the issue?

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- Supreme Court of India has upheld the fundamental right to die without suffering.
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- Medical fraternity has few practical dilemmas in applying passive euthanasia.
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What is Euthanasia?

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- Euthanasia is a painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma, it is also known as Mercy killing or assisted suicide.
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- There are two different types of euthanasia which are passive and active euthanasia.
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- In active euthanasia, medical professionals, or a relevant authority, deliberately act upon a patient’s desire (such as giving an injection or medication) to cause the patient to die.
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- In passive euthanasia, the patient dies because the mechanism that keeps the patient alive is removed (life-support machines, feeding tube, a life-extending operation, and drugs).
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What is the decision of the SC on passive euthanasia?

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- Supreme Court recently upheld that the fundamental right to a “meaningful existence” which includes a person’s choice to die without suffering.
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- It has permitted a ‘living will’ by patients, authorising the withdrawal of medical support if they slip into medically irretrievable conditions such as irreversible coma.
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- This judgement made passive euthanasia legal, and is favourable to patients who will now be able to avoid needless medical interventions.
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- The decision will also save a lot of money and agony for patients and their families, and prevent unnecessary treatments for the terminally ill.
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What are the practical dilemmas with the living wills?

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- Morally and ethically, both euthanasia processes are difficult for doctors as no doctor likes to have a patient die under his/her care.
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- Even in the presence of a living will, and when one is honour-bound to respect the patient’s wishes, there are many questions and doubts.
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- For instance, the patient may have been coerced to write the will, sometimes a living will written at a certain juncture of a person’s life may not be applicable after a period of time when circumstances may have changed.
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- Without a fool proof system, doctors cannot give up on a patient, however desperate the circumstances.
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- Even with the legalisation of euthanasia, the “choice” to die may sometimes not be the final prerogative of the patient.
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- If the patient is too ill to decide on the will to live, then decision-makers possibly will be the medical team and the patients’ relatives, not the

patient.
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What measures needs to be taken to resolve the dilemmas?

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- **Palliative care -** Control over the manner and timing of a person's death has not been and should not be a goal of medicine.
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- India needs improved access to high-quality healthcare for the terminally ill so that they go in peace, whenever they do.
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- This is referred to as palliative care right from the time an illness is diagnosed till the end of life.
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- **Medical Attorney -** The Supreme Court decision on a living will from a patient quells misgivings from the family and there are chances of criminal action against doctors.
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- Thus a living will makes sense when coupled with a medical power of attorney and independent third party monitoring.
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- This will allow for a middle way considering all the interests like the right of the patient, the state's interest in human life, and the interest of the patient's family.
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Source: Business Line

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