The definition of Euthanasia is derived1 from the Greek “Eu-True; Thanatos-Death”, a deliberate intervention undertaken with the expressed intention of ending a life to relieve intractable suffering. Similarly death may be defined as “complete and irreversible stoppage of circulation, respiration and brain function” (bishop’s triad of life).

The question of death is important in case of resuscitation and organ transplantation. Before 1970 death is defined on the cardiac basis that “if the heart stops beating for 120 seconds and if unable to auto resuscitate then the person is termed to be dead. Later brain death came into existence, which is based on Harvard Criteria2 i.e. 

1. Unreceptivity and unresponsiveness to stimuli, even to severe painful stimuli.
2. No spontaneous movements in response to pain, touch, light, sound for a period of at least one hour.
3. Apnea, absence of spontaneous breathing established by turning off the respirator for three minutes and observing whether there is any effort on part of the patient to breathe spontaneously.
5. Isoelectric EEG-confirmatory value.

Declaration of death should not be delayed until the patient has been taken off the respirator and all the artificially stimulated signs have been ceased. There are two distinct schools of diagnosing death.

1. French and English school similar to Harvard criteria
2. Austro German school includes Harvard criteria and bilateral serial angiography. A negative angiogram of internal carotid and vertebral artery for more than 15 minutes proves death.
Euthanasia may be typed under following heads:

1. Voluntary: At will of the person by taking informed consent.
2. Involuntary: Against will of the person.
3. Non voluntary: Persons incapable of giving an informed consent, so consent from relatives is taken.

According to the methods adopted, euthanasia is also typed as:

1. Active: Intentional, positive, merciful act. It is an act of commission. Eg: giving large doses of drugs to hasten death.
2. Passive: Discontinuation or not restoring to use of extra ordinary life supporting measures like resuscitation.
3. Assisted suicide: a person providing another person the information guidance and means to take his own life with the intention that it will be used for this purpose.

The patient has the right to refuse medicine, treatment and has the right to receive appropriate management of pain at request even if his choice hastens the death. Some people choose voluntary refusal of food and fluids and they come under passive euthanasia in legalized countries.

LEGALIZATION:

First country to legalize euthanasia is Netherlands. In Belgium initially it is not legalized but tolerated. Later it is legalized. In northern territory of Australia the euthanasia, especially voluntary euthanasia has been legalized. In some parts of US including Oregon the physician assisted suicide is legalized. European countries like Germany, Great Briton, Wales, and Switzerland had been debating about legalization of euthanasia. With the Supreme Court allowing “passive” euthanasia under “exceptional circumstances”, India on Monday (7th March, 2011) joined a handful of countries which have legalized mercy killing in some form or other.

In Sep.2002, two years after the car accident in Normandy, that nearly killed him, 21yr old Vincent Humbert became disabled. He couldn’t walk, see, speak, smell, or taste again but could move his right thumb using which he said that “As more time passes the more I want to end the life” I don’t want to spend my life like a vegetable on bed”. Seeing his son’s plight, Marie Humbert took the situation in to hands and killed his son using high doses of barbiturates, for which she has been jailed. Many people of France supported her. They said that there should be dignity in living and when such dignity is not there it is better to end the life and they argued that one should have the right to die, because death is not an easy thing to accept and when person has himself become ready to die means he is in a position that is worse then the death itself, so it is minimum pleasure that should be allowed for such people.

Contrary to above many people do not support euthanasia, most consider “mercy killing” it self as a misnomer and religiously also people believe that our entry in to world is not a decision
made by us and so is our exit and also we being humans have no capacity to create another life or another human hence we have no right to destroy the thing which we can not create even though it belongs to us.

As doctors we take Hippocratic Oath which states “to people no one will I prescribe a deadly drug nor give advice that may cause death” as a doctor ones prime motto should be ‘primium nihil norce’ i.e., cause no pain or injury to patient. We should not encourage euthanasia and physician assisted suicides.

There are many dreadful diseases that suffer the patients to such an extent that they would tend to die, like Duchene muscular dystrophy, amyotrophic lateral sclerosis, dreadful cancers, but not all of them suffering from disease want to die, for ex. Goldamere a women suffering from cancer worked as prime minister of Israel but did not lose hope, which is the main force that makes every one to live. Another good example is, a gifted physicist Stephen hawking suffering from amyotrophic lateral sclerosis or lov gehring disease in which there would be progressive degeneration of muscles of the body and as the time passes it would worsen and cause death. Initially doctors thought that the disease would cause death in 5-6yrs, but it became wrong and in case of “Hawking his age now is 62yrs. it certainly caused impairment in normal mode of living as now the only muscle which is working in is body is cheek muscle with the help of which he is doing his work. He says that he witnessed death of a young boy opposite to his bed due to leukemia and compared his position with the boys position. He felt that the disease he got is better than that of the boys and felt that there are many useful things that can be done rather than dying.

Another old man Craige Cobby Evert, a university professor also suffered from same disease but he became first person to utilize the legalized euthanasia and die. That means only few people who are not optimistic in thought are opting for euthanasia. Many researches have shown that the pain or suffering due to disease is a causative for depression, and other factors like feeling of lack of independence and feeling of becoming burden to family and some such reasons are causing depression. In these cases the patients are not the only ones psychologically effected, their family members also become pessimistic about the patient’s condition. Another factor that is also a governing point is doctor’s psychological strength. If the physician is psychologically optimistic about his patient, he could and he would advise or counsel the patient and his relatives against euthanasia and treat the patient for depression. If he comes out of it he wouldn’t want to die, then there will be no question of euthanasia. So main duty of a sincere doctor would be to induce hope and not be depleting it.

If it is the economic condition that drives the patient to opt for euthanasia, it could be resolved by taking help from many NGO’s and some donors and policies can be made by government to assist such. If we support euthanasia on the economical basis i.e., because the patient can’t afford the treatment and would die subsequently starve to death. He can’t afford food and subsequently starve to death. The help we should extend should make the person better and relieved from suffering either it is disease or poverty, but not to suggest easy way of dying. And then what happens if euthanasia is legalized?
Had euthanasia been legalized before discovery of vaccines and antimicrobial drugs, diseases which were dreadful like small pox, chicken pox, malaria, polio all would have resulted in more euthanasia deaths, and all people, some by being inspired by others would opt for euthanasia and suffering which is main driving force that compels the scientists to discover new drugs would be lacking. It would have resulted in absence of vaccines and antimicrobials and new modes of treatment that are available now. Perhaps new advances in easy and quick ways of dying would have occurred, so this is a hindrance to true development, and any miracle can happen at any time like people have reawaken from coma which is not expected and one case has occurred in which a comatose patient is given right to die, which he did not avail because he got his senses and became normal just 2 days before the day on which euthanasia is to be done. If that had been dated 2 days before, he would have died. Also the patients decision to die is not a consistent one, i.e., a mother while bearing down during labor feels that the pain is worse that suffering death and would also think that it is better to die rather than bear it, but once she sees her baby she would forget all the pain and would be ready to have it, for another baby. Similarly if palliative care is given to the patient along with antidepressants, he wouldn't want to die and would even regret for wishing to die. Counseling can be made by quoting the examples of many disabled people whose disorder is severe than that of patients and who are psychologically strong, leading their life happily and successfully.

If euthanasia is legalized, the predicament will be worse i.e., there would be many deaths in fact murders under the cover of euthanasia. In Tamilnadu a state in India, where euthanasia has not yet been legalized there was a custom called ‘thalaikootalis’ in which the old and sick people would be given a traditional oil bath along with tender coconut water probably mixed with some chemicals hoping that this would cause aspiration pneumonia and death. In this way they want to reduce the burden and grab the property. Another thing is many judiciaries would not consider euthanasia and physician assisted suicides as suicide and so there would be no reduction in insurance policies, so people who want to enjoy the insurance would kill the other in the name of euthanasia.

In countries where euthanasia has been legalized many cases of malpractices have been reported. Like a nurse stating that doctors of euthanasia institution are encouraging the patients to go for euthanasia. Another thing is people who would not want to die can be killed and their organs can be transplanted to others who are in need of them, this is a point raised in support of euthanasia, and for transplantation of organs we need not kill the person, even after the natural death also, if taken off quickly and preserved properly, the organs from a cadaveric donor would be a good success.

Also people say, why wasting money and medical resources to those who want to die, let them die and use the resources for those who want to live. It may not be correct for one thing such wasting is must to progress in development and one should wait for the miracle to happen and try new drugs to improve such situation. Another thing whether the patient wants to live or not (because of this psychiatric condition may want to die) and whether his disease is worst or not, his
life is as precious as ours and resources, money should be equally used for them also. And more pitiable is case of non voluntary euthanasia in which the patient may have wanted to live if he is able to communicate, so euthanasia, a topic of debate for a non medical person may be an honour of death, but a medical person would not always support it.

REFERENCES:
1. Wikipedia the free encyclopedia
3. The Hindu English national daily dated; March 7, 2011