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Euthanasia and Informed Consent: Ethical Issues and Moral Implications

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Abstract: ***The one truth and one inevitable fate that every person ever born on earth must face is Death. Yet, almost all of us live our lives without care or without any preparation for meeting our ultimate end. In fact, we generally avoid talking about this phenomenon and even when we are forced to face the mortality of our lives, we normally try to distract ourselves and divert the issue. This is becoming a matter of concern in present times as the modern science and medicine are making progress and achieving success in keeping us alive through numerous interventions. Although, we are thankful for these developments and often they have made positive impact in lives of most people undergoing these treatments but there are few who remain totally dependent on medication and quality of their lives deteriorate to an extent that their lives seem meaningless and a burden. It is for these people that Euthanasia seems like a viable option; albeit the implementation of the same has given birth to a whole new set of ethical issues, the most important of which unmistakably is the concept of 'Informed Consent.' One may argue favourably that Euthanasia should be allowed, especially for the terminally ill patients; nevertheless, it must be emphasized that the same must not be done without 'Informed Consent' as far as possible. The issue here is that most patients who seem fit for Euthanasia are not in the position to give 'Informed Consent' and this is where we need to inform and educate people about the inevitability of death and help them prepare for the same. This paper shall try to explore the ethical issues around the concept of Euthanasia and argue in favour of seeking 'Informed Consent' from patients at an early stage of their treatment to avoid or rather minimize any moral implications.***

Keywords: Euthanasia, Informed Consent, Voluntary Euthanasia, Involuntary Euthanasia, Terminally Ill.

1. Introduction

There is no point in denying or running away from the fact that death is our ultimate destiny. Once we accept this inevitable truth, we can stop avoiding or skirting the issue and start preparing ourselves for the same. This has become even more important in present times when the natural ways of life as experienced by our previous generations has been completely taken over by modern science and medicine. Everyday, more and more people are coming under the ambit of modern-day healthcare systems which focus primarily on prolonging and sustaining the life of a patient by allpossible means. This sounds good and true to the ethical principle of primacy of life but a deeper analysis of numerous case studies would reveal a very different picture. Protecting life is the primary goal of all physicians and they are obliged to do so by both law and their professional code of conduct but role of the patient's condition and consent in the same should also be given due emphasis. The reason this issue is getting heightened attention is because of the progress science has made in keeping the body of a person alive. However, it is yet to reach the level of progress where it can claim to make any person healthy or at least self-sufficient. It is this transition phase in the journey of medicine where the people, both doctors and patients or their families, are faced with choices that have ethical and moral implications. Ideally, it would be preferable to give everybody the highest standard of care possible. Realistically, the highest standard of care is becoming increasingly expensive and impractical to provide to all sections of population. Even without the issue of inaccessibility of care, the ones who can afford the same are also not assured of the desired result and face the dilemma of continuing the care, considering its futility and cost on the patient in terms of pain and suffering while undergoing the treatment. This is where the concepts of Euthanasia and 'Informed Consent' comes into play, both for prioritising the treatment based on accessibility to medical care and on the condition of the patient who are terminally ill or under intense pain and agony due to their ailment.

Euthanasia:

In the simplest terms, Euthanasia means the act of termination of a very sick person's life in order to relieve them of their suffering. The term is derived from the Greek work '*Euthanatos'* which means 'easy death.' A person who undergoes Euthanasia usually has some incurable condition but this is not always the case as there are some instances where a person may wish to end their lives for other reasons. In many cases, Euthanasia is carried out at the request of the patient itself but there are other cases of Euthanasia as well where the patient themselves may be too sick to give their consent and the responsibility falls on the relatives, medical authorities involved or even the courts. This subjective and sensitive nature of concept of Euthanasia has given rise to many ethical issues and moral dilemmas. One may ask if it is morally right to end the life of a person even though they may be terminally ill and undergoing severe pain and suffering? If at all Euthanasia may be considered then what are the circumstances under which it may be justified and who shall be the person or persons deciding the same? The vast majority of our population do not adhere to the same moral codes regarding the value given to life or death. There are those who may believe that all life is gift of divine and we have no moral or religious authority to decide regarding the same. Then there are others who believe on the hedonistic principles of maximizing pleasure and minimizing pain and thus promote the idea of choice in cases of terminally ill and suffering patients. It is therefore evident that there is neither any uniformity nor there is a possibility of the same in regards to the basic principles concerning the value attached to human life. Thus, the question of either permitting or not permitting Euthanasia cannot be grounded on any universally accepted

fundamental principles of ethics or morality. The only possibility that seems to be legally and ethically valid if the idea of 'Informed Consent.' As long as the person undergoing Euthanasia has a choice which is exercised by them after having complete understanding of their situation, the ethical issues and moral implications involved can be minimized.

The Merriam-Webster dictionary describes euthanasia as "the act or practice of killing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy." [1] The definition seems straightforward but there are many types of Euthanasia that need to be known before a complete understanding of the issue may be achieved.

1) Active Euthanasia: In this type, a person directly and deliberately causes the death of the patient. Active euthanasia "occurs when the medical professionals, or another person, deliberately do something that causes the patient to die." [2] This usually happens when a physician administers a lethal dose of a drug or gives an overdose of painkillers in order to hasten a patient's death.
2) Passive Euthanasia: In this type, a person does not directly take the patient's life but they just allow them to die. Passive euthanasia "occurs when the patient dies because the medical professionals either don't do something necessary to keep the patient alive, or when they stop doing something that is keeping the patient alive." [3] Examples of passive Euthanasia includes withdrawing treatment such as switching off a machine that is keeping a person alive or withholding treatment such as not carrying out the surgery that may extend the life of the patient.
3) Voluntary Euthanasia: It occurs at the request of the person who is going to die as a result of the act. Voluntary euthanasia is "the action taken by the physician and the patient, who both agree (with informed consent) to end the patient's life." [4] The patient is provided sufficient information which enables them to understand the options available to them as well as the implications of their decision should they choose to go ahead with it.
4) Involuntary Euthanasia: In this case the patients are either unconscious and otherwise unable to make a meaningful decision between living and dying and an appropriate person make the decision on their behalf. It includes the cases where the patient is child or a person of very low intelligence who are either mentally or emotionally incapable of deciding anything on their own. Involuntary euthanasia "refers to a third party taking a patient's life without the informed consent of the patient." [5] These cases are most challenging in ethical and moral terms as the act would otherwise be considered as a murder if it happened outside the context of patients being terminally ill or medically incurable. The chances of misuse and corruption are greatest in these cases as the motives of the persons making the decision can be questioned and there are no appropriate or objective ways to determine the intensions of the people involved.
5) Indirect Euthanasia: In this case, the treatment is provided for relieving a symptom like pain that has the side effect of speeding the death of the patient. It is also known as Palliative Sedation in medical terms. It is considered different than the other types of Euthanasia because the medicine is not administered with the goal of killing the patient, but rather it is administered to provide relief to the patient from suffering via sedation [6]. Since the primary intension is not to kill, it is seen by some people as different from Euthanasia and thus morally acceptable. A justification on these grounds is formally known as the doctrine of double effect. However, the issue here remains the same as discussed in the previous point. The intention of the person administering the medication cannot be objectively evaluated and thus the issue of 'Informed Consent' gains prominence and 'Informed Consent' taken from the patient remains the only plausible parameter to gauging the validity of any such action.

2. Informed Consent

The phrase 'Informed Consent' has gained much prominence in both legal and ethical terms as it involves judging the authenticity of the decision taken by a person especially when they are not in a position to defend the same. The phrase becomes even more significant in Medical Ethics while dealing with the cases of Euthanasia as it seems to be the only factor that may be tested on the scientific principles of objectivity and certainty. However, before making such tall assumptions, it would be prudent to understand the various factors that are involved in the formation of an 'Informed Consent.' Anand Grover, in his capacity as the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, prepared a report in which he described 'Informed Consent' as "a voluntary and sufficiently informed decision that protect the right of the patient to be involved in medical decision-making and assigns associated duties and obligations to health-care providers." [7] He has laid out three elements of 'Informed Consent' which are described hereunder;

1) Respect for Legal Capacity:

According to Grover legal capacity is when a person can believe, weigh, comprehend and retain information to make a decision. It was noted by him that adults are assumed to have legal capacity. A medical personnel's responsibility to respect a patient's legal capacity is not waived if the patient's capacity to understand the information and make an informed decision is diminished because of the patient's illness or for other unrelated reasons, such as education level. A patient's legal capacity needs to be determined and information needs to be presented to the patient in accordance with their capacity so that an informed decision can be made by the patient, if at all possible. [8]

2) The Respect for Personal Autonomy:

The respect for personal autonomy may also be considered as the right to consent. The right to consent refers to the right to voluntarily make an informed decision about whether to allow or disallow a medical treatment. There are a few conventions that explicitly discuss the right of an adult to provide consent before medical procedures are performed. The right to informed consent not only consists of the right

to give consent, but also the right to withdraw consent. This right is exemplified in the Universal Declaration on Bioethics and Human Rights (UDBHR).Grover describes personal autonomy as consent that is given voluntarily and is not coerced or given because of misleading information or inappropriate influence. There must also be documentation that proves consent was provided before medical treatment occurs. He went on to mention the cases of coercion which included examples where the patients who were already under stress and fatigue were led to believe that something bad might happen if they did not consent. [9] The right to consent should be treated with utmost respect and care.

3) Completeness of Information:

The completeness of information or the Right to Information as it is commonly known, is the most important element as 'Informed Consent' cannot occur without the patient being told about alternatives, benefitsand risks of medical treatments. [10] Without this element of information, a patient does not have the ability to make an informed decision about whether to proceed with a medical treatment. The right to information is declared in the Universal Declaration of Human Rights, the Convention on the Rights of Persons with Disabilities and Optional Protocol and the International Covenant on Civil and Political Rights and therefore must be given highest priority in all cases of obtaining consent for Treatment or Euthanasia.

3. Conclusion

The renowned spiritual Mystic and Guru, Sadhguru Jaggi Vasudev says,

"As life is, death is. The awareness of this fact allows you to live fully and intensely. Life is constant uncertainty. The only certainty is death." [11]

Everyone wishes for a long life and a peaceful end without any pain or suffering to ourselves or our loved ones. Such a cherished goal may be realisable for some but it can neither be promised nor assured to anyone. Death is inevitable and will happen to everyone. No one can avoid death as it has the nature of sneaking upon a person in the most unexpected ways. But this does not mean we cannot have dignity in death. Everyone can most certainly prepare themselves for facing their end by learning about their options and deciding on the same well in advance. Euthanasia is never a person's first choice but usually their last. It is always ethically and morally preferable if the person concerned is in a condition to give an 'Informed Consent.' In such a case, it is the responsibility of appropriate authorities that all the rules laid out by different conventions are duly followed in both obtaining the 'Informed Consent' and documenting the same. However, in the unfortunate cases of Involuntary Euthanasia where the patient is not in a condition to give the 'Informed Consent,' the only fallback is if that person has previously considered such a situation and has left any instructions regarding the same. Thus, the need for educating people to become aware of their mortality and to prepare themselves for the eventuality by leaving adequate directives should such a need arises.

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