

EUTHANASIA IN MALAYSIA: OPINIONS AND CONTROVERSIES

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ABSTRACT: Euthanasia is one of the most controversial topics of the 21st century after cloning and genetic engineering. Has this issue arisen now due to changes in attitude and perception on life of the modern society? This project was undertaken to study the opinions of 2 selected groups of people and secondly, to highlight the legal, ethical and religious controversies on euthanasia. Two groups comprising medical undergraduates and medical personnel were given a questionnaire pertaining to his/her opinion and attitude towards euthanasia. The second part of the project was conducted via interviews.

The overall opinion from 399 respondents showed that 67.91% are against the practice of euthanasia. Religion is a powerful force against it as Malaysians in general are God-fearing people. There should be proper guidelines explaining how a doctor should respond to patients or family members of patients who request for euthanasia to be performed. It is not legal in Malaysia, but the court has the inherent power to permit it should a particular case have substantial reasoning and evidence. In conclusion, the level of awareness on euthanasia among medical staff and undergraduates is satisfactory. However, most of them do not approve euthanasia in Malaysia. (*JUMMEC* 2002; 2:92-99)

KEYWORDS: Euthanasia

Introduction

Euthanasia has long been of interest to populations around the world. It can be defined as the deliberate, intentional termination of the life of a patient in intolerable suffering with an irreversible underlying disease. Many have pondered upon the issue of whether ending a terminally ill person's suffering is an act of humanity or simply giving room to certain groups to play God. The legalization of this practice in certain countries has sparked debates on the ethical, religious and legal aspects concerned with this practice. With the improvement of health standards through increased awareness on illness, better personal and environmental hygiene, raised socio-economic standards and advancements in medical sciences, many are living longer nowadays. The percentage of elderly people in the society has indeed increased with the mean life span of individuals prolonged many years. With this come many issues that need to be addressed. Does a long life necessarily mean a meaningful one? How would the public deal with the increasing numbers of people suffering from terminal illness?

Euthanasia can be traced as far back to the ancient Greek and Roman civilizations. It was sometimes allowed in these civilizations to help others die. As religion further spread its influence, life was viewed to be sacred and euthanasia in any form was seen as wrong. At present, euthanasia is legal in Netherlands and just recently in Belgium. Several countries, for example, Switzerland and Columbia tolerate euthanasia. The state of Oregon in the United States has allowed assisted suicide since 1996 (1).

In Malaysia, euthanasia is not something unheard of. The local mass media often reports latest advancements on this issue. However, how ready are Malaysians to tackle such an issue in a local setting? We have heard of people putting their pets to "sleep" if they were suffering. Does the same concept apply to man as well? In our rather conventional and religious-conscious society, legalizing euthanasia may not be an accepted option. On the other hand, as members of the free world, many may have

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different views on this issue, but with the same aspirations: to be able to make that choice for themselves.

Methodology

This study was conducted to obtain the views on euthanasia of medical personnel (doctors and nurses) and medical undergraduates in Malaysia and to compare the opinions of the 2 groups. Questionnaires were distributed to 199 medical doctors and nurses from the University Malaya Medical Center and 200 medical undergraduates from 3 universities (University Malaya, University Kebangsaan Malaysia and International Medical University). For the second part of the study, interviews were carried out with four religious leaders, a senior medical professional and a high court judge.

Results

The Questionnaire consisted of 6 questions

A total of 200 medical undergraduates and 199 medical personnel participated in the questionnaire. There was no sexual, racial or age preference. The only criteria set was for them to be a medical undergraduate at the time the study was carried out. The other group consisted of lecturers, consultants, medical officers, housemen and nurses (medical personnel).

62.69% of the sample population (n = 399) were Muslims, 12.43% Christians, 12.95% Buddhists, 8.55% Hindus and 3.37% other religions or free thinkers.

Question 1: What is your opinion on euthanasia or mercy killing? (Fig. 1)

Among the medical undergraduates, about half of them (45.50%) were against euthanasia, whatever the reason, compared with nearly a third of medical personnel (31.15%) against euthanasia. A quarter (25.63%) of medical personnel and 16.50% of medical students felt that each individual had the right to choose. About a third in each group thought that euthanasia was acceptable in certain situations. Less than 8% in both groups had never thought about the issue.

Question 2: Would you ever consider euthanasia for yourself or a family member?

39.69% of medical personnel would consider euthanasia for themselves or a family member in their lifetime. However, only 24.50% of medical students claimed that they might do the same.

Question 3: If you answered YES for question 2, under what circumstances would you consider euthanasia? (Fig. 2)

Out of the 39.69% of medical personnel who approved of euthanasia, more than half (51.89%) of them would

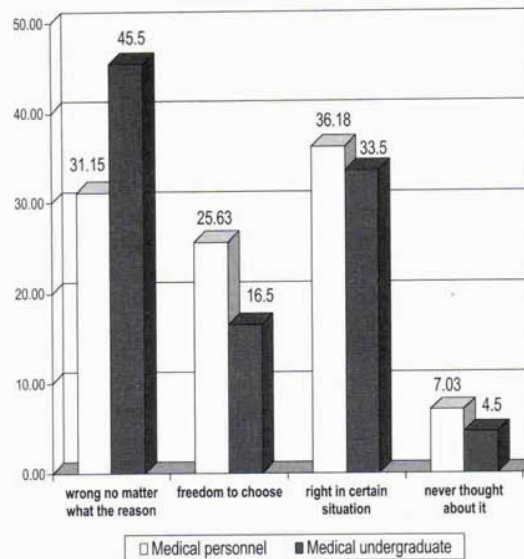


Fig. 1: Q1 - What is your opinion on euthanasia or mercy killing?

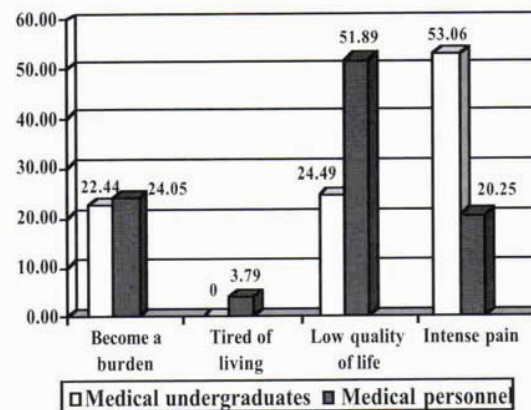


Fig. 2: Q3 - If you answered YES for question 2, under what circumstances would you consider euthanasia?

ask for it if they had a low quality of life. Among the medical students, the majority (53.06%) would consider euthanasia if they were in intense pain.

Question 4: If you answered NO for question 2, what is your reason? (Fig. 3)

The majority of both groups cited religion as the reason for voting against euthanasia for themselves or for family members.

Question 5: Are doctors who practice euthanasia trying to play God?

More doctors and nurses (73.46%) than medical students (57.14%) were positive that doctors who performed euthanasia were not trying to play God.

Question 6: As a medical personnel, how would you

respond to a patient who requests to undergo euthanasia? (Fig. 4)

The final question in the questionnaire dealt with how the subjects would respond to a patient who requested to undergo euthanasia. The majority of both groups said that they would convince the patient to change his or her mind. 13.56% of medical personnel admitted that they would perform euthanasia, contrasting with 3.01% of medical students. Almost 10% of medical undergraduates and medical staff felt that the patient should be advised to take the issue to court. Less than 10% of each group would ignore the patient's request.

Interview Results: 4 interviews were conducted.

1) An interview was conducted with Dr. Rahim Affandi Abd. Rahim (Jabatan Fiqh dan Usul, Akademi Pengajian Islam UM) on the religious controversy regarding euthanasia.

Q1: What does Islam say regarding euthanasia?

Answer: Firstly, I would like to stress out that Islam is flexible and can tolerate modernization. Regarding euthanasia, in terms of the patient himself wanting to end his life, Islam is strictly against it. This is because only God has the right upon a creature's life including mankind.

It is prohibited to end one's life and can be considered as murder. However there are times when Islam allows euthanasia for instance when the patient himself is in vegetative state for a long time. His life only depends on the life support machine and there are other patients who need the life support facility. In this situation, Islam is more interested in sparing and saving another person's life which has a better chance to survive.

Q2: What would you advise if somebody wants to undergo euthanasia?

Answer: I would remind him that it is wrong in Islam and he must face any problem that arises. Patience is the key.

Q3: Is there a possibility for change?

Answer: Absolutely no.

Q4: In your opinion, how strong is the influence of religion among the public on the controversies of euthanasia?

Answer: It is very strong among the Muslims because of the implementation of the law and also the "fatwa" institution. This somehow will protect the Muslims from being exposed to such situations. However, I'm aware that in this global world, some of the Muslims might consider euthanasia because of the influence of the Western civilization without considering what religion has to say about it.

Q5: Any quotes or sayings from the Quran regarding issues pertaining to euthanasia?

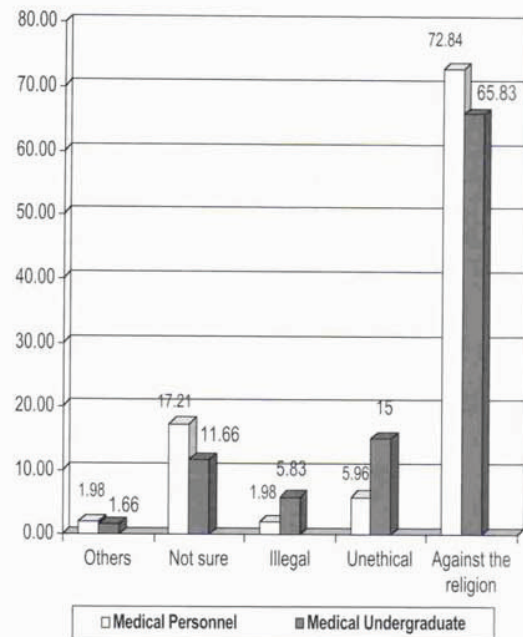


Fig. 3: Q4- If you answered NO to question 2, what is your reason? Percentage of each group (%)

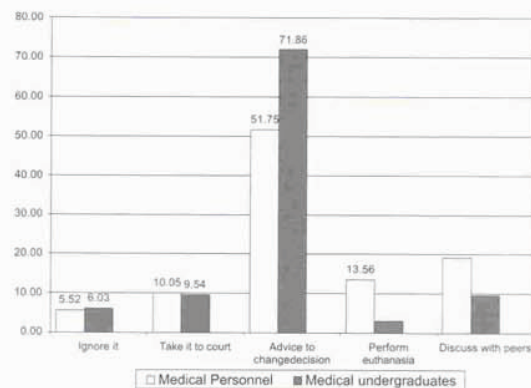


Fig.4: Q6 - As a medical personnel, how would you respond to a patient who requests to undergo euthanasia?

Answer: Yes.

"Do not kill (or destroy) yourselves, for verily Allah has been to you most Merciful" (Quran 4:29) (2).

2) This interview was conducted with Dr. K. Sri Dammananda (Buddhist Maha Wihara, Brickfields, Kuala Lumpur) regarding the views of Buddhism on euthanasia.

Q1: What does Buddhism say regarding euthanasia?

Answer: According to Buddhism, mercy killing cannot be justified. Mercy and killing can never go together. Killing is wrong no matter what the reason, even if it is for self-protection. The actual motive of performing

mercy killing is important. If one sincerely believes that it could relieve the suffering of the person in pain, the act of killing perhaps would not carry as much bad reaction. However, many people in the West are all pro-euthanasia due to selfish reasons. Many of them take it as a physical, emotional and financial burden to take care of family members who are terminally ill. Therefore it is also in the best interest of the family members if the suffering of the sickly are terminated.

Buddhists believe that in a person's lifetime, no one is free of suffering and emotional distress. One's bad doings in their previous life (karma) causes this. If one ends that duration to exhaust one's karma before it is time, the remaining karma would be carried forward to another existence. No one can escape from it. Therefore it is best for a person to exhaust all the karma in the same lifetime. It is also considered a sin for a person to take away another person's life before it is rightfully their time to go. How bad is the action? It is scaled based on the intentions of the person committing the crime. Even if euthanasia is performed with the aim of reducing the patient's suffering, the net effect is still a negative one, in the eyes of Buddhism. However, the extent of the sin committed may not be as severe as a person who intentionally commits murder. On the whole, one should not violate the rules of nature.

Q2. What would you advice one of your devotees if approached on mercy killing for a relative?

Answer: It is best to explain the consequences and what the religion has to say about such a thing. It would also be necessary to convince them that it is their duty and their karma to go through such experiences in their lifetime. Buddhism is a religion of freedom and reason. It is important to guide people so that they make correct, informed choices, which would enrich their spiritual growth.

Q3. Is there a possibility for change?

Answer: No. The basic fundamental of the religion - not to take another's life - is permanent.

Q4. In your opinion, how strong is the influence of religion among the public on the controversies of euthanasia?

It is definitely not 100%. However it can be confidently said that more than 50% of buddhists in this country would not undergo or perform euthanasia knowing what the religion is teaching. The Buddha has said:

"Kill not. All tremble at the rod. All fear death. Comparing others with oneself, one should neither strike nor cause to strike." (3).

3) This interview was conducted with A. Nagappan (Masters in Saiva Siddhanta, Editor-in-chief of Shakti magazine).

Q1. What does Hinduism say regarding euthanasia?

Answer: Euthanasia is definitely prohibited by Hinduism. According to this religion, the main purpose of birth is to educate the soul. The soul undergoes several births where it enters a new body every time. During its lifetime being man, animal or any other living thing, the experiences it goes through are due to his or her karma in its previous birth. This karma is already destined and for every action there is a consequence to pay for in the next life. In a particular life, one may go through much suffering and pain due to his/her wrong doings in the previous life. Therefore it is best for one to exhaust all the karma in that lifetime. This is because only when one is free from this karma can the soul reach a stage where the soul no longer takes births and is one with God. Pertaining euthanasia, the act of terminating the suffering that is destined in that lifetime would cause the karma that should have been undergone to be carried forward to the next life. There is no running away from this destiny. Therefore the act of terminating one's life is against nature - it is prohibited.

Q2. What would you advice a person if approached on mercy killing for a relative?

Answer: Every individual has the right to live. Only God can take that life away. It is also not right to take away the opportunity of that person to exhaust his/her karma.

Q3. Is there a possibility for change?

Answer: The teachings of Hinduism are universal. The basic essence of the religion is permanent. However, with the changing society and environment, there may be alterations in the way people deal with such issues, but not in terms of what the religion teaches regarding it.

Q4. How strong is the influence of religion among the public on the controversies of euthanasia?

Answer: Most Hindus are aware of the theory of karma, however, it is rather difficult to predict people's actions in this modern age.

4) An interview was conducted with Bishop Paul (Bishop of the Lutheran Church, Brickfields, Kuala Lumpur) regarding the views of Christianity on euthanasia.

Q1. What does Christianity say regarding euthanasia?

Answer: One must understand the meaning of life and that God is the provider. We are all accountable to Him alone. Only he has the right to take away life. Even in suffering, God can speak. Many attain spiritual growth and realize the meaning of life in suffering. It is best to let time take its course. The Bible has stated 'You shall not murder' in Exodus 20:13.

Q2. What would you advise a person if approached on mercy killing for a relative?

Answer: As far as religion is concerned, the bible says that it is wrong to kill. However in the context of euthanasia, many factors come into play and all these need to be considered. Therefore each situation needs to be evaluated individually. The practice of euthanasia can be very dangerous to society. It could create a society that does not value life. It may also discriminate the disabled and cause them to be exploited. Those who have selfish financial and social needs could determine the fate of those who cannot express themselves. It is important for people to realize the long term complications and implications of this practice.

Q3. Is there a possibility for change?

Answer: As far as the teachings in the Bible are concerned, there is no room for change.

Q4: How strong is the influence of religion among the public on the controversies of euthanasia?

Answer: The influence of religion is possibly undermined slowly, as young people tend to have their own opinions even when they fully understand what the Bible teaches.

5) An e-interview was conducted with Dato' Prof. Alex Delikan (senior consultant anaesthetist, Kuala Lumpur) regarding the ethical controversy with the issue on euthanasia.

Q1. What are the ethical controversies regarding euthanasia?

Answer: Defining euthanasia as "the deliberate, intentional termination of the life of a patient in intolerable suffering with an irreversible underlying disease" (for example, terminal cancer in a patient with pain), one can and will face ethical dilemmas such as:

a) Doctors have a duty to save life - do we have the right to end life (because we have failed to alleviate suffering)?

b) Do we have the right to prevent life, to determine life, to prolong suffering with futile therapy, to deny a fellow human being the dignity in dying? Is it the patient's right, is it the doctor's prerogative or is it a combined decision of the patient, the relatives and the doctor?

c) Should a doctor assist suicide (when he cannot alleviate the suffering of a patient with an incurable, irreversible condition)?

d) Should doctors and hospitals charge fees for futile therapy, which prolongs suffering knowing that cure is not available within their means but might be available elsewhere?

Regarding futile therapy another dilemma doctors face is should we not start it or withdraw it and thus allow the underlying irreversible disease process to run its course, not resuscitating when cardio-respiratory arrest occurs? Some refer to this situation as "passive euthanasia". Many doctors practice passive euthanasia having discussed and accepted the poor prognosis but ensuring that pain and suffering are under control. This is a very tricky situation where senior members of the medical team must make the final decision and take responsibility.

The final pathway is that as doctors we have a duty to treat and alleviate suffering. Better and more effective drugs are now available for pain relief and we have no right (under Malaysian law we can be charged with murder) to end a life or practice "active euthanasia" or assist in suicide.

Q2. What would your advice be to a terminally ill patient who requests to undergo euthanasia?

Answer: As a doctor I will not accede to such a request. Palliative and hospice care are developing in this country and this is what I would recommend.

Q3. What is your comment on a statement that "doctors who practice euthanasia are trying to play God"?

Answer: Doctors who practice euthanasia in countries where it is legalized (thankfully not in this country!) will have to grapple with this dilemma - "playing God" or "did I make the right decision for the patient's sake or my sake", remembering that one has to look and face that person in the mirror!

Q4. In your opinion is there a possibility for euthanasia to be legalized in Malaysia, in the future?

Answer: Euthanasia will never be acceptable in our multireligious, multiracial society. We are steeped in proud traditions based on respect for fellow human beings, for God and for Life.

6) An interview was conducted with Justice Augustine Paul (High Court Judge) regarding the legal controversy with euthanasia.

Q1. What are the views of the Malaysian judiciary system on euthanasia?

Answer: First of all, one must understand that the law is passed by the parliament. The function of the court is only to apply the law. There is no law pertaining to euthanasia in Malaysia at the present moment. However the court has the inherent power to permit euthanasia if a case comes up. The meaning of inherent power is the power given to the court to pass a judgment although there is no law. It can be permitted if the court has enough proof on the status of the patient and other social factors.

Q2. From a legal aspect, is euthanasia considered a form of suicide?

Answer: It can be considered as suicide if a patient himself takes his life. One would usually consider suicide when they are depressed and undergoing emotional trauma. When person's wish to commit suicide is carried out, it can be considered as assisted suicide.

Q3. If a Malaysian citizen is keen to undergo euthanasia, is there a possibility for it to be carried out?

Answer: Yes. The case can be taken to court.

Q4. Why doesn't the legal system uphold euthanasia?

Answer: The court only exercises the law which has been passed by parliament. There may be ethical and religious controversies when passing such a law in parliament. Religion has a very strong influence on the Malaysian population. The government takes heed of the needs of religion and her people.

Q5. What are the consequences of a medical practitioner who practices euthanasia in Malaysia?

Answer: When one person takes the life of another, the death penalty would be carried out.

Discussion

There are other terms related to euthanasia, such as active euthanasia and voluntary euthanasia (see Appendix). In its simplest meaning, euthanasia can be described as an act of inducing the painless death of a person for reasons assumed to be merciful. This research was conducted to study the opinions of the public and the controversies surrounding this issue. The questionnaire was distributed among a well-educated population who come from all states in the country. Therefore the results of this survey may not reflect the actual thinking of the man in the street. Nevertheless, it is hoped that this study gives an understanding of the attitude of those involved in the medical line (medical students, doctors and nurses) toward euthanasia.

The racial distribution of the respondents is similar to the national racial distribution. Analysis of the questionnaires revealed that about half the medical undergraduates and a third of the medical personnel were against euthanasia, whatever the reason (Figure 1). The higher acceptance of euthanasia among the latter is probably due to the fact that doctors and nurses are in contact with terminally ill patients on a daily basis. Their personal experience of seeing the dilemma and suffering that some patients go through during the last days of their lives could influence their opinion and attitude towards euthanasia. This is also reflected by a higher percentage of medical personnel, compared to medical students, who would consider euthanasia for themselves

or a family member (Question 2). Overall, only a third of the respondents (32.09%) favour euthanasia.

Among the medical personnel who were pro-euthanasia, 51.89% considered that a low quality of life was important to decide for euthanasia whereas the presence of pain was the most important (53.06%) factor for the medical undergraduates. This small disparity may be due to better awareness on recent advancements on pain management among the medical personnel. However, for the man on the street that is unaware of this, intense pain may be a prime factor that might cause them to give up hope in life.

Among those who are anti-euthanasia, religion is a powerful reason against taking life. Islam, as the official religion and also the faith of majority of the respondents, could explain this finding. In this country, there is great emphasis to educate especially young children on the principles and teachings of religion. The importance of observing their duty to family, religion and country under all circumstances is stressed throughout schooling. Malaysians are generally God-fearing people.

The majority of medical personnel do not agree that doctors who practice euthanasia are trying to play God. This is not surprising as doctors and nurses are dealing with life and death daily. They are also aware of the responsibility that they hold and the pressure that they go through in order to decide what is best for the patient and the family and that is at the same time legal and ethical. Many doctors also need to confront situations and make decisions, which are perhaps against their personal beliefs. This could explain why most doctors who are dealing with patients who wish to undergo euthanasia would study the case thoroughly first and get an opinion from other senior members of the profession. Not many are willing to take this heavy responsibility on their shoulders alone. Only a minority of medical personnel admit that they would advise patients who wish to undergo euthanasia to take it to court. Perhaps in the future when doctors face more of such cases, the option of advising them to take it to court may be more popular.

From our survey, 32.09% of respondents are pro-euthanasia in Malaysia. A recent poll featured on the internet reports 57% are in favor of euthanasia in the United States of America, 76% in favor in Netherlands (4).

We agree with Datuk Prof. Alex Delilkan's opinion that it is very unlikely for euthanasia to be legalized in this multiracial and multireligious nation.

The second part of the study deals with religious, ethical and legal controversies surrounding euthanasia.

Religious controversies

There is a lot of similarity in the concept of karma among the Hindus and Buddhists. Both religions claim that it

is the duty of a person to go through the suffering that has been destined in that lifetime. Only then can the soul achieve better spiritual experiences. On the other hand, Islam and Christianity place more emphasis on the sanctity of life and that only God has the right to take away a life. However in Islam, the act of taking away the life of a terminally ill patient can be permitted if it would benefit other patients who might require the limited hospital facilities, for instance, in the Intensive Care Unit (5). All the religions are certain that the fundamentals of the religion are permanent. People and their beliefs may change with time but the teachings of the religions would always remain the same. With the increasing influence of the western world, it is difficult to predict if people would obey religious teachings and live according to them. However, one cannot deny the fact that generally Malaysians are God-fearing people.

Ethical controversies

As medical professionals, the issues of life and death are dealt with on a daily basis. Doctors often find themselves in a difficult position as to whether they should grant the wishes of a suffering patient or do what is right in the eyes of religion, ethics and the legal system. Should doctors end lives because they have failed to alleviate suffering? Is there meaning in prolonging the suffering of a terminally ill patient? It is difficult to find answers to such questions. The ideas of different doctors may also vary. For instance, Datuk Dr. Alex Delilkan is not totally for or against euthanasia. He believes that palliative treatment and advancements in pain management can help reduce the pain and suffering of those in need. However, a euthanasia pro-activist in Australia, Dr. Phillip Nitschke who has himself helped four of his patients end their lives, is positive that even if he had not done it, those patients would have ended their lives sooner, and probably would have used more violent methods (6). Views and opinions of medical professionals vary greatly throughout the world. This issue may not be a major concern in Malaysia at the present time. However there is no doubt that in years to come many doctors would have to face it head on. It is therefore important that by that time, guidelines for the medical profession be available, taking into account sociocultural and religious factors.

Legal controversies

Euthanasia is at present illegal in Malaysia. The future for the practice of euthanasia in this country is rather glum. In order for it to be legalized, it would need to be passed by parliament. This would however require the support of the people. It is evident that most Malaysians are very much rooted in their religious beliefs.

Many find it difficult to define the difference between euthanasia and suicide (1). Some commit suicide due to emotional difficulties while there are also some

people who decide to end their lives due to physical or emotional difficulties that come with an illness. Can the act of taking a life away be justified just because there exists a terminal illness and there are medical professionals willing to perform the task? Those survivors who have attempted suicide and failed, often debate as to why they should be convicted, as they should have the right to determine if they want to live or not. Suicide and attempting suicide is illegal in Malaysia as well as most Commonwealth nations. It is simply because it is wrong to take any life away even if it is your own. Religion may have played a part in the determination of such policies. The existence of such rulings would definitely make every person who is contemplating to end any human life to think twice.

Conclusion

It can be concluded that only a minority (32.09 %) of medical students and medical personnel are pro-euthanasia. It is clear that religion is the main reason for this outcome. It is also very unlikely for euthanasia to be legalized in this country in the near future. However, medical professionals need proper education and guidelines on dealing with this issue as personal opinions on euthanasia vary among individuals. Legal, ethical and religious controversies surround the unfinished debate on euthanasia (7). Nevertheless, it is expected that with increasing awareness and acceptance among the public, doctors may face more euthanasia requests from patients in the future.

As the study consisted of people of a high academic qualification (and not the man in the street), the results obtained may not reflect the most accurate picture of the standing of euthanasia in this country.

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APPENDIX

Terms related to Euthanasia

(a) Active Euthanasia

– This involves causing the death of a person through a direct action by administering a lethal dose of drug to a patient. A well known example was the mercy killing in 1998 of a patient with ALS (Lou Gehrig's Disease) by Dr. Jack Kevorkian, a Michigan physician. His patient was frightened that the advancing disease would cause him to die a horrible death in the near future; he wanted a quick, painless exit from life. Dr. Kevorkian injected controlled substances into the patient, thus causing his death. Charged with 1st degree murder, the jury found him guilty of 2nd degree murder in 1999.

(b) Passive Euthanasia

– Hastening the death of a patient by altering some form of support and letting nature take its course. For example:

- Removing life support equipment (e.g. turning off a respirator)
- Stopping medical procedures, medications etc.
- Stopping food and water and allowing the person to dehydrate or starve to death
- Not delivering CPR (cardio-pulmonary resuscitation) and allowing a patient, whose heart has stopped, to die.

(c) Voluntary Euthanasia

– The termination of one's life which proceeds in response to the (informed) request of a competent patient.

(d) Involuntary Euthanasia

– The killing of a patient who has not explicitly requested aid in dying. This is most often done to patients who are in a Persistent Vegetative State and will probably never recover consciousness.

(e) Persistent Vegetative State

– Individuals with massive brain damage who are in a coma from which they cannot possibly regain consciousness.

(f) Physician Assisted Suicide

– A physician supplies information and / or the means of committing suicide (eg. a prescription for lethal dose of sleeping pills, or a supply of carbon monoxide gas) to a person, so that they can easily terminate their own life. The term "voluntary passive euthanasia" (VPE) is becoming commonly used. One writer suggests the use of the verb "to kevork". This derived from the name of Dr. Kevorkian, who has promoted VPE and assisted at the deaths of hundreds of patients (8). Originally he hooked his patients up to a machine that delivered measured doses of medications, but only after the patient pushed a button to initiate the sequence. More recently, he provided carbon monoxide and a face mask so that his patient could initiate the flow of gas. Other modes of physician assistance in suicide might include providing moral support for the patient's decision, "supervising" the actual suicide and helping the patient carry out the necessary physical action. For example, a very frail patient might need a certain amount of physical assistance just to take pills.

(g) Suicide

– Intentional termination of one's own life.