

Social Medicine

THE CONUNDRUM OF EUTHANASIA

ZAHID HUSSAIN KHAN, M.D.

From the Department of Anesthesiology, Imam Khomeini Hospital, Tehran University of Medical Sciences, Tehran, Islamic Republic of Iran.

Before I make an attempt to dilate upon the diabolical and controversial subject of euthanasia, I feel it indispensable and highly imperative to write briefly about death and the criteria that establish death.

MJIRI, Vol. 9, No. 1, 61-64, 1995.

Death and its conception

There are hardly any controversies that death is inevitable. Sooner or later death extends its clutches and grabs the life that we love so much.

When the last moments of life approach or when death becomes imminent, the fear of the unknown haunts us and with melancholy we cast a critical look over our life and the days bygone.

What makes human life valuable and why people crave to have a long life and why people fear death are some of the questions that are lamentably ill understood.

According to Islamic ideology, death is not a terminal stage but in fact the beginning of a new life and all God-fearing persons sustain and endure all the vicissitudes of life so as to acquire the highest stratum of human piety, grandeur and excellence which enable them to reach their creator.

Again according to Islamic thought, death ensues when the spirit or soul departs the body. I will not go into detail concerning the spirit and soul but quote a verse from the Holy Quran:

...They will ask you concerning the spirit, say "The spirit is by command of my Lord, and of Knowledge ye have been vouchsafed but little..." (Holy Quran: 17; 85)¹.

Although death appears to be a simple and straightforward term, nevertheless it is intriguing and puzzling for the medical experts. Therefore before embarking upon the

riddle of euthanasia, it would be highly appropriate to carve out an elaborate, tangible and meaningful criteria for death.

Criteria of death

The ordinary person who is totally oblivious of medical and theological knowledge would console himself with the simple criteria of a motionless, unresponsive and unrespiring patient and these simple criteria would satisfy his death criteria.

The medical experts however base their criteria of death on tangible and concrete biological events; but then, even amongst them controversies exist.^{3,4,5}

Some consider death to be a process and not a sudden event, and they substantiate their preposition on the grounds that the degenerative processes that start in the body when the person is still living are in fact the beginning of this process.² Although as physicians, we undoubtedly agree that the degenerative processes start when the person is still living, this theory singularly fails to demarcate in clear and unequivocal terms the difference between life and death and further makes it abundantly difficult to announce the exact timing and moment of death.

We cannot have illusions and vague conceptions about death because death entails social, religious, medical and legal issues which bring in their wake other pressing and tantalizing issues such as the precise and exact execution and announcement of wills.^{6,7}

I personally reckon and feel that the human body and its intricate subsystems including the brain behave in a quantal

*Presented and read at the International Congress on Medical Ethics, 14-16 July, 1993 at Tehran, Islamic Republic of Iran.



Fig. 1. The patient in a progressive vegetative state, totally oblivious of his surroundings.

phenomenon, i.e., all or none law. This signifies that the entire human body functions either as a single workable unit or not at all, therefore the theories emphasizing that death cannot be announced so long as the heart or brain function independently with no coherence or fine adjustment with the rest of the body organs are in fact fictitious and an incorrect assessment of the problem and do not appeal to the mind.

I would leave death and its criteria for a while and enter into the conundrum of euthanasia.

EUTHANASIA

This word means implementation of death in a gentle and easy way.² Before getting into the perplexities of this diabolical entity, I would like to dilate upon its different forms which must be understood.

In voluntary euthanasia the individual consciously, voluntarily and willingly approves of euthanasia whereas in non-voluntary and involuntary forms of euthanasia, it is implemented without a formal consent of the individual.^{2,3}

The most glaring example of voluntary euthanasia is suicide or self murder. According to Islamic tenets this form of voluntary euthanasia violates God's commandments and is therefore forbidden. However if life becomes monotonous,



Fig. 2. Conjoined twins: their separation is a formidable challenge and almost impossible.

unbearable and full of suffering then should persons take decisive actions about their life and bring an end to their sufferings by terminating their life on the grounds that it is an autonomous act and does not encroach on one's liberties and freedom?

Autonomy has a really meaningful and indispensable role in one's life. Can we deny the people the power of choice and the freedom of exercise over their own destiny is a question that can be interpreted differently by theologians, humanists and ideologues. Is such an act legally permitted because it does not encroach on someone else's privacy and for that matter falls strictly within the domain and jurisdiction of the individual concerned?

The entity of non-voluntary euthanasia comes up when we come to the conclusion that the individual would prefer to die rather than endure the circumstances of living and when it is not possible to confirm whether the individual concerned also shares the same views (Fig. 1).

Can we intuitively feel that individuals would prefer death to existence under extraordinary conditions of living?

In short, voluntary euthanasia more or less overlaps with non-voluntary euthanasia.

DISCUSSION

Whenever we talk of euthanasia or whenever euthanasia is discussed in terms of morality, the first thing that strikes the mind of legal advisors, medical experts and ethical pioneers is whether voluntary euthanasia is justified or not.

Why should voluntary euthanasia engage all our academic pursuits when both Catholic and Islamic theologians unanimously condemn it as an abominable act? On the contrary it is non-voluntary euthanasia that hangs like a Democles' sword round our necks and which remains a bone of contention between people of different ideologies and different backgrounds.

What are the grounds for non-voluntary euthanasia?



Fig. 3. A mentally retarded child who is paraparetic and has an encephalocele.



Fig. 4. Is the enigma of the soul more perplexed than euthanasia itself and are things crystal clear at the other end of the dark and horrifying tunnel?

This is not a mathematical question to which we can provide a speedy answer but needs serious sessions and dialogues to clinch the most tangible and plausible answer.

Perhaps you as readers would like our organisms to die when we cease to be persons but are we allowed to implement non-voluntary euthanasia under similar conditions and thereby confuse the distinction between biological death and the loss of personhood?

In light of the immense cost that is needed to cater for patients who have ceased as persons, the question that constantly comes into my mind is whether governments and

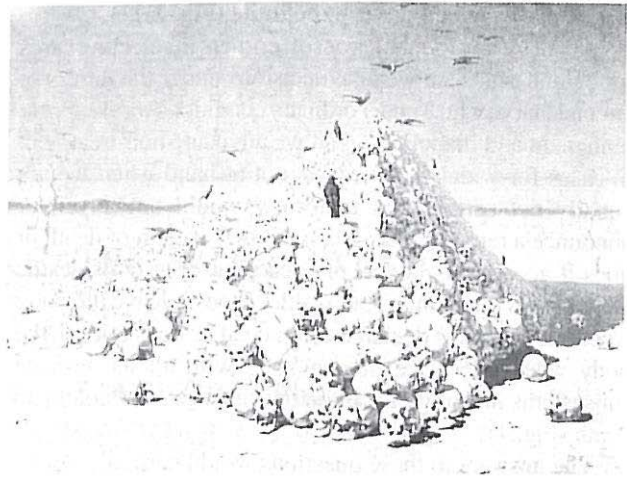


Fig. 5. Shall we fall like vultures on human bodies proved and confirmed to have fulfilled the criteria of brain death and take away organs for transplantation without taking into consideration the sanctity of the body as a whole?

medical personnel are morally, legally and religiously permitted to withhold and decline treatment to such patients under the pretext that the resources and money can be directed to other useful pursuits.

How is it that different forms of non-voluntary euthanasia such as human torture which eventually end up in death, capital punishment, mass executions, and massacre of innocent people en masse with weapons of mass destruction are being conducted and implemented throughout the world without the least scare, moral or religious restraints or the least horror? By all available definitions, all such forms are different forms of non-voluntary euthanasia.

How is it that such forms of non-voluntary euthanasia are practiced without any fear whatsoever but implementation of it in cases of patients looks horrifying and scaring? When both are termed non-voluntary euthanasia, then how come one form is executed with relative ease whereas the other form is not executed and if at all executed in rare instances, it is feared to leave an agonizing imprint on one's conscience?

Do we have double standards when we deal with such cases? Do we deceive ourselves when we take calculative and tentative decisions in such situations?

Governments which either do not have the resources to control natural calamities or epidemics or fail to provide health coverage to its citizens either because of mismanagement of public funds or scarcity of funds can certainly not be expected to provide extravagant care to such patients such as myelomeningocele, premature infants and patients who have lost their cognitive capabilities (Fig. 3).

Can we take decisive actions under such conditions and utilize our resources to help those patients where we see a glimmer of hope rather than waste our resources on patients about whom we are definite and sure that our entire adventures

and exercises would prove to be futile (Fig. 2)?

Are there any loopholes or soft corners in selecting cases for euthanasia? Can we take decisions under the duress of circumstances which under ordinary conditions would appear repugnant and diabolical? Can we advocate non-treatment in cases for which a remedy is not at hand when we are equally not certain that tomorrow would not unveil or announce a remedy? Has Islam its own criteria of death or does it accept the universally accepted criteria of death? Where does the human soul reside? Does it leave the body when the person is declared brain dead or does it leave the body when the entire human subsystems including the brain has undergone a biological death (Fig. 4)?

The answers to these questions would certainly not be easy and it is hoped that the religious scholars thrash out these thorny questions and offer succinct and plausible answers to these dilemmas that bother the minds of all concerned.

Do we observe the religious commandments and doctrines when we perform organ transplantations? Can an organ such as a kidney or heart be removed from an individual who has had a fatal accident and who meets the accepted criteria of brain death? Removal of an organ from an individual who has not given a formal consent transgresses human rights and can be challenged in both the Islamic and the western courts. Secondly, are we more than sure that brain death correlates or equates with whole body death as depicted in Islamic theology and are we permitted to fall on this body like vultures and remove those organs that we need for other needy persons (Fig. 5)?

RESULTS

Professional responsibilities and theological intricacies are highlighted in this paper to enable the reader to grasp the

intricacies of the abominable and debatable act of euthanasia. The concern of the people about voluntary euthanasia continues to attract the intellectuals' pens but other forms of euthanasia which certainly appear more diabolical and sinister remain neglected and the author has tried to elaborately thrash out these thorny issues to arrive at a consensus.

Pressing issues are brought to the limelight and certainly more deliberations and written work is needed to unveil some of the unanswered questions about euthanasia.

The death criteria are being elaborately discussed and so long as a consensus of opinion is not arrived at about the criteria of death, the problem of euthanasia would always remain to be a challenge and an enigma for the medical, ethical and theological experts.

The author has made an endeavour to keep the ball rolling and would welcome others to continue with this challenging debate.

REFERENCES

1. The Holy Quran, 17: 85.
2. Culver CM, Gert B: *Philosophy in Medicine*. New York: Oxford Press Limited, pp. 179-194, 1982.
3. Khan ZH, Tabatabai SA: *Head injuries, pathophysiology and management*. Tehran: Jihad Daneshgahi, pp. 23-39, 1992.
4. Mackenzie BD: *Behaviorism and the Limits of Scientific Method*. London: Routledge and Kegan Paul Limited, pp. 104-148, 1977.
5. Harris J: *The Value in Life*. London: Routledge and Kegan Paul Limited, pp. 238-250, 1982.
6. Roset I: *The Psychology of Fantasy*. Translated from the Russian by Savchenko S, Pamakh A. Moscow: Progress Publishers, pp. 217-232, 1977.
7. Armstrong DM: *Perception and the Physical World*. London: Routledge and Kegan Paul Limited, pp. 93-119, 1961.