A Critique of Euthanasia in Biomedical Ethics: African Perspective

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The work seeks to appraise the notion of euthanasia as an ethical issue in biomedical research from African world view. Euthanasia is a clear example of the complex ethical problems emanating from the extended frontiers of modern medicine practices. The work established the limit in which modern science and medicine in general must be practiced as it concerns human life, in the line of adding value to life and not otherwise. Though, opinion on the issue of euthanasia differs, the researchers endeavoured to harmonize conflicting interests. It avers that, though euthanasia is described as an easy or painless mode of death, or the act of putting painlessly to death a person, especially in cases of incurable suffering or disease on the request of the individual seeking to secure death either for egoistic or altruistic reasons. It remains sacrilegious and a taboo in virtually all tribes of Africa in whose view is the belief that, the administration of any poisonous substance or lethal agent to patients to attract dead is evil. This paper argued that, diagnosis is not a perfect skill, art, nor science, mistakes can occur in predictions about the outcome of any given medical or health condition. As knowledge expands, new drugs, new procedures and technologies are introduced, consequently, a condition which may have been terminal at one time (or in one country) may respond to treatment at another time, or in another place. To accept euthanasia may therefore deprive people of the possibility of continuation of life. Advances in medical treatment, pain control and palliative care have been such that it is no longer necessary for a terminally ill person to have to confront unbearable pain and suffering. In all, death should not be precipitated, considering the sacredness and sanctity of human life. Again, euthanasia defined as mercy killing begs the question what is the place of mercy in the killing of another person? In Africa, people are at best praised for assisting to save life and not take life. It is only the giver of life(God) that can take a life. Again, who has the right to decide when a person should live or die? who also decides what death is good or bad, is there no place for a miracle? In God, no life issue is completely hopeless(…weeping may endure for a night, but joy cometh in the morning psalm 30:5b).

Keywords: euthanasia, Africa, sacredness and sanctity of human life

INTRODUCTION

Most descriptions of euthanasia imply that, the person concerned has asked for death, but this is not universally the case. Bringing about death (shortening life) can occur in several different ways. According to William Morris, in The American Heritage Dictionary of the English Language, euthanasia is “the action of killing an individual for reasons considered to be merciful” (469). The Council on Ethical and Judicial Affairs, a body set up by the American Association for determining the legal and ethical issues in biomedical issues defines euthanasia as: the act of bringing about the death of hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy… The term euthanasia will signify the medical administration of a lethal agent to a patient’s intolerance and incurable suffering (223).

In his work “Voluntary Active Euthanasia for the Terminally ill and the Constitutional Right to Privacy”, Wolhandler sees euthanasia as “the act or practice of painlessly putting to death, persons suffering from incurable conditions of disease” (363). (liku ose legboliyoola obiobi). Adams, on the other hand, explains that euthanasia involves the refusal of “unwanted medical treatment or to have ongoing care withdrawn even though the patient will die if treatment is terminated” (2021).
Dzurgba on his part sees euthanasia as “the killing of the sick, badly injured or very old in order to stop them from suffering” (57). Etymologically, the word euthanasia is derived from the Greek words eu, “good”, and thanatos, “death”. Literally euthanasia can be interpreted as “good death” (57).

Critically evaluating the definitions given above, it will reveal that the issue of euthanasia is a problem. In considering Moris’s definition, one will ask, what mercy is it in killing another individual? What joy does one derive in helping or assisting somebody to commit suicide? This is why Beauchamp and Davidson believe that the issue of definition of euthanasia is so critical in determining the ethical issues therein. They explain that, this is to distinguish between what is euthanasia and other issues such as abortion, suicide and murder or manslaughter. Beauchamp and Davidson (56) explore so many definitions and go further to present a critique of each of them. One of such definitions presented by Beauchamp and Davidson is the one by Glanvile Williams who sees euthanasia as either an assisted suicide or a killing by another for humanitarian reasons and by merciful means, generally with the consent of the person killed, in which case it is referred to specifically as voluntary euthanasia. Ozumba (143) looks at Williams’ definition and asks, who determines what merciful means? He argues that a talk about good death, except in the Christian sense of dying a righteous man, may sound paradoxical. This is because “all other deaths are bad death because it ends one in hell-fire.

Furthermore, there are other questions begging for answers in reference to euthanasia. First, who is to decide when an individual should die and why? Secondly, who is to decide whether a death is good or bad? What mercy is there in withdrawing care for an aged man or woman or terminally ill person to help him die? Are there not persons who physicians have given death sentence that latter received miracles and are alive today? The major problem with euthanasia is that people have devalued human life so that it is now an acceptable thing that one’s right to privacy includes his right to die when he chooses to, through euthanasia.

**Reasons for Euthanasia**

Many reasons have been advance by those who are in support of the fact that euthanasia should be legalized. In this section of the work, we will attempt to examine such positions, which might not necessarily implies that euthanasia is good. The first reason advanced in support of euthanasia is the idea of choosing between “quality of life” over “sanctity of life”. Here, it is argued that, people have the right to decide whether quality of life or sanctity of life is most important to them. When a person is suffering severe pain or is severely restricted by illness, or when life depends, for example, on drugs which becloud consciousness and reduce control, those who value quality of life more highly may seek an end to life. Euthanasia would allow them to do so, without placing other people in legal jeopardy.

Another argument in favour of euthanasia is to end suffering. One argument in favour of making euthanasia a legal option for someone who is terminally or incurably ill or incapacitated, is suffering intolerably, and has expressed a wish to die, rests on the belief that suffering should be relieved or ended. That suffering harms the sufferers by robbing them of peace or pleasure, and demeans them. Another aspect, sometimes raised, concerns the suffering of care-providers: caring for or watching someone suffer, without any chance of relief or recovery, can become difficult to tolerate for the care-providers and watchers, both emotionally and physically, so that the care-providers’ only prospect of relief resides in the death of the patient. Another again, is to reduce reliance on life support systems and/or advanced medical knowledge. The cost of health care has increased greatly and shows every sign of continuing to increase. The perceived impropriety of making use of high technology and expensive medical procedures in cases where the only positive outcome is the temporary lengthening of life, without improvement in quality of life or prospect of recovery, is often seen as an argument for euthanasia. While it is ethically distasteful to ask for the establishment of priorities for access to advanced medical technology, the issues of need and good outcome may make it imperative. If such priorities are at least implicit, say, medical policy and hospital practice, then those priorities would, in fact, imply covert practice of euthanasia. Some form of legalization would allow a more honest acknowledgment that euthanasia is an option. Some even argued that, euthanasia helps in reducing risk of premature suicides.

Some terminally ill patients who wish to end their suffering without incriminating loved ones take their own lives in secret, sometimes violently. Knowing that, they will be physically unable to do so at a later stage. Some end their lives earlier on into their disease. Seven percent of doctors questioned in a Medix-UK survey reported that, at least one of their terminally ill patients had committed or attempted suicide (Medix, 2004).

Some other reasons proponent of euthanasia presents is that, an advanced terminal illness is causing unbearable suffering to the individual. So the person, has the right to die by seeking to end his life early. To this group, when one no longer bears his suffering, especially in the case of a debilitating illness or terminally ill person, that individual can choose to die painlessly by asking for lethal injection.

Another reason advanced by these proponents of euthanasia is that, when a grave physical handicap exists, that is, so restricting that the individual cannot, even after due care, counselling, and re-training, tolerate such a limited existence, in such a case where one’s privacy is no longer respected due to the illness, the person can demand euthanasia.

**Reasons against euthanasia**

The absolute respect for human life, certain sets of beliefs will remain totally inconsistent with a belief in the propriety of euthanasia, regardless of particular situations. Persons holding these beliefs and opinions deserve to have them recognized. In most societies there are strict bans against taking human life except under
prescribed circumstances such as war or sometimes capital punishment. Survival of the species demands that, life be protected. From a religious point of view, euthanasia is one of man’s attempts to intrude into the authority and sovereignty of God. This is because it is only God who has the right to decide when a person should die. Koop (88), in corroboration with this view, states that “although death seems imminent to an armamentarium at his disposal, death can never be exactly predicted as to time”. What this means is that, death has remained a mystery and something that is beyond humans to really understand in full. This is why no one should under any guise, kill anybody or help someone to die in the name of mercy.

Another reason against euthanasia arises from the dimension of the possibility of coercion and loss of autonomy. The Public recognition that euthanasia is available might lead to assaults on individual autonomy. People may be subjected to pressure to ask for their own death by being made to feel guilty for the burden they impose on family and care-givers. Euthanasia may be offered as an option even when the patient had not previously raised it. Again, medical professionals (doctors, nurses) may be pressed into taking life against their own judgments. Euthanasia is the issue of poor decision-making by the sufferer. A person’s expression of a desire to end his or her life may be influenced by a state of depression, uncontrolled pain or dysphonic conditions which may be relieved by proper treatment. If given such treatment, it is argued that, the person may no longer desire to die. A person’s capacity to make an informed and competent decision may be difficult to ascertain.

Conflict of interest is also another reason against euthanasia. This applies only if others are empowered to make decisions on behalf of the individual. When care-givers are obliged to take a very large measure of responsibility for ill or incapacitated persons, it may be easy to assume total responsibility, even to the point of deciding when or whether the helpless person should die. When some advantage may accrue to the care-giver on the death of the helpless person (for example, independence, money, property), then there may be more motivation to make independent arbitrary decisions, without taking account of the helpless person’s wishes. That is, the interests of the care-giver may conflict with those of the sick person.

The necessity of Misuse, such as genocide or “ethnic cleansing”, might also serve as a reason against euthanasia. The Nazi Holocaust and more recent events in the Balkans and in Africa show that power can be misused to get rid of specified individuals or groups from the society. Dreams of establishing a “master” or superior human breed have periodically surfaced and continue to do so. For example, as knowledge about genetic engineering increases, the effect of removing those who are perceived to be inferior or unproductive or those who consume but do not produce is feared to be a possibility. While this argument applies to groups, it can equally be applied to individuals.

Diagnostic errors and medical advances are also some of the reasons provided against euthanasia. Diagnosis is not a perfect skill, art, nor science, and mistakes can occur, in predictions about the outcome of any given medical or health condition. As knowledge expands, new drugs and new procedures and technologies are introduced, and a condition which may have been terminal at one time (or in one country) may respond to treatment at another time, or in another place. To accept euthanasia may therefore deprive people of the possibility of continuation of life. Some argue that advances in medical treatment, pain control and palliative care have been such that it is no longer necessary for a terminally ill person to have to confront unbearable pain and suffering. This then removes one motivation for euthanasia. The belief in the sanctity of life is another vital reason against euthanasia. Certain belief systems hold not only that life is sacred, but also that human beings sin by taking life. Some people believe that sin is punishable by a divine power, and that the taking of life will bring down punishment upon the perpetrator. These beliefs are incompatible with the acceptance of euthanasia.

According Joseph Omolere, the belief in divine punishment as a caution toward procuring euthanasia. Some people who believe in a life after death also believe that a happy afterlife depends upon virtue in this life. If virtue incorporates a ban on killing people, then at least some of these believers would consider that either conniving at one’s own death, or helping someone else to die, would jeopardize their chances of a happy afterlife. Therefore, such believers would oppose euthanasia.(204). One of the most fascinating arguments against euthanasia is that which is called The “Slippery Slope” Argument. One author Mann, (1995) argued that, once traditional prohibitions and taboos are broken, society may be drawn down an unanticipated path towards acceptance of practices which, at the time of the initial breach, would be considered unacceptable. Similarly Helme (459), in discussing the possibility of euthanasia becoming legal in some way, stated: “if the law was to be changed, the balance of opinion would alter so that what would be intended as an extension of the rights of some, and possibly only a small minority, might result in the transference of an obligation to others. Once a legal precedent has been established, social endorsement of euthanasia might place undue pressure on patients to class themselves as a burden to others, and to submit to it rather than defend their individual interests” (459). He suggests that, some patients may make a request for euthanasia “in bad faith” in order to manipulate, threaten or exploit over-conscientious care-givers. Helme balanced these arguments by pointing out that other patients may enter their final illnesses checked by the knowledge that euthanasia was available to them, even though they may never request it.

G.O. Ozumba argues further that, euthanasia is hedonistic in its approach to life. Life is not all pleasurable but a mixture of pain and pleasure. We know that pain and suffering are not pleasurable to the human body so that one may wish to die (148). Euthanasia also exalts the science of medicine at the expense of divine will and purpose. Euthanasia shows a pessimistic attitude to life causing its culprit to suffer premature closure. How
is the person sure that there cannot be an overturn of the
diagnosis next hour or that the cure cannot be invented
next day (148). Even if there is right to die, that does not
mean that doctors, who are supposed to "do no harm",
have a duty to kill. So no doctor should allow himself to
be forced to help the patient who wants euthanasia.

**Classification of Euthanasia**

The merciful and painless way of bringing about the
death of a person who is suffering from an incurable
disease or illness especially where prolong medical care
could no longer serve any useful purpose is what
euthanasia is all about. Euthanasia is said to be applied
where medical treatment is an exercise in futility. The
quickening of a patient’s death is what euthanasia
emphasizes and this can be done through several ways.
In this work, we shall classify euthanasia into voluntary/
involuntary and active/passive euthanasia.

**Voluntary Euthanasia**

When the doctor seeks the consent of the patient before
he proceeds to carry out euthanasia, it is term voluntary
euthanasia. One author, LeBaron describes voluntary
euthanasia as a kind of death, which is performed by
another with the consent, may be in writing as in the case
of a living will or advance directive of the patient. Council
on Ethical and Judicial Affairs (CEJA) sees voluntary
euthanasia as that which is provided to a competent
person on his or her informed requests (2230). BBC
writing on “Voluntary and Involuntary Euthanasia” defines
voluntary euthanasia as a case where the patient wants
to die and says so. He/she refuses burdensome medical
treatment or demands that medical treatment be stopped,
or life support machines be switched off. This individual
may refuse to eat, or simply decides to die (1).
Uduigwomen explains that, voluntary euthanasia
includes instructing another to act in accordance with his
wishes. An example can be,

when a person instructs his family not to permit the
use of artificial life-supporting system should he become
unconscious, or suffers brain damage and being unable
to speak for himself or request that they should be given
a lethal injection in the event that he suffers third degree
burns over most part of his body. Thus in voluntary
euthanasia, the one who is to die consents to die. (121).
Some scholars who support voluntary euthanasia believe
that, each person has the right to control his or her body
and life and so, should be able to determine at what time,
in what way and by whose hand he or she will die. This
idea stems from their belief that human beings should be
as free as possible and that unnecessary restraints on
human rights, should be avoided.

**Involuntary Euthanasia**

It is assumed by many that, there are conditions that can
make a patient to be unconscious and as such,
euthanasia can be conducted without the consent of the
patient. This type of euthanasia is term, involuntary
euthanasia. Lebaron sees this kind of euthanasia as
“death performed by another without the consent of the
person being killed” (4). CEJA on their part defines it as
“euthanasia performed without a competent person’s
consent” (230). Uduigwomen explains that in voluntary
euthanasia, the one who is to die does not take the
decision about death. The decision may be taken by his
family, friends or the physician himself” (121). Proponents
of involuntary euthanasia argue that in cases where one
suffers from brain damage or serious brain hemorrhage
and there is no hope of the person recovering, it may be
necessary that another person makes an inform consent
on his behalf. Arguing in favour of involuntary euthanasia,
Immanuel Kant asserts that, when someone is losing his
previous dignity by suffering and sickness, we help him
by death. On the other hand, Phillipa Foot argued that,
“the application of involuntary euthanasia is never
permissible because no one has the right to interfere with
another’s will in taking his life, without his permission,
actual or perhaps assumed” (Uduigwomen, 121).

**Passive Euthanasia**

When life saving treatment to a patient is being
withdrawn, there is the tendency that treatment cessation
will suddenly occur. Gifford says “euthanasia involves
allowing a patient to die by removing he/she from artificial
life support such as respirators and feeding tubes or
simply discontinuing medical treatments necessary to
sustain life (1546). This type of euthanasia is popularly
called ‘letting die’. In passive euthanasia or letting die
the doctor is, not directly responsible or involved in
terminating the life of the person, though in today’s
world, one may sue the doctor for negligence. The doctor
may only remove the support system, which has been
sustaining the patient whose life is ebbing and hopeless
(Ozumba, 144). Adams argued that, passive euthanasia
can be termed “the right to die” (2021-2022).

**Active Euthanasia**

Unlike passive euthanasia, active euthanasia involves
positive steps to end the life of a patient, typically by
lethal injection that is capable of causing the patient to die
(Dzurgba 61). This means that, the physician here
performs the immediate life ending action such as
administering a lethal injection. Some have seen a
distinction between passive and active euthanasia
believing that, it is acceptable to withhold treatment and
allow a patient who is ready to die even if the treatment
were to continue. They argue that, it is never acceptable
to kill a patient by a deliberate act. Others have seen no
difference at all between passive and active euthanasia
claiming that stopping treatment or removing the life
support machine is a deliberate act. This group believes
that switching off a respirator requires someone to carry
out the action of throwing the switch. If the patient dies
from the debilitating sickness, it is also true that the
immediate cause of a patient’s death is the switching off
of the breathing machine. In the strength of the above
stated position, BBC points out concerning “Active and
Passive Euthanasia” that,
In active euthanasia the doctor takes an action with the intention that it will cause the patient’s death. In passive euthanasia the doctor lets the patient die. When a doctor lets someone die, they carry out an action with the intention that it will cause the patient’s death, so there is no real difference between passive and active euthanasia, since both have the same result: the death of the patient on humanitarian grounds, thus the act of removing life-support is just as much an act of killing as giving a lethal injection (2).

**Euthanasia African Worldview**

In Africa, people are at best praised for assisting to save life and not take life. It is only the giver of life(God) that can take life. Again, who has the right to decide when a person should live or die? who also decides what death is good or bad, is there no place for miracle? In God, no life issue is completely hopeless. It avers that, though euthanasia is described as an easy or painless mode of death, or the act of putting painlessly to death a person especially in cases of incurable suffering or disease on the request of the individual seeking to secure death either for egotistic or altruistic reasons, it remains sacrilegious and a taboo in virtually all tribes of Africa in whose view is the belief that, administration of any poisonous substance or lethal agent to patients to attract death is evil. This paper argued that, diagnosis is not a perfect skill, art, nor science, mistakes can occur in prediction about the outcome of any given medical health condition.


**CONCLUSION**

It is seen generally within the African context that euthanasia is barbaric, inhuman and sacrilegious therefore should not be contemplated at all. The doctors or the people making decision on behalf of any person are then asked if they should assist the patient in ending his or her suffering. However, it might not be the right of anyone to claim someone’s life, even if the patient is unresponsive. Doctors have a duty to keep working very hard to make sure that no blood is spilt on their hands, or in a more literal phrase, because of their hands. In one case, doctors euthanized two deaf kids because they were afraid they might go blind. This case was based only on speculation and someone should take responsibility for the kids’ deaths. Euthanasia has a lot of negative associations to it, and as some might argue, that they are ending the suffering of the patient, there is still that question lingering whether there was hope or not. Many cases of coma have gone for years, and in the end, the patient woke-up, may be a little bit unaware and unstable, but the patient is alive.

Apart from the above stated, the notion of a person is significance in the very process of taking the decision toward taking someone’s life. The issues and questions raised along this line ranges from when a person loses his value to the extent of becoming an object of scientific research? The most fundamental questions involved in the long history of thoughts on abortion and euthanasia are: How do you determine the humanity of a being and when can a foetus or patient be said to have been ostracized from the common wealth of humanity thereby losing their value and right to existence? All these and more questions are contentious issues whose answers point out clearly that euthanasia should not be contemplated at all not only in its being evil, but a sin against humanity and God.

**REFERENCES**


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