

## **A Philosophical Critique Of The Problem Associated With Euthanasia**

**Chris O. Abakare**

Department of Philosophy,  
Nnamdi Azikiwe University, Ifite Road, 420110,  
Awka, Anambra State, NIGERIA.  
chrisabakare@gmail.com

### ***ABSTRACT***

The patient's life in adverse conditions is considered as a life supported by a machine. During these conditions what is the value of life? If the patient has given a *living will* stating that under certain circumstances he/she prefers peace rather than continuing life with the artificial life support machines, and the choice of the individual is made in a stable and rational mind, such position is always considered by authority while deciding adverse situations. However, there are situations where the patient is under stress or not in his stable mind, in taking decisions about his last wish and when the actual consent of the patient is unavailable to authorities. The decision that ought to be taken under these conditions on behalf of the patient falls on the parents, relatives, doctors and society. The ethical dilemmas involved in the physician's perspective forms the crux of this work. Medical professional rules include the duties of the society, physician and patient. But this work deals with the rightness and wrongness of the application of euthanasia from the perspectives of physicians and their duties.

Keywords: Euthanasia; Ethical dilemmas; Bio-Medical ethics.

### **INTRODUCTION**

Medical ethics comprises a code of moral principles that encompasses the application of values and judgements in the field of ethics (Ogar & Ogar 2018). It's a highly debatable topic on the issues of abortion and euthanasia. The medical profession is often considered a noble profession in sustaining life. Medical ethics is one of the widely discussed areas of applied ethics. The range of issues that can be treated under medical ethics is wide and problematic like any other profession, specifically in the practice of medicine and intimate relationship between patient and physician. Documentations concerning the medical profession can be traced back as early as in the writings of Hippocrates where the administration of deadly drugs, abortion, euthanasia and misconduct of the doctor were considered unethical. This work focuses on the ethical dilemmas involved in the physician's role, doctor/ patient relationship especially in the application of euthanasia. Euthanasia as a concept in the medical field is often considered as a thin line between suicide and murder. If the patient's sufferings are un-addressed by the doctor then there will be a situation where the patient might end up committing suicide where the doctor could be held ethically responsible. However, there are situations where the doctor might feel empathetic with the patient's suffering and assist in his/her death in Nigeria. These two situations

can be considered as ethical dilemmas, whereas in one case the doctor is providing a conducive atmosphere that is indirectly responsible for the patient to commit suicide and on the other side the doctor is actually committing murder by killing the patient.

Physicians have an important role in human life. The word physician itself means the protector of human life from sufferings and pains. The physician's job is something special and noble which makes it all the more different from other jobs. Hence, physicians must give the best treatment to his or her patients. The question: Whether euthanasia is right or wrong can be addressed in its relation to the duties and responsibilities of the physicians. It can be argued in the ethical sense since it has been proved from ancient times. But one of the duties of the physicians namely beneficence can be taken as an argument for rejecting as well as accepting the practice of euthanasia. At the outset, to understand the concept of euthanasia in a wider and rational context, it is important to trace the historical pieces of evidence found in Western and Nigerian medical ethics. Here, one can find the prescribed duty of the physicians, patient and physician's relationships, ethical codes of the physicians that are found in the Hippocratic Oath.

### Historical View of Ethics in Medicine

The concept of euthanasia, in modern discussions, is a kind of merciful ending to the life of hopeless suffering. It is different from the Greek's usage of the concept of euthanasia. The Greek convention of euthanasia described the spiritual state of the dying person at the imminent approach of death. Further, it does not necessarily imply a method of fastening death but allowing the individual to quit life efficiently, free from pain. Euthanasia employed in ancient Greek is both psychological and moral. Psychological because it is genuinely concerned with the psychological state of mind of the suffering individual whose life has become painful and intolerable. It claims moral genuineness because it is dependent on the patient's voluntary and rational decision regarding the choice to hasten death or not to hasten death.

The ethical code involved in the medical profession can be traced back to antiquity. Both the Western and the Nigerian business endeavours follow these ethical principles (Okpo 2020). In ancient Greece, there seems to be an approval for voluntary euthanasia but involuntary euthanasia is considered unethical. *Asclepius*, the god of ancient Greek religion, is known as the God of Medicine. Further, the administration of hemlock which caused the death of Socrates was also a form of euthanasia. Hemlock is a drug that causes sudden, bloodless and painless death. It was mentioned clearly by Paul Carrick in his book on *Medical Ethics in the Ancient World*:

When quick-acting and relatively painless drugs such as hemlock were first developed by the Greeks in the fifth century B.C., which allowed the individual to quit life in an efficient and bloodless manner, the linguistic result was that these forms of suicide were sometimes described as instances of euthanasia (Carrick 2001, p.147).

It can be argued that the death of Socrates was a case of active voluntary euthanasia. However, death was not his wish but it was a choice imposed by the authority in forgoing his principles. Traditionally medical oaths and ethical codes prescribe the physicians' duties, conduct and the patient's right. The Hippocratic injunction forms one of the ruling maxims in the medical profession. The Hippocratic Oath was framed in 400 BC, the period in which both Plato and Aristotle lived. This oath has been taken by the medical field to express the moral imperative of the medical profession. Hippocrates rejects the practice of euthanasia through this oath. His oath is in support of the patients' wishes rather than physicians. He mentioned in his oath "I will give no deadly medicine to any one if he asked, or suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion" (Carrick 2001, p.147). The view of ancient Greek philosophers Plato and Aristotle's says about medicine and its goal is "medicine as a

necessarily aiming at health and the improvement of life and excluding other considerations from influencing the aims of medicine and its practitioners" (Kuczewski & Ronald Polansky 2002, p. 252). It seems that the ancient Greek thinkers were against euthanasia because it is against the physician's duty and the sanctity of life. Even today the physicians on completing their medical profession have to swear on the healing gods stating that they will uphold the ethical standards mentioned in the Hippocratic Oath.

One of the ancient philosophers Pythagoras rejected euthanasia because unnatural death is a sin for God's divine. According to his school of thought,

Vicissitudes of moral existence including the traumas of painful death were divine recompense for past sins. Therefore resort to euthanasia was considering a violation of divine law because it cut short the appointed time of the soul's captivity with the human body (Crawford 1995, p. 84).

He discussed from the religious point of view that: "earthly life as an opportunity to purify the soul through a proper study of philosophy and mathematics, so that one day the soul might be liberated and return to its origins in heaven" (Van Zyl 2000, p. 153).

In Nigeria also ethics has an important role in the field of medicines. Ethical principles have been followed in the field of medicines since ancient times in Nigeria. An analysis of different traditions in Nigeria shows that their incorporation of ethical principles into the medical profession was nothing but an attempt to make an emphasis on the duty of the physician and the rights of the patients. So the role of both the physician and the patient is crucial for the treatment. From the medical point of view, treatment is like a two-way traffic and no treatment can be successful unless and until there is complete cooperation from both the physician and the patient. In most cultural traditions in Nigeria, it is been believed that diseases are caused by the anger of God. So the method of treatment was mainly the worship of God. Thus nature, magic, worship, witchcraft and various objects of nature had an important role in the medical field of ancient cultures in Nigeria. It is evident from the historical background that euthanasia is considered to be unethical in ancient Greek and in Nigerian cultural traditions. But one can find that a form of active euthanasia was accepted in the Greek tradition one such instance was the Socratic hemlock. However, the connotation of the term euthanasia differs from the context it was used in the contemporary situation. The *raison d'etre* behind both the traditional fields of medicine was to protect the interest of the patient not by harming in any form but by prescribing certain ethical codes to the doctor.

### **Duties of the Physician**

The Hippocratic Oath explains the physician duties are the most important ethical code in the medical profession, among which guiding the patient forms the corner stone. The exercise of this duty will be fulfilled only through the practice of responsibilities. The principles of physician's duties will be practiced in the medical profession in its correct sense only when a physician prescribes the proper treatment to his patients. It constitutes the responsibilities of the physicians, thereby makes him ethically a good physician in the medical field. The contribution of the medical profession to society is, the physician gets trust from society as well as from his/her patient. Apart from this, perfection in the medical profession makes medical ethics complete.

The moment we talk about the application of euthanasia the questions regarding the rights and duties of the physician as well as the patient will come into dilemmas. Every individual has certain rights and duties which can be used for the common good as well as an individual good. Rights and duties are related to each other (Eba 2020). So where ever right exists the duty follows. The intimate relation between rights and duties has been elucidated by many scholars. One of the

well-defined distinctions between rights and duties can be found in the writings of Jeremy Bentham. According to Bentham,

In the nature of things, the law cannot grant a benefit one without imposing, at the same time, some burden upon another; or, in other words, it is not possible to create a right in favour of one, except by creating a corresponding obligation imposed upon another (Cohen & Cohen 2002, p. 606).

The responsibility and duty of the society and patient is relevant in the field of medical profession. In 1847, the American Medical Association (AMA) states, "the obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them" (Williams 2009, p. 115). So the role of both physician and the patient is crucial for the treatment. It clearly shows that the AMA mentioned the ways by which public should behave with the physician, "The public ought... to entertain a just appreciation of medical qualifications... (and) to afford every encouragement and facility for the acquisition of medical education..." (Palmer 1854, p. 138)

Medical professional rules include the duties of the society, physician and patient. But this work deals with the rightness and wrongness of the application of euthanasia from the perspectives of physicians and their duties. These rules will generate good physicians and they are made to work within the limits of these rules. These limitations sometimes restrict the physician's freedom. This rule or code of ethics has helped many countries to produce a good number of professionals and rescue nations from the shackles of unethical works. Each country keeps a separate code of ethics of its own to underscore the physician's duties and responsibilities. The duties and responsibilities of the physicians form the core of the medical profession. In the Medical code of ethics, physicians are asked to respect the patients and acknowledge the patient's rights. The American Medical Association has mentioned that "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights" (Pozgar 2020, p. 161). There is always an ethical dilemma involved in executing the patient's wish and physician's duty. The doctor has to treat the patient with compassion and not to harm in any form. Viewing from the spectacle of not to harm the patient, the physician must save the life of the patient and not take away his/her life. Hence, euthanasia turns out to be unethical from the physician's point of view.

Today, most countries have made their own rules for the medical profession. These rules help for the smooth running of the medical profession and each national medical association is abiding by these rules and principles. In Nigeria, the code of medical ethics describes euthanasia: Practicing euthanasia shall constitute unethical conduct. However on specific occasion, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, Chief Medical Officer / Medical Officer in charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994 (Rhodes 2020, p. 381).

The physician's treasure of knowledge and skill must be useful for the patients and the society. The physician's duty is to help the society through the service to the patients. The code of ethics is in favour of the patients. Both the national and the international code of ethics support the patients. Special attention has been given to save patient's life since the historical period and it is focused on "avoiding harm to patient" (Bender 2012). Some of the major questions that will be addressed here is about the duty of a doctor namely whether the duty of a doctor is to kill his/her patients or to save them and also what are the rights and duties of a physician that should be taken into consideration while applying euthanasia.

It is a fact that birth is a natural phenomenon; death may be natural or unnatural. Major accidents and severe diseases are two main reasons which may lead human being's death. In most of the cases of euthanasia, the patient wants to die because of the critical health problem. In such circumstances medicines play a vital role. The question arises here is, whether only the medicines matter?

The answer to the above mentioned question is very clear and evident. It is not only the medicine but also the moral principles that guide the duties of a physician. So the exercise of ethical principles is essential to the physician. The medical care is essential for the humanity because it is meant for the care and protection of our life, but sometimes the medicines fail in curing the diseases. In such cases the patients may take the decisions either to live or die. In such situations the question of application of euthanasia can be addressed. In this context it can be argued that applying euthanasia is wrong because it is against the duty of a physician. If an individual met with an accident or he/she is having some severe disease which won't be cured then the physician has to focus on his professional duties. It constitutes ethical and legal duties of the physician. Sometimes the disease will be diagnosed beyond the limit of curing. Here, physician has some limitation for curing the disease. The physician's duty is treating the patients and bringing him into a comfortable state of condition. Saving the life of a patient is the important duty of the physician. Physician's duty is the most important part of the medical code of ethics. The doctor's duty is to save the patient at any circumstance. Whatever be the situation, the physician should perform his duty well. Regarding the concept of duty Kant says "in estimating the value of our actions always takes the first place, and constitutes the condition of all the rest" (Kant 1988, p. 21). For him 'duty is good will'. It means our action will be performed not only for good purpose but also for the governed reasons. There should be true moral worth in all our moral actions which preserves the life. Kant discussed in his writings the duties that should be done in one's life. Kant's view on good will is totally different from that of goodness. His goodwill is also known as 'duty for duty sake'. It means a duty is performed entirely for the sake of the duty. Kant's conception of duty is framed in its relation to its universal ethical principle. Mackenzie's view of universal duty is "respect for life, respect for freedom, respect for character, respect for property, respect for social order, respect for truth, and respect for progress" (Lillie 2020, p. 53). A discussion on the duties of the physician and his role in safeguarding the life of the patient is relevant in the context of the analysis of the pros and cons of euthanasia. Even if the patient is making a demand for euthanasia, the medical codes of ethics do not permit the physician to do so. The doctor's commitment is to act for patient's welfare. His real duty is to decrease the patient's pain and divert them from thinking about the death.

The General Medical Council framed certain rules about the duties that should be followed by the physician.

"Patients must be able to trust doctors with their lives and wellbeing. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular, a doctors must:

- Take the care of their patient as their first concern
- Treat every patient politely and considerately
- Respect patients dignity and privacy
- Listen to patients and respect their views
- Give information to the patients in a way they can understand
- Respect the rights of patients to be fully involved in decisions about their care
- Keep their professional knowledge and skills up to date
- Recognise the limits of professional competence
- Be honest and trustworthy

- Respect and protect confidential information
- Make sure that physician's personal beliefs do not prejudice patients' care
- Avoid abusing the position as a doctor
- Work with colleagues in the ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your action to them" (Rhodes 2020, p. 382).

The doctors and other healthcare professionals are supposed to give advice and counselling in the course of medical treatment. The medical treatment also demands the supply of tablets and diet regulations. In this processes also the correct performance of the duties of a physician is relevant. The doctor should try his level best to provide proper advice or counselling to the patient. John Harris in his *Value of Life* mentions one of the ways in which the physician is not supposed to think about his patient. "I actually don't want him as a patient of mine", I don't want to treat his patient" (Harris 2006, p. 53). The doctor should extend proper treatment and try to save the patient's life even though he/she is very well aware about the patient's nearness to death. John Harris further laments an analogy between the doctors and cricket players. The cricket players are supposed to aim at playing cricket only, though the result will not be in favour of them every time they play. Similarly, the doctor's duty is to provide the proper treatment to patient without being anxious about the results.

Euthanasia is impermissible in all conditions. The practice of euthanasia is not morally acceptable though it is mandatory in some conditions. There is an inseparable relation between rights and duties. We can't define either of it separately since it is related to each other. Since everyone has their own rights they have to perform. Rights and duties are related to the issue of euthanasia in the sense that the debate on this particular issue always focuses on the questions like whether a person has a duty to make another die or not. In the medical profession there were instances in which physicians supported the practice of euthanasia. The argument for these kinds of decisions is that, though the physicians don't forget their duties they are forced by the condition of their patients. There are three arguments that support euthanasia. The first argument is that if a person has the right to die then another person's has the duty to let him die.

In some of the countries, physicians who practice euthanasia say that, human beings have the right to die with dignity. For them it is a basic human right. Patients can think and make decisions on the destiny of their own life when they are terminally ill and are suffering from pain. When the medicines fail to save their life, they can choose between life and death since they possess right and dignity. So the patients are free to choose either to live or to die. The physician's commitment compels them to act for the sake of the patient's good. They have to help the patients in minimizing the pain and should protect them. The declaration of Lisbon establishes the patient's rights as:

These are declared to include the rights to choose his or her physician freely; to be cared for by doctor whose clinical and ethical judgements are free from outside interference; to accept or refuse treatment after receiving adequate information; to have his or her confidences respected; to die in dignity; and to receive or decline spiritual and moral comfort including the help of minister of an appropriate religion (Gillon 1985, p. 10).

But the patients shall be unable to end their lives. So the obligation of the doctor is to help the patient to die with dignity. Once the patient discloses his/her wish to end the life and he/she is having an incurable disease which does not permit the patient to expect the physician can oblige and help the patient to choose his death. Sometimes there are many factors that hinder the rights of patients.

The question namely 'why the patients start thinking about death?' can be analysed in the light of the discussions on the issues involved in euthanasia. Most of the time a patient with a life

threatening disease may choose death because they may not like to be a burden to others. Financial crisis also compels them to take up such decisions. Sometimes the patients who belong to the nuclear families won't get proper care and attention from the family.

These kinds of circumstances also force the patients to choose their death. Dr. S. Dwivedi, Head of the neurology department, in Nimhans, Delhi made a comment on the issue of euthanasia that, it can be applied only to the patient who is suffering from brain death or an irreversible form of unconsciousness characterised by a complete loss of brain function. The professional duties of a doctor include saving the life of the patients and not exploit the patients. But sometimes these duties are not practiced in the complete sense. In the words of a French psychologist:

it is our duty and right to experiment on man, whenever it can save his life, cure him or gain him some personal benefit. The principles of medical and surgical morality, therefore, consists in never performing on man an experiment which might be harmful to him to any extent, even though the result might be highly advantageous to science, that is, to the health of others (Gillon 1985, p. 20).

The rights statement bill of American Hospital Association mentions clearly about the right of the patient to be aware of his/her critical condition as well as the details of the treatment. After having the correct knowledge of the condition, the patient can decide either to die or to live. It puts the physician into a dilemma since their duty is to save the life as well as to relieve the pain and suffering of the patients. In such situations the duties of the doctors are:

- (i) Truth telling,
- (ii) Informed consent and
- (iii) Beneficence

### ***Revealing the Truth***

One of the duties of the physician is to reveal the truth to the patients and their relatives. They must be informed of the details of the disease and also of the treatment. Before revealing the truth to the patient the condition of the patient should be taken into consideration. He has to make sure that the truth which is revealed by him to the patient will not become a reason for the death of the patient. The physician should reveal the truth to the patients only he is in a condition to accept the things with the correct spirit. In the case of patients who are ready to accept their condition and to cooperate with the physicians to make their condition better, the physician can reveal the details of the diseases. The physicians should extend psychological support to the patient along with revealing truth.

In the words of Dr. JohnM. Birnie 'in hopeless cases it is cruel and harmful to revealing the patient the truth'. The doctor's duties to reveal the truth and the patient's right to know the truth are the two sides of the same coin. Sometimes the patient may not have any desire to know the truth of his/her conditions since they are not ready to accept the truths. So it infers that the duty of truth revealing can be exercised only according to the possible situations. In the exercise of truth telling it is also demanded that the patient must be informed before performing any tests on him. The unwanted truth can be hidden from the patients. It is the patients right to know about his /her conditions. The doctor has to explain the details of the diseases, the usage of techniques and medicines and also the possibility of recovery from the diseases. Davidson opposes the truth telling because "so many medical practitioners to withhold the facts from their patients, especially in case of grave illness, and to insist that the truth must at all costs be kept from them" (Gillon 1985, p. 101).

The physician's position will be dilemmatic, if the patient and the relatives don't want to know the truth. Such dilemmas arise because he is obliged to reveal the truth according to the medical code of ethics. In case of unconscious patients no one can determine the wish of the

patient regarding the knowledge of the truth of their diseases. The truth can be hidden when the doctors themselves are not sure about the position of disease and it needs further diagnosis to confirm. In some of the cases, the truth may be unnecessary and unwanted to the patient. Besides all these situations the medical code of ethics demands that, truth should be revealed to the patients.

### **Informed Consent of the Patient**

Generally consent is defined as the meaning of voluntary, compliance or permission for a specified act or purpose. It is defined as “among voluntary actions that deliberately change the structure of rights and obligation is consent” (Childress & Mount Jr 1983, p. 77). In Indian constitution, section 13 states: “two or more persons are said to consent when they agree upon the something in the same sense” (Mehta 1963, p. 12). The consent deals with the treatment that must be given for intelligent information about the disease. Another definition of consent is “consent is the voluntary affirmation by a client to allow touching, examination, or treatment by medically authorized personnel. Consent allows clients to determine what will be done with their bodies” (Lewis 2012, p. 100). Consent authorisation which is a medical contract is given to the patient by the doctor. It is a medical contract that can be expressed either orally or through the action or through a written document. In most of the cases the consent authorisation is in the form of a written document and is more valid than the other forms. It is a contract between the healthcare professional and the patient.

The World Medical Association declaration of Finland and Helsinki emphasizes on the point that “obtain the subject’s freely given informed consent” (Gillon 1985, p. 10). Informed consent demands the physician to reveal the details of the disease to the patients as well as their relatives. Also, after the completion of the treatment, the doctor should inform the relatives about the condition of the patient and also the possibilities of recovery.

The ethical implication behind the informed consent is that the patient has the right to know about his/her condition. “The informed consent gives individuals the ability to choose whether or not confer any right to demand that particular forms of treatment be provided, even in the quest for death with dignity” (Biggs 2001, p. 30). In cases of voluntary passive euthanasia, the consent will be withheld because it is a condition in which the treatment has failed and the physician allows the patient to die. To some extent voluntary passive euthanasia is acceptable. In some cases the consent is withheld from the patient in brain dead state or PVS.

The historical definition of informed consent is “its rich and telling storehouse of information about cultural and theoretical commitments to disclosure and discussion between physician and patient” (Faden & Beauchamp 1986, p. 60). The informed consent helps the patient in fulfilling the right of the patient to decide about his own life. Informed consent is the basic social policy of the medical field. Consent creates a right in a person which is distinguishable from an attitude of approval. Consent is an intentional act and it must be voluntary and also in a written format. The first part of the consent is relevant to the cases in which any research is being done on the patient without his consent. It is illegal if someone is doing research on any person without his consent. While performing surgeries, if the doctor happened to notice any unnecessary growth in the patient’s body which will be harmful to the patient, then the physician can remove it without the consent of the patient. There are three varieties of the consent. They are tacit consent, implied consent and the presumed consent. According to Locke, the tacit consent is also called unexpressed consent. It is a silent and passive method.

Language is the most important part of the consent. If the patient and the physician are unable to make the interaction in the same language then, their consent will not be useful. It may create problems to both the patient and the doctor. Sometimes a translator may be required to



make the interaction between the patient and doctor. Here, consent can't be exercised in its correct sense because the doctor will have limitations in revealing all the truths to the translator since it is against the medical code of ethics. The doctor has the responsibility to talk with his patients directly. The physicians are not supposed to share the personal opinions about the patient to any other person. If the patient is having any epidemic diseases it should not be revealed suddenly to the patient. In such cases, the physician has to inform the details of the disease to the relatives.

Informed consent requires a good communication between the patient and the doctor. The patient's rights and the respect to the patient's autonomy are given importance. This consent imparts rights to the patients so that they can either accept or reject the treatment which is going to be provided by the physicians. Unfortunately, this particular right act against the patient in the sense that the correct knowledge of one's own condition will accelerate the intensity of the disease and it can eventually lead the patient to death. There is a chance that the patient will undergo mental trauma after receiving knowledge of the seriousness of their disease.

The patients have the right to know about their disease and treatments. They must be informed about the kinds of treatments, the suitable treatments and also the details about the on-going diagnosis and anaesthesia if needed. The risks involved in the treatment, the prognosis and the cost of treatment should be informed to the patients. The physician has to reveal the relevant information either to the patient or to the relatives or to the friends of the patient. If the patient requires any surgery as a part of the treatment, then the physician should inform the risk factors to the relatives of the patient. According to the World Medical Association:

The patient has the right to self-determination, to make free decisions regarding himself/herself. The physician will inform the patient of the consequences of his/her decisions. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent (den Exter, 2015, p. 234).

Conscious or mentally sound patients can receive the information about the diseases. If the patient is unconscious, then it must be revealed to the relatives. If the patient has no relatives and friends, then the doctor can take the individual decision which is suitable for the betterment of the patient. The doctor who is giving a particular treatment or medicine to the patient must necessarily disclose all the risks of the treatment so as to enable the patient to take a decision whether he wanted to undergo the treatment or not. Thus informed consent forms an inevitable part of the duties of the physicians.

### **Beneficence**

Beneficence is defined as "to benefit the patient, to prevent the harm coming to him, and to remove or remedy it when it does" (Van Zyl (2000, p. 105). Beneficence is one among the duties of the doctors and it is for the benefit of the patient. It means 'doing good and not doing harm. Medical ethics extends prior importance to the patient's interests. Hippocratic Oath also says the 'patient interest should come first'. So the patients should be benefited by the physician's proper care. The principle of beneficence is exercised only when the physician work for the patients interests. The physician should respect the feelings of the patients. Hippocratic Oath mentions;

I will apply dietetic measures for the benefit of the sick according to my ability and judgement; I will keep them from harm and injustice..... I will come for the *benefit of the sick*, remaining free of all intentional injustice (Childress & Mount Jr 1983, p. 40).

The Hippocratic Oath discusses the benefits of the patient's as well as the physician who follows the principles throughout his profession. Beneficence means 'do not harm others'. This is one of the codes of medical ethics. So the physician has to follow these principles throughout his profession and should extend maximum benefit to the patients. This principle has implications when taking decision to practice euthanasia. The principle 'do not harm others' is in contradiction with the practice of euthanasia. There won't be much chances of recovery. In the case of people who met with accidents and get paralyzed, if such a patient comes from a poor family and faces severe financial crisis, then he won't be able to undergo treatment which is expensive. In such conditions physicians stop the treatment and allow the patient to die peacefully. The principle of beneficence is the primary duty of the physician. It demands "prevent harm from occurring to other, remove conditions that will cause harm to other's and rescue persons in danger" (Van Zyl 2000, p. 45).

Paternalism also talks about the patient's benefits. It addresses the notions of patient's choice and autonomy. The argument of paternalism has been in practice since the time of Hippocrates. It is mentioned in the Hippocratic Oath that "I will follow that system or regimen which, according to my ability and judgement I consider for the benefit of my patient" (Barrett 2019, p. 215). It clearly explains that the patients who comes for the treatment should not be deceived. Paternalism recognises that the physician should do his best for the patient. A physician should be one with a compassionate nature. He should have good intentions and motives. He must be sympathetic to the patients.

The aim of both benevolence and beneficence are at a par with few differences. It aims to help the patient to come out of pain and sufferings. Most of the ethical principles in medical ethics are grounded in the principles of deontological and virtue based ethics. Beneficence is a principle that is generally practiced by almost all human beings helping each other. When it comes as the physician's duty its relevance becomes increased. Every individual has his own privileges to make decisions. Physicians are also not exceptions. There is a possibility that the physician and the patient have different opinions with regard to the treatment. Here, the duty of a doctor is to give the benefit of treatment without any hesitation.

From religious point of view, beneficence is love towards the neighbour. This is one of the important vows of Christianity. It was mentioned in Judaeo- Christian writing as "love your neighbour as yourself" (Childress & Mount Jr 1983, p. 34). It is called ethics of love in Judaeo-Christian tradition. Henceforth, while it comes to medical profession, the physician has to love the patient. Here, the physician has to give proper care, so that he can have the maximum benefit from the physician. But on the other side, medical principles of ethics 'do no harm' others. The positive side of the meaning is supporting the wishes of the patient. But on the other hand, if the patient is suffering with incurable diseases which make the human body degenerate, and when the human body smells the physicians have no other option, other than applying euthanasia. Besides, if the physician is not willing to apply euthanasia and permitting the patient to live it implies harming the patient.

### **Doctor-Patient Relationship**

The relationship between the doctor and the patient is important in the medical field. The doctor should understand the condition of the patients and should support them. The physician should understand the physical, mental and financial status of the patient. So that the doctor will be in a position to understand the type of treatment that can be given to the patient. A patient's responsibility here is to believe the doctor and the treatment. The patients are supposed to reveal every symptom to the doctor. After receiving all the information from the patient, the doctor has to prescribe the necessary treatment involved. The international code of medical ethics mentions

the doctor –patient relationship as “A physician shall owe his/her patients complete loyalty and all the scientific resources available to him/her” (Childress & Mount Jr 1983, p. 36). In ancient time the doctors were considered sacred. The doctors were equated to that of gods they were supposed to exercise their duties without expecting anything from the patient including money. However, the situation in the modern context is different. Medical field has become one of the professional courses that fetch respect and money.

As of today, the doctor- patient relationship is a contractual one under the contract act and it establishes immediately once the patient steps in to the clinic of the doctor and the doctor agrees to treat him. As we understand that the relationship is contractual and mutually binding, we have to understand the rights and obligations of the doctor and the patient (Sharma 2005, p. 54).

The autonomy of the patient should be preserved in the relationship between the doctor and the patient. The physicians follow their *prima facie* duties, they won't harm their patients. The doctor should act with confidence in dealing with his patients. They should give their support to the patients. Commitment forms the essential part of this particular relation. Like the physician, the patient also possesses commitments so that a healthy relation between the patient and the physician can be developed and the patient will get benefits out of this relation.

1. Doctors owe special duties of care to their patients, but all interactions involving doctors and patients should be characterised by honesty, politeness, and respect on both sides.
2. Doctors have the main duty to make the relationship work, but patients also have similar responsibilities to it.
3. Establishing appropriate boundaries is essential.
4. Effective communication requires both parties to listen as well as talk and to query anything that seems unclear (English 2004, p. 24).

Thus a good relationship between the physician and the patient is so necessary that it will enable the patient to face the situations. The physician is supposed to try his best to minimise the fear and anxiety of the patient and extend counselling depending upon the context involved.

### ***Value of Life of the Patient***

Life is quite mysterious. The element of curiosity is there in the nature of human-beings. Religion laments that, life is a precious gift given by god (Edet 2019; Edet 2008). But unfortunately some human beings may develop diseases which will lead them to death. To escape from these sufferings, they may decide to put an end to their life. But human life is so precious and it has got an absolute value and teleology. The concepts namely the value of life and the respect for life are closely related to each other. Quality of life is also important. It is defined as “the possession of resources necessary to the satisfaction of individual needs, wants and desires, participation in activities enabling personal development and self-actualisation and satisfactory comparison between oneself and others” (Walker 2005, p. 14).

The principle ‘value of life’ includes the life of all kinds of people irrespective of the economic and social conditions of the patient. John Harris mentioned in his book *Value of Life* that all life is equally important. All human beings have basic rights and this can be regarded as the virtue of humanity which demands equal rights for everyone to get treatment. While exercising the duty of providing treatment to everyone, physicians may encounter some situations that will lead them to dilemmas (Nwoye 2018). For instance, if they have to choose between two patients for treatment then it will be very difficult for them to take the correct decisions. The main concern in the value of life implies the quality of the life. The ancient Greek philosopher, Lucius Annaeus Seneca points out that

Living is not the good, but living well. The wise man therefore lives as long as he should, not quantity .... Dying early or late is of no relevance, dying well or ill is. To die well is to escape the danger of living well.... Nothing is less worthy of honour than an old man who has no other evidence of having lived long except his age (Crawford 1995, p. 85).

Seneca was preferring euthanasia because of the qualityless life. He had given explanation for accepting euthanasia. That was:

I will not relinquish old age if it leaves my better part intact. But if it beings to shake my mind, if it destroys my depart from the putrid or the tottering edifice. If I know that I must suffer with- out hope of relief I will depart not through fear of the pain itself but because it prevents all for which I would live (Tsakok et al., 1992, p. 105).

When we argue with the principle of quality of life the application of euthanasia is ethical. The individual who is suffering with severe pain is not supposed to continue his/her life if he/she doesn't wish to. In most of the cases the patients who will fall into coma stage have to be alive with the help of some equipment. Here, the quality of life is not maintained in its correct sense. The ethical argument behind the acceptance of euthanasia is: In the making decisions for the treatment of seriously deformed newborns or persons who are severely deteriorated victims of injury, illness or advanced age, the primary consideration should be what is best for the individual patient and not the avoidance of a burden to the family or to society. Quality of life is a factor to be considered in determining what is best for the individual. Life should be cherished despite disabilities and handicaps, except when prolongation would be inhumane and unconscionable. Under these circumstances, withholding or removing life supporting means is ethical provided that the normal care given to an individual who is ill is not discontinued.

## CONCLUSION

There is no difference between old men and children. Whether a disabled new born baby has no quality life? Every individual has his own quality life. The quality of life is equal for an old man and a new born baby. There are situations where voluntary euthanasia can be considered ethical because the actual consent of the patient is under question but involuntary and non-voluntary euthanasia cannot be considered as right on ethical grounds. Further, the application of euthanasia should not be seen as an abstract concept in universalising euthanasia but bringing down euthanasia to a concrete reality in day to day affairs. It is in this context; the patient is situated and should be considered as a yardstick in the application of euthanasia rather than the abstract theory behind it. In induction there are judgements about some cases to all, there is always an accusation on inductive inference that it is a leap on blind faith. Similarly, universalising euthanasia will be a leap of blind faith from certain specific conditions. One of the best way in addressing the problem of euthanasia is: specific situations of the individual has to be considered with all the best available data from social, ethical, individual and medical perspectives. By doing so, an unbiased rational decision should be the fountain head in addressing any of the issues pertaining to euthanasia.

## REFERENCES

- Barrett, C. M. (2019). *Dreeben-Irimia's Introduction to Physical Therapy Practice for Physical Therapist Assistants*. Jones & Bartlett Learning.
- Bender, F. H. (2012). Avoiding harm in peritoneal dialysis patients. *Advances in chronic kidney disease*, 19(3), 171-178.
- Biggs, H. (2001). *Euthanasia, Death with Dignity and the Law*, Oregon: Oxford - Portland, Hart Publishing.

- Carrick, P. (2001). *Medical Ethics in the Ancient world*, Washington DC: Georgetown University Press.
- Childress, J. F., & Mount Jr, E. (1983). *Who should decide? Paternalism in health care*. New York: Oxford University Press.
- Cohen, M. R., & Cohen, F. S. (2002). *Readings in Jurisprudence and Legal Philosophy*, Washington D C: Bread Book.
- Crawford, S. C. (1995). *Dilemmas of life and death: Hindu ethics in a North American context*. SUNY Press.
- den Exter, A. (Ed.). (2015). *International health law and ethics: basic documents*. Maklu.
- Eba, M. B. A. (2020). Human Right and Sustainable Development. *GNOSI: An Interdisciplinary Journal of Human Theory and Praxis*, 3(3), 67-82.
- Edet, F. F. (2008). Jesus in Africa. *Sophia: An African Journal of Philosophy*, 10(1).
- Edet, F. F. (2019). Dress code for women in Islam: a sociological investigation. *Lwati: A Journal of Contemporary Research*, 16(3), 182-188.
- Edet, F. F. (2019). Religion and Human Migration: A Socio-Cultural Investigation. *International Journal of Current Innovations in Advanced Research*, 2(5), 46-50.
- Edet, F. F. (2019). The concept of worship in Islam. *Lwati: A Journal of Contemporary Research*, 16(4), 125-130.
- English, V. (2004). *Medical ethics today the BMA's handbook of ethics and law*. BMJ Publishing Group.
- Faden, R. R., & Beauchamp, T. L. (1986). *A history and theory of informed consent*. Oxford University Press.
- Gillon, R. (1985). *Philosophical Medical Ethics*, New York: John Wiley and Sons.
- Harris, J. (2006). *The value of life: an introduction to medical ethics*. Routledge.
- Kant, I. (1889). *Kant's critique of practical reason and other works on the theory of ethics*. Longmans, Green.
- Kuczewski, M. G., & Polansky, R. M. (Eds.). (2002). *Bioethics: ancient themes in contemporary issues*. MIT Press.
- Lewis, M. A., Tamparo, C. D., & Tatro, B. M. (2012). *Law, Ethics, & Bioethics for the Health Professions*. FA Davis.
- Lillie, W. (2020). *An introduction to ethics*. Allied Publishers.
- Mehta, H. (1963). *Medical Law and Ethics in Medicine*, Bombay: The Bombay Sanchar Pvt Ltd.
- Nagesh, R. G. (1997). *Text Book of Forensic Medicine and Toxicology*, Delhi: Jay pee Brothers Medical Publishers Ptd.
- Nwoye, L. (2018). A Critique of Hume's Ethical Empiricism: Towards Addressing Ethical Dilemmas in Making Moral Choices. *GNOSI: An Interdisciplinary Journal of Human Theory and Praxis*, 1(2), 9-14.
- Ogar, T. E., & Ogar, J. N. (2018). Globalization in Africa and Beyond: The Quest for Global Ethics. *GNOSI: An Interdisciplinary Journal of Human Theory and Praxis*, 1(2), 38-47.
- Okpo, O. (2020). Nigeria's Traditional Virtue Ethics and Business: An Ibibio Virtue Ethics Approach to Business Ethics. *GNOSI: An Interdisciplinary Journal of Human Theory and Praxis*, 3(1), 16-31. Retrieved from <http://gnosijournal.com/index.php/gnosi/article/view/22>
- Palmer, A. B., Andrews, E., & Pitcher, Z. (Eds.). (1854). *The Peninsular Journal of Medicine and the Collateral Sciences* (Vol. 1). Doughty, Straw & Company.
- Pozgar, G. D. (2020). *Legal and ethical essentials of health care administration*. Jones & Bartlett Learning.
- Rhodes, R. (2020). *The trusted doctor: Medical ethics and professionalism*. Oxford University Press.

- Sharma, R. K. (2005). Concise textbook of forensic medicine and toxicology. *Journal of Punjab Academy of Forensic Medicine & Toxicology*, 5(5), 54-54.
- Singer, P. (1993). *Practical Ethics Second Edition*, Shaftesbury Cambridge: Cambridge University Press,
- Tsakok, F. H. M., Liauw, P., & Yu, S. L. (Eds.). (1992). *Royal College Of Obstetricians And Gynaecologists-Proceedings Of The 1st International Scientific Meeting*. World Scientific.
- Van Zyl, L. L. (2000). *Death and compassion: A virtue-based approach to euthanasia*. Burlington: Ashgate.
- Walker, A. (2005). *Understanding quality of life in old age*. McGraw-Hill Education (UK).