

EUTHANASIA AND HOSPICE

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The decision to end one's life is a very complex issue. Supporters of the right-to-die movement strictly believe in the right of the elderly, terminally ill to control the time, place and manner of their own deaths. The right -to-die organizations, like the Hemlock Society of California suggested legalized euthanasia and where as "euthanasia" refers to the process through which a terminally ill person can be helped to experience a dignified death. Euthanasia can be performed by lethal injection, gas, the removal of life support equipment and the removal of necessary medicine. The humanistic world view see people as autonomous, independent biological entities, whose life's purpose is pleasure and this view sees little value in suffering. But, deciding to end a human life is challenged in almost all religious traditions. Opponents of the right-to-die movement consider the movement an affront to the preservation of life and have labeled it a "death cult" that supports genocide. The end of the twentieth century has observed a remarkable upsurge of interest in the care of dying patients and their families. This is most evident in the work of the hospice movement. Hospice is a Philosophy, not a facility. It is an approach to the giving of care. The hospice concept views death not as a failure but as a normal and natural stage of life, to be approached with dignity. The philosophy of the hospice staff is to "extend the quality of life' when we can't extend the quantity of life. Hospice affirms life. Hospice exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortably as possible. And this care is opposed to the legalization of euthanasia.

DISCUSSION

Death is a dying art and dying is an integral part of life, as natural and predictable as being born. Once death was a dreadful issue. Perhaps, it is that death reminds us of our human vulnerability in spite of all our technological advances, however recently people have developed a healthier attitude toward death-an attitude that seeks to understand it to explore the emotional and the practical issues surrounding it. Thanatology-the study of death and dying is arousing great deal of interest as people recognize the importance of integrating death into life. At the same time, a recent phenomenon that has generated a bit of controversy is the right-to-die.

Supporters of this movement believe in the right of the elderly terminally ill to control the time, place and manner of their own deaths. There are right-to-die societies throughout the world who have published manuals detailing the method of suicide.

The Hemlock Society, founded in California in 1980, had grown to be the most widely recognized organization fighting for the right to die. This organization had promoted many battles in courts and legislatures around the country and was greatly responsible for legal changes permitting

the withholding and withdrawing of life-sustaining medical treatment and the use of living wills and durable powers of attorney for health care¹. The Hemlock Society, suggest an alternative legalized euthanasia, wherein the medical profession would permit terminally ill patients to die peacefully.

One of the biggest controversies of this decade is euthanasia. The term euthanasia comes from Greek word and originally meant "a good or easy or happy death². When a person is hopelessly, incurably ill, leads inexorably to a state in which the victim is no longer able to communicate and loses touch with his surroundings, the question often arises:. Should the patients mercifully be allowed to die? Public debate over euthanasia turned to horror when it was learned that in Nazi Germany up to a hundred thousand mentally ill and disabled children, "considered incurable according to the best available human judgment" were, to use official language "granted a mercy death." Euthanasia advocates that the person will die anyway, that the purpose is not to invade the person's right to life but only to substitute a painless for a painful death, that the shortening of the person's life merely deprives him of bit of existence that is not only useless but also unbearable. That the person can do no more good

for anyone, himself included. Euthanasia can be performed by lethal injection, gas, the removal of life support equipment, the withholding of food and fluids and the removal of necessary medicines. Philosophers have divided euthanasia into various types. In order to produce clarity, I shall briefly discuss them one by one.

Voluntary euthanasia.-In this type of euthanasia patient wishes to die and express this wish³ Non-voluntary euthanasia, it includes those cases in which the decision about death is not made by the person whose is to die or when the patient is unconscious. Involuntary euthanasia.-in this case the patient does not wish to die but this wish is ignored⁴. Active euthanasia-the person's death is caused directly by an action performed by some other person e.g. the administration of a lethal drug. Passive euthanasia-death comes about as a result of withholding treatment e.g. failing to administer some drug that is essential for the continuation of life⁵. Active euthanasia is direct killing and is an act of commission. Passive euthanasia is an act of omission⁶. Physician assisted suicide-in this type of euthanasia doctor provides the means to carryout or provides information to a patient about how to commit suicide in an effective manner. In voluntary active euthanasia, it is the physician who ultimately kills the patient. In physician assisted suicide; it is the patient who ultimately kills himself, albeit with the assistance of the physician. In 1990, Dr. Jack Kevo Kian, a retired pathologist and trained physician, assisted about 130 patients in committing suicide⁷.

The major problem which come into conflict in the issue of euthanasia is, The Value of Life Principle i.e. that life is the gift of God and it should be protected and preserved. Most ethical systems have some sort of prohibition against killing "thou Shalt Not Kill" i.e. the Sixth commandment, the sanctity of human life is a basic value as decreed by God even before the times of Moses. Jesus and Muhammad (PBUH), Christians also share several beliefs with Judaism and Islam. A Muslim's whole life is ideally to be governed by Islamic Law (Sharia). The Quran says: "Do not kill yourself (4:29). Therefore, if a medical practitioner has to end the life of his/her patient deliberately, then he/she would be guilty of homicide⁸. Some religious thinkers argue that life is a gift from God and that "to choose death as an end is to throw the gift back in the face of the giver, it would be to defeat his [God's] gift-gifting⁹. In other words, the decision of ending the life ought to be left to the creator who gave life. Aristotle believed that willful euthanasia was wrong. Virtue, he argued, requires that we face death bravely rather than take the cowardly way out by quitting

life in the face of pain and suffering. The Pythagoreans also opposed euthanasia on the grounds that the gods are our keepers and we are the possessions of the gods. To kill ourselves is to sin against the gods¹⁰. Voluntary euthanasia violates historically accepted codes of medical ethics. Hippocrates, a well known Greek thinker, sometimes counted as "Father of medicine", was the author of an oath. The Hippocratic Oath states: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect¹¹ Thomas Aquinas (1225-1274) and Immanuel Kant (1724-1804) regarded voluntary euthanasia as immoral. Now, we have analyzed the morality of euthanasia. The only humane alternative to euthanasia is Hospice and Hospice is opposed to the legalization of euthanasia.

The hospice approach is a distant and cohesive outlook for assisting human beings at a stressful time in life. Hospice is a philosophy, not a facility. It is an approach to the giving of care, rather than a place in which services are offered. The philosophy of hospice is to "extend the quality of life, when we can not extend the quantity of life, Hospice in fact, is a form of Palliative Care and palliative care is the active total care of people whose diseases are not responsive to curative treatment, where the control of pain, of other symptoms and of psychological, social and spiritual problems is paramount and where the goal is the best quality of life for the patients and their family.

Hospice is derived from the Latin word *hospitium*, which was a place in which a guest was received¹². The evolution of hospice can be roughly divided into three time periods. The ancient period, the middle ages and the Modern era. Archaeologists speculate that as soon as humans first developed into communities, the need for providing separate structures for the sick or for those with other social problems such as poverty or homelessness. These facilities were primarily affiliated with religious institutions. The Egyptians, Greeks and Romans commonly used their temples or churches to provide refuge for those in need. According to Indian literature in the sixth century B.C, Buddha appointed a physician for every village and built hospitals for the crippled and the poor. Leprosy spread during the 12th and 13th centuries and the leper became a difficult problem. The leper was "driven from his fellows", he was the, "pariah dog", unwelcome and unadmitted to any dwelling, village or town¹³. In response to their pitiable conditions, leprosy houses began to spring up in profusion and supplied additional facilities. These were crude structures, usually built on the outskirts of towns and patients were nursed by special attendants.

"Hospice" is a concept of providing care for the terminally ill. It began as a formal program in Great Britain and spread to the United States during the 1970s. The main concept of hospice is that terminally ill persons should be allowed to maintain life during their final days in as natural and comfortable as possible. Psychological and spiritual counseling for both the patient and the family is included as an integral facet of the health care services. Bereavement counseling with the family continues after the patient's death. The ultimate goal of any hospice bereavement program is to assist families in their acceptance of and coping with the loss or death of a loved one. They may be offered by hospitals, home health agencies or nursing homes. The following elements are common to all hospices:

- Service availability, including medical and nursing care, to home care patients and institutional inpatients on a 24-hour per day, 7-day per week, on-call basis.
- Home care service in collaboration with inpatient facilities.
- Provision of care by an interdisciplinary team.
- Physician-directed services.
- Central administration and coordination of services.
- Use of volunteers as an integral part of the health care team.
- Acceptance into the program based on health needs, no ability to pay.
- Treatment of the patient and family together as a unit.
- Bereavement follow-up service⁴.

The hospices approach recognizes that there is a difference between "acute pain" and "chronic pain". Acute pain typically results from some specific injury that produces tissue damage, such as a wound or broken limb. Acute pain is usually short in duration. Chronic pain typically begins with an acute episode, but unlike acute pain it does not decrease with treatment and the passage of time. The hospice approach recognizes that pain, especially chronic pain, is a complex phenomenon that involves the mental or emotional, the social or sociological and the spiritual or religious aspects of patients as well as the physical. This is another reason why the hospice approach utilizes a team and this team includes the doctors, nurses, clergy, social workers, physical and occupational therapists, psychologists or psychiatrists and volunteers. We can say that fundamental to the hospice concept is the interdisciplinary team approach. No one person has all the answers to the

problems of the dying patient and the family: such problems are multitudinous. The interdisciplinary personnel sit down together at regular conferences to work out a plan of care for the patient and family. There is a basic recognition that social pain can be helped by social workers, mental and emotional pain can be alleviated by psychologists or psychiatrists and spiritual pain can be eased by clergyman. The hospice philosophy affirms life, not death. Dying is a self-limiting condition. Individuals can and will die by themselves, without assistance from others. The hard work is supporting life, not bringing about death. Helping a person to live may be especially difficult when that person is close to death and is experiencing distress in dying. Processes of dying often impose special pressures on quality in living. Hospices care for and about persons who are coping with dying because they are living and struggling with these special pressures⁵. In hospice programs, the patients are accepted on the basis of health care need, not an ability to pay. Hospice chaplaincy, helping dying patients and their families adjust to the fact of death before, during and after its occurrence is an important part of the hospice approach.

The hospice Association of America (HAA), the world's largest organization representing more than 2800 hospices and thousands of caregivers and volunteers who serve terminally ill patients and their families. In 1994, over 300,000 persons chose hospices care in the United States. This is more than twice as many as in 1985.

In short, hospice affirms life. Hospice exists to provide support and care for persons in the last phases of incurable disease so that they might live as fully and comfortably as possible. Hospitals are devoted to life and life support: Hospital personnel see death as the enemy, as a kind of aberration and the care they give to the dying reflects that attitude. The hospice concept, however, views death not as a failure but as a normal and natural stage of life, to be approached with dignity. Hospice neither hastens nor postpones death.

Their first aim is to manage pain of all sorts: physical pain, mental pain, social pain and spiritual pain. Beyond that they try as much as possible to "include the dying person as taking an active part in his own care and decision making. In addition, they help the family to understand the dying person's experience and needs and also keep communication lines open so that the dying member will feel less isolated. If more terminally ill patients and their families have knowledge about the concept of hospice, certainly there would be less concern about euthanasia which is immoral as well as a grave sin.

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