EUTHANASIA: THE MORAL AND ISLAMIC PERSPECTIVES

By

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Abstract

The Hippocratic Oath is that which a medical practitioner is bound by to treat patients and save their lives at all points in time. Discussions about euthanasia are looked at from the medical, legal and moral perspectives to accentuate and highlight the rationale behind a medical practitioner or care givers reason for acceding to the patient’s request to end his or her life in a gracious and happy way.¹ By acceding to help a patient die peacefully and gracefully, the medical practitioner is morally and medically deemed to have broken the Hippocratic Oath and fallen short of his creed to save lives. The religious aspect holds strong to the fact that every life is sacred notwithstanding the condition or situation a person is in and no one has the right to take another’s life whether with or without the patient’s consent except the Creator. This paper comparative discourse of the position of Nigeria, the United Kingdom and Australia, while juxtaposing all with the religious analysis of the sacredness of life.

KEYWORDS: Euthanasia, Hippocratic Oath, Termination, Religion, Life

Introduction

A person’s right to life can never be undermined. The constitutional, jurisprudential and religious approach to life provides for the sanctity of life always. Based on this, the belief in the right of the terminally ill or dying persons to approach the end of their lives with dignity becomes contradictory in nature.

Euthanasia has become a complex global issue of the 21st century with various cultures and nations wrestling with their beliefs and consciences in achieving the feat of helping a person die legally. Regardless of the way it is used, the word euthanasia always evokes strong emotions. To some people, euthanasia is a manifestation of the individual's autonomy alongside a responsible control of one's destiny, a compassionate responsiveness to someone's immense suffering or a clinical imperative to act in the patient's best interest, while for others, euthanasia is tantamount to or merely a euphemism for killing, the violation of human life and an infringement of the human right to life, being contradictory to the sanctity of life doctrine and facilitating the abuse of vulnerable persons.²

The need to consider euthanasia from the doctor patient relationship angle to the fundamental human rights corner and furthermore to the religious ethics becomes a daunting task for all. However, it should be borne in mind that the human rights principle indirectly overrides any other principle or compassionate grounds that allows for euthanasia.

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² Josef Kure, Euthanasia− “The Good Death” Controversy in Humans And Animals 6 (Janeza Trdine, Croatia 2011).
Meaning and Types of Euthanasia

The word "euthanasia" comes straight out of the Greek -- "eu", goodly or well + "thanatos", death = the good death. Generally, euthanasia is also known as “mercy killing” or the practice of intentionally ending a life in order to relieve pain and suffering. It has been further defined in the online Merriam Webster Dictionary “as the act or practice of killing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy”.

It refers to the situation when a doctor induces the death with a lethal injection, of a patient who is suffering unbearably and has persistently requested the doctor to do so. Euthanasia is the intentional termination of life by somebody other than the person concerned at his or her request. Assisted suicide means intentionally helping a patient to terminate his or her life at his or her request.

Under the Dutch law euthanasia is the termination of life by a doctor at the express wish of a patient. The request to the doctor must be voluntary, explicit and carefully considered and it must have been made repeatedly. Moreover, the patient's suffering must be unbearable and without any prospect of improvement.

To some scholars, euthanasia is the intentional premature termination of another person’s life, either by direct intervention (active euthanasia) or by withholding life-prolonging measures and resources (passive euthanasia), either at the express or implied request of that person (voluntary euthanasia), or in the absence of such approval (non-voluntary euthanasia). Legally, Bamgbose explains euthanasia as the taking of human life by another or with the assistance of another.

Somehow the meaning of Euthanasia is explained considering suicide while suicide is, many agree, considered as murder except that it is the victim who is the author himself. One of its kinds is assisted suicide which happens when someone provides an individual with the information, guidance, and means to take his or her own life with the intention that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called "physician assisted suicide."

Classifications of Euthanasia:

There are several classifications of euthanasia:

Active euthanasia: This involves causing the death of a person through a direct action, in response to a request from that person. It is performed with the patient's consent. The physician

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5 Ibid.
9 Ibid.
is the instigator of the death.\(^{11}\) The doctor who gives the patient with cancer a lethal injection has himself caused his patient’s death, whereas, if he merely ceases the treatment, the cancer is the cause of the death.\(^{12}\)

A well-known example of active euthanasia was the death of a terminally ill Michigan patient on September 17, 1998. On that date, Dr Jack Kevorkian videotaped himself administering a lethal medication to Thomas Youk, a 52-year old Michigan man with amyotrophic lateral sclerosis. Authorities subsequently charged Kevorkian with first-degree premeditated murder, criminal assistance of a suicide, and delivery of a controlled substance for administering lethal medication to a terminally ill man. There was no dispute that the dose was administered at the request of Mr. Youk, nor any dispute that Mr. Youk was terminally ill. A jury found Kevorkian guilty of second-degree murder in 1999, and was sent to prison.\(^{13}\)

**Passive euthanasia:** It is defined as hastening the death by altering some form of support and letting nature take its course by following one of the methods such as a decision to stop artificial feeding and hydration for someone in a persistent vegetative state) or not delivering CPR (cardio-pulmonary resuscitation).\(^{14}\) Included are where the patient is unable to give their informed consent, for example child euthanasia. These procedures are performed on terminally ill, suffering persons so that natural death will occur sooner.\(^{15}\)

**Physician-assisted suicide:** It is also called assisted suicide. This is in between passive and active euthanasia. In this instance, a physician supplies information and/or means of committing suicide prescription for lethal dose of sleeping pills. This can also occur when a person is assisted, either through guidance or means to take his or her own life. It has been explained as a physician providing medications or other interventions to a patient with the understanding that the patient intends to use them to commit suicide.\(^{16}\)

Physician assisted suicide received greater public attention after Dr Kevorkian, a retired pathologist from Michigan, participated in his first such procedure in 1990. Kevorkian set up a machine that allowed a 54-year-old woman suffering from Alzheimer’s disease (a degenerative neurological condition) to press a button that delivered a lethal poison into her veins. It should be noted that Kevorkian was charged with murder several times but was not initially found guilty. In December 1994, Michigan’s Supreme Court in *People v. Kevorkian*,\(^{17}\) held that there is no constitutional right to commit suicide, with or without assistance, and upheld the Michigan statute that made assistance suicide a crime, and his further appeal to the US Supreme Court was refused.

The U.S Supreme Court has made two important rulings on assisted suicide. In *Washington v. Glucksberg*,\(^{18}\) three terminally ill patients, four physicians, and a non-profit organization had

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15 See footnote 7.
16 Oregon’s Death With Dignity Law and Euthanasia in the Netherlands: Factual Disputes” Pg.3.
17 17447 Mich.436, 527 N.W.2d 714.
brought action against the State of Washington for declaratory judgment, that a statute banning assisted suicide violated Due Process Clause. The Supreme Court held that the state has right to prohibit assisted suicide. In Vacco v. Quill, the physicians challenged the constitutionality of the New York statutes making it a crime to aid a person in committing suicide or attempting to commit suicide. The Supreme Court held that New York’s prohibition on assisting suicide did not violate the Equal Protection of the Fourteenth Amendment.

**Involuntary euthanasia:** The term involuntary euthanasia is used to describe the killing of a person who has not explicitly requested aid in dying. This occurs when a dying person could have been but was not asked for their consent, or when a request for continued treatment is refused. Attaching “Do Not Resuscitate (DNR) notices to the medical notes of elderly or disabled patients without their knowledge can be considered a form of involuntary euthanasia. This term is most often used with respect to patients who are in a persistent vegetative state and who probably will never recover consciousness. In a bit similar to the above definition, Omipidan sees involuntary euthanasia as a situation, “when, in the conclusion of the executioner, it is in the best interest of the patient that he or she is euthanized.” Research has shown that majority of those who are victims of involuntary euthanasia are mostly infants or babies born with deformities by physicians in conjunction with the parents of such babies.

**Voluntary Euthanasia:** Voluntary euthanasia arises where a person requests a doctor to put an end to his or her life. In this situation, the patient understands the nature of his or her demand and its implication. That is to say that he or she is matured, sane and competent enough to understand her action or demand. The patient might have also given this consent in the form of an advance directive before he or she becomes incapacitated, or unconscious (coma) as a result of the sickness. Voluntary euthanasia can be either voluntary active or voluntary passive.

According to Omipidan, passive voluntary euthanasia occurs when a patient dies as a result of the withdrawal of his or her treatment. This withdrawal includes disconnecting the patient from a life support machine. Under this circumstance, the patient is competent and has already expressed her/his willingness to be disconnected from a life support device should the continuation of treatment become futile in the future.

Voluntary euthanasia seems the only acceptable and sensible situation for carrying out euthanasia, as the patient disapproved the other two options. The most crucial thing we have to consider, and follow is the will of patient on grounds that people have no rights to determine others life.
In 1992, Sue Rodriguez forced the right-to-die debate into the spotlight in Canada. In a video statement played to members of Parliament, the Victoria woman, diagnosed with Lou Gehrig’s disease in 1991, asked lawmakers to change the law banning assisted suicide and Euthanasia. "If I cannot give consent to my own death, whose body is this? Who owns my life?" she said. The Supreme Court of Canada ultimately ruled against Rodriguez, but her struggle galvanized the public. Rodriguez committed suicide in 1994 with the help of an anonymous doctor.

Some argue that the right to life as constitutionally guaranteed should include right to determine when and how to die. Others argue otherwise that a life is sacred and should not be determined anyhow.

In R. V. Cox the doctor literally followed the instructions of his distressed dying patient and deliberately injected her with strong potassium chloride resulting in the death of the patient, the jury for homicide convicted the doctor. This in spite of the fact that all nearer, dearer and family members considered that the doctor has provided a merciful release to the old patient. Many members of the jury openly wept when the verdict was returned.

In Airedale NHS Trust v. Bland, House of Lords, was called upon to decide the legality of withdrawal of feeding. In the case ‘X’ was severely injured in the Hillsborough stadium disaster. As a result of interruption of supply of oxygen, he had remained for three-years in a persistence vegetative stage. He had lost all the higher brain function. There was clear medical opinion that there was no hope of this ever-regaining brain functions. He was fed and his other bodily functions met by artificial means and he received antibiotic treatment to combat recurring infection. Before the accident, he had not expressed any opinion as to how he should be treated in these circumstances.

The hospital authorities supported by the parents of ‘X’, this sought by the declaration to the effect that they might lawfully discontinue all the lifesaving treatment and medical assistance. They also desired to discontinue medical assistance exception enabling the patient to end his life with dignity. The House of Lords held that there was no duty on the part of the doctors to continue such treatment when the patient had no further interest in being kept alive. The House further directed that until a body of experience and practice was built up application should be made to the family Division of the High Court in any case where it was considered that continued treatment would be of no benefit to the patient.

Present legal position of Euthanasia in the Western World

Euthanasia in the Netherlands

According to the Dutch Penal Code, euthanasia is a crime. Although both euthanasia and assisted suicide had been widely practiced in the Netherlands, they remained technically illegal until passage of a bill for the "Review of cases of termination of life on request and assistance with suicide" was approved in April 2001. However, it is not qualified as murder (as in some other countries), but dealt with in a separate action, under Article 293, anyone who takes

28 www.cbc.ca/on eutha.html.
29 Ibid.
another person’s life at his explicit and earnest request will be punished by imprisonment to a maximum of 12 years. In the same year, the Royal Dutch Medical Association issued an influential statement on euthanasia to provide guidance to the profession as to under which conditions euthanasia could be permissible, it formulated a set of criteria developed by the Courts.

i) The requests for euthanasia must come from the patient and be entirely free and voluntary well considered and persistent.

ii) The patient must be experiencing intolerable sufferings (Physical or mental) with no prospect of improvement and with no acceptable solutions to alleviate the patient’s situation.

iii) Euthanasia must be performed by a physician after consultation with an independent colleague who has experience in this field.\textsuperscript{34}

\textbf{Euthanasia law in Australia}

In March of 1998, Australia’s remote Northern Territory (Darwin) became the first place to legalize voluntary euthanasia. Although Australia does not hold the same notoriety as the Netherlands, the history of the bill has been volatile and controversial. A new proposal in South Australia makes assisted suicide available to patients who are "hopelessly ill and will result, or has resulted, in serious mental impairment or permanent deprivation or consciousness; or that seriously and irreversibly impairs the person's quality of life so that life has become intolerable to that person."\textsuperscript{35}

\textbf{Euthanasia law in United Kingdom}

In U.K., the Courts and legislators have consistently refused to remove the fundamental criminal law objection to the practice of euthanasia. This shows legal limits in this sphere by which doctor’s cannot follow their individual consciences how good it may be. In 1994, New England Journal of Medicine\textsuperscript{36} published an article recommending legalization that would permit assisted suicide not only for individuals who have terminal conditions but also for those with "incurable debilitating illnesses".

Likewise, the Hemlock Society, citing the fact that many people fear becoming a burden, has publicly supported a man’s legal attempt to "empower his wife to have a doctor end his life by lethal injection, without criminal liability, should he be stricken by a debilitating illness".\textsuperscript{37}

\textbf{Euthanasia in Nigeria}

The practise of euthanasia has no foundation or bedrock in Nigeria. It has never been fully practised or given accordance to. What could seem to be related to a type of euthanasia in the past could be related to the killing of infants and twins during the earlier centuries but this decision by the parents of these children to either hang on and leave the for dead or to kill them directly was due to reasons beyond their control which could be attributed to security and fear for their own lives.\textsuperscript{38}

\textsuperscript{34} Ibid.
\textsuperscript{37} http://biz.yahoo.com/prnews/981231/co_hemlock_1.html.
The history of euthanasia in Nigeria is traceable to the Supreme Court decision in Medical and Dental Practitioners Disciplinary Tribunal v. John Nicholas Okonkwo.\(^{39}\) It can be deduced that a cursory look at the judgments reached in this case impliedly gave the court’s assent to a passive type of euthanasia. The Supreme Court held \textit{inter alia} that, ‘if a competent adult patient exercising his right to reject lifesaving treatment on a religious grounds, thereby chooses a part that may ultimately lead to his death, in the absence of judicial intervention overriding the patient’s decision, what meaningful option is the practitioner left with, other, perhaps than to give the patient the comfort?’\(^{40}\) The Supreme Court further decided that a patient has a constitutional right to object to medical treatment on religious grounds,\(^{41}\) and furthermore stated that “the right to freedom of thought, conscience or religion implies a right not to be prevented, without lawful justification, from choosing the course of one’s life, fashioned on what one believes in, and a right not to be coerced into acting contrary to one’s religious belief.”

Despite the decision in this case, it is pertinent to state that euthanasia is seen as almost a mortal taboo and sin in Nigeria due to the fact that the even the local communities are vehemently against assisted suicide or euthanasia and persons who have died through these means have in the past been buried far away from the communities and considered evil in all regards.\(^{42}\)

The attitude of the Nigerian courts to Euthanasia is influenced by the country as well as our judiciary’s colonial history towing the line of United Kingdom’s common law courts. Under the Nigerian laws, according to the Criminal Code which is applicable in the South, a person who kills another is liable to be convicted either for murder or manslaughter, depending on the circumstance.\(^{43}\) Where the death is at the instance and order of the deceased, the person that kills is still guilty, for consent or assent does not constitute a defence to murder. In the Northern state of Nigeria, euthanasia is not also recognised in any form in the Penal Laws.\(^{44}\)

Furthermore, by the provisions of the Code, any person who does any act or makes any omission which hastens the death of another person who, when the act is done or the omission is made, is labouring under some disorder or disease arising from another cause, is deemed to have killed that other person.\(^{45}\)

In \textit{State v. Okezie},\(^{46}\) the accused, a native doctor, prepared some charms for the deceased. The deceased then invited the accused to test the charm on him by firing a shot at him. The accused shot him in the chest and killed him. He was convicted of murder. It is a criminal offence attracting life imprisonment for aiding someone to commit suicide in Nigeria. Thus, section 326 of the Criminal Code Act provides that: ‘\textit{any person who aids another in killing himself is guilty of felony, and is liable to imprisonment for life.}’\(^{47}\)

The 1999 Constitution of Nigeria clearly provides for the right of every person to life and that

\(^{39}\) [2001] FWLR (pt. 44) 542.  
\(^{40}\) \textit{supra}, per Ayoola J.S.C, pp. 244-245.  
\(^{41}\) \textit{supra}, p 219.  
\(^{43}\) Criminal Code Law, section 315  
\(^{45}\) Ibid, section 311 Criminal Code.  
\(^{46}\) (1972),2 E.C.S.L.R. 419  
\(^{47}\) Section 326, Criminal Code.
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no one shall be deprived intentionally of his life, save in the execution of the sentence of a court. From the provisions of section 33 of the Constitution like the International Human Rights Instruments, it would appear that euthanasia is prohibited under the Nigerian Constitution.

Rationales for and against Euthanasia

Pro-euthanasia groups, which include some disabled people, concentrate on voluntary euthanasia and assisted suicide, deeming it a matter of respect for personal autonomy. If someone has an incurable disease or is in great pain they should be afforded the dignity of choosing the manner and time of their death and be assisted if necessary. Furthermore they claim that medical improvements will mean an increasing number of terminally ill people will be kept alive, some against their wishes.

Disability rights advocates maintain that if euthanasia or physician assisted suicide was legalised, this would put pressure on some disabled people to use them because of a lack of social support, poverty, inadequate health care, social exclusion and internalised oppression. Disabled people are also often more vulnerable than most to undue persuasion and that informed consent would be an illusion. Furthermore, some people who feel they are a ‘burden’ would be faced with the ‘obvious’ solution.

Those who advocate non-voluntary euthanasia contend that we are in a period when the traditional ideas about the sanctity of life are being overturned by science and new medical practices which can keep people alive artificially. Many arguments against euthanasia start from the proposition, either religious or secular, that all human life has intrinsic value and therefore to take a life in the ordinary course of events is wrong.

Utilitarians maintain there is no moral difference between killing and allowing to die. If the consequence is death, it does not matter if it is achieved by a deliberate act or omission, and it is preferable therefore that the death is quick and painless.

Islamic Religion and Euthanasia

One of the most important factors which determines society's attitude towards euthanasia is religion. Human life is sacred, and it should never be wasted except in the cases specified by Shari’a and the law. This is a question that lies completely outside the scope of the medical science and profession. A physician should not take an active part in terminating the life of a patient, even if it is at his or her guardian’s request, and even if the reason is severe deformity; a hopeless, incurable disease; or severe, unbearable pain that cannot be alleviated by the usual pain killers. The physician should urge his patient to endure and remind him of the reward of those who tolerate their suffering.

49 Ibid.
50 Ibid.
Muslims are expected to have faith (imān) and with their faith, they are advised to have virtues of patience and endurance (sabr) to be able to face the challenges of life. The Quran confirms thus:

But give glad tidings to those who patiently persevere. Those who say when affected with calamity, 'To Allah we belong and to Him is our return'. They are those on whom descend blessings from their Lord and mercy. They are the ones who receive guidance.

In an Islamic setting, the issue of euthanasia is dismissed as religiously unlawful since the specifications for taking a life are clear. From Islamic perspective sanctity of life is of supreme value, so killing a person out of mercy and to relieve him of pain and suffering is not only sinful, but a threat to the moral fabric of society. Islam emphasizes that man has not created himself; therefore, he has no right over his body. Our lives are not our lives for us to do with as we see fit, this life was entrusted to us for care, nurture and safe keep:

"Surely Allah's is the kingdom of the heavens and the earth; He brings to life and causes to die; and there is not for you besides Allah any guardian or helper"

Imam Ali, the first Imam of the Shia Muslims, says that God is the owner and giver of life and his rights in giving and in taking are not to be violated:

"He who gives life is He who is the owner of life and He who is taker of life"

The Qur'an says:

"And no human being can die save by Allah's leave, at a term preordained".

Killing a person is a great sin. The Holy Quran clearly points out this issue in the following verses:

"And do not kill any one whom Allah has forbidden, except for a just cause, and whoever is slain unjustly, we have indeed given to his heir authority, so let him not exceed the just limits in slaying; surely he is aided"

Islam emphasizes that the process of life must be maintained and not the process of dying. According to the Qur'an, a Muslim's life constitutes a trial and a test for the human, by means of which his final destiny is determined (by God). For him, death is the return of the soul to its Creator, God.

In another words, death marks the transition from one state of existence to the next. The Qur'an says:

Be sure that We shall test you with something of fear and hunger, some loss in goods or lives or the fruits of your toil but give glad tidings to those who patiently persevere.

You shall certainly be tried and tested in your wealth and properties and in your personal selves...


53 Qur'an 2:155-157

54 Qur'an, chapter 5:28.... If you do stretch your hand to slay me, it is not for me to stretch my hand to slay you for I do fear God the Cherisher of the worlds.

55 (Qur'an 16:61.

56 Qur'an 3:145.

57 Qur'an 17:33.

58 See footnote 34.

59 Al-Qur'an 2:155.

60 Al-Qur'an 3:186.
The tradition of Prophet Muhammad (PBUH) also prohibits the killing of an innocent soul. He was reported to have said: "The biggest of the great sins (al-kabā’ir) are to join others as partners in worship with Allah, to murder a human being, to be undutiful to one's parents and to make a false statement or give a false witness." A companion of the Prophet (PBUH), Abdrahman Bin Sahr (popularly known as Abu Hurayrah) also narrated that the Prophet (PBUH) said: “He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell Fire.”

In a similar way, Muslim scholars have unanimously prohibited active euthanasia and physician-assisted suicide because the injunctions of the Holy Qur'an and Sunnah prohibit both. According to Yusuf Al-Qaradawi, "this is an act of killing and killing is a major sin and thus forbidden in Islam, the religion of pure mercy.”

Conclusion
Euthanasia, as always would remain a controversial subject, not only because there are many different moral dilemmas associated with it, but also in what constitutes its definition. At the extreme ends of disagreement, advocates say euthanasia, also known as physician aid in dying, or physician assisted suicide, is a merciful method of death. At the other end are opponents of euthanasia, who may consider this method as a form of murder. Many nations have legalized Euthanasia while it is not permitted in others despite some broader verdict that right to life means dignified life and this right to life include dignified end of life too.

The real alternative to euthanasia is to provide loving, competent care for the dying and the terminally ill people. A new concept for the dying arose in England, where institutions called Hospices specialize in compassionate, skilled care of the dying as well as the terminally ill persons. This concept has spread throughout the Western world. Once a patient feels welcome and not a burden to others, once his pain is controlled and other symptoms have been at least reduced to manageable proportions, then the cry for euthanasia disappears. Proper care is the alternative to it as soon as there is adequate instruction of medical students in a teaching hospital. Technically the concept of Euthanasia and right to die are not in themselves degrading concepts. Rather they develop the idea of contentment of human beings.

In addition, Islam according to Malik, provides a cohesive social system and set of rules which keeps a community of believers in warm relationship with each other. In other words, it provides an atmosphere in which individuals are morally, emotionally and physically supported. In taking care of ill people, Islam instills on its adherents to give a strong support to its kindred, friend, family as well as wayfarers. If these as well as other principles of the religion are well understood and followed as prescribed, a Muslim would never contemplate committing suicide.

62 Ibid.
63 Ibid.
64 Malik, Euthanasia: Islamic Perspective, p. 230.
65 This implies that suicide attack in any form is not allowed in Islam and no excuse could be given under any circumstances to permit it as human life is the property of Allah and it is therefore forbidden for a human to destroy it.
Amid this debate on euthanasia and murder, the important thing is that different countries need to find their own solution to the issue of euthanasia rather than trying to import solutions from other countries or jurisdictions.