UNIT 10: NATURE OF EUTHANASIA

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10.1 LEARNING OBJECTIVES

After going through this unit you will be able to:

- Define, what is euthanasia and its different aspects.
- Understand Medical Ethics as the part of Applied Ethics.
- Analyze the significance of euthanasia as the burning issue of Applied Ethics in contemporary phenomenon.
- Find out the position of euthanasia amidst the conventional-value system of the society and see if euthanasia can be legalized.
- Describe the relationship of euthanasia with Quality of Life Principle and Sanctity of Life Principle.

10.2 INTRODUCTION

'Ethics' is the key discussing point of moral philosophy under the scope of Philosophy. In connection with the discussion of ethics, we may find different types of its branches like (1) Normative Ethics, (2) Analytic Ethics (or Meta Ethics) (3) Applied Ethics etc. As it is well known, normative ethics discuss about the standard to judge an action as good or bad, analytic ethics analyses the ethical terms and applied ethics discuss the practical issues that are faced by the individual in his habitual life. In the contemporary period applied ethics has been occupying a key position of discussion all around the globe. The sub-sections of applied ethics are like Business Ethics, Environmental Ethics, Medical Ethics and other professional ethics etc. Applied ethics mainly concern with the moral (ethical) issues related to our professions, practical life as well as the surroundings. Euthanasia is such an issue of Medical Ethics which has always been one of the key points of discussion particularly in contemporary period.

It is a tragic phenomenon of the world that many people are struck with afflictions, such as cancer or extensive burns that fill their lives with extreme suffering and that threaten to persist until they die. Other people are the victims of accidents that destroy their very personalities and deprive them even of the ability to ask others to end their lives. Moreover, all too often, infants are born with defects, such as the lack of brain, that rule out the possibility of their leading a worthwhile life. Here question is ought we to do everything possible to keep such people alive? Or should we not sometimes end their lives, or at least let them die, so as to relieve them of the burden of living an unworthwhile existence? Here the relevance of euthanasia or "mercy killing" comes to the scene.

10.3 EUTHANASIA: WHAT IT IS

The English medical word 'euthanasia' is a compound of two Greek words - *eu* and *thanatos* meaning, literally, 'a good death'. Here *eu* means "well" or "good" and *thanatos* means "death". It is the practice of intentionally ending a life in order to relieve pain and suffering. Today, 'euthanasia' is

generally understood to mean the bringing about of a good death or 'mercy killing,' where one person, 'A', ends the life of another person, 'B', for the sake of 'B'. **Euthanasia is the act of deliberately ending a person's life to relieve suffering.** Euthanasia, also known as assisted suicide, physician-assisted suicide (dying), doctor-assisted dying (suicide), and more loosely termed mercy killing, means to take a deliberate action with the express intention of ending a life to relieve intractable (persistent, unstoppable) suffering of certain individual.

10.3.1 MEDICAL DEFINITION OF EUTHANASIA

The history of medical literature tells us that euthanasia is an intentional termination of the life of a patient suffering from an incurable disease for the sake of the patient's good. According to MediLexicon's medical dictionary: Euthanasia is: *"A quiet, painless death."* Or *"The intentional putting to death of a person with an incurable or painful disease intended as an act of mercy."* Some interpret euthanasia as the practice of ending a life in a painless manner.

10.4 KINDS OF EUTHANASIA

Depending on the situation of the patient and intentions of his/her surroundings euthanasia may have two types of classifications.
According to first type of classification euthanasia can be of three types. These are (1) Voluntary euthanasia, (2) Non-voluntary euthanasia and (3) Involuntary euthanasia.

- **Voluntary euthanasia** - This type of euthanasia is conducted with consent. Where a person makes a conscious decision to die and asks for help to do this. When the patient brings about his or her own death with the assistance of a physician, the term assisted suicide is often used instead. Since 2009 voluntary euthanasia has been legal in Belgium, Luxembourg, Netherland, Switzerland, and the states of Oregon (USA) and Washington (USA).
- **Non-voluntary euthanasia**: Here a person is unable to give their consent (for example, because they are in a coma or are

severely brain damaged) and another person takes the decision on their behalf, often because the ill person previously expressed a wish for their life to be ended in such circumstances.

- **Involuntary euthanasia** -This euthanasia is conducted without consent. The decision is made by another person because the patient is incapable to doing so himself/herself. Where a person is killed against their expressed wishes.

  Depending on the circumstances, voluntary and non-voluntary euthanasia could be regarded as either voluntary manslaughter (where someone kills another person, but circumstances can partly justify their actions) or murder. Involuntary euthanasia is almost always regarded as murder.

  According to second types classification (which is said as procedural classification) euthanasia is of two types. These are Active euthanasia and Passive euthanasia.

- **Active euthanasia** – Active euthanasia is the act of killing someone in order to relieve that person's suffering. It is the euthanasia where a person deliberately intervenes to end someone's life – for example, by injecting them with a large dose of sedative. Lethal substances or forces are used to end the patient's life. Active euthanasia includes life-ending actions conducted by the patient or somebody else directly.

- **Passive euthanasia** – Passive euthanasia is also aimed at relieving someone's suffering, but it is the act of refraining from doing something that would keep that person alive. It is the euthanasia where a person causes death by withholding or withdrawing treatment that is necessary to maintain life, such as withholding antibiotics from someone with pneumonia .

  A case of euthanasia (whether active or passive) is voluntary if, in view of the circumstances, the person at hand wants to die. It would be involuntary if the individual wished not to die, and non-voluntary if the person were incapable of having a preference (due to several physical damage for example).



CHECK YOUR PROGRESSS

Q 1: Fill in the blanks:

a) The term 'Euthanasia' is derived from the Greek word……..

Q 2: What is Euthanasia?

.....

.....

Q 3: What is Active and Passive Euthanasia?

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10.5 HISTORICAL BACKGROUND

Since the early 1800s euthanasia has been a topic of debates and activism in the USA, Canada, Western Europe and Australasia. Ezekiel Emanuel (born 1957, USA), an American National Institutes of Health bioethicist said that the modern era of euthanasia was ushered in by the availability of anesthesia. In 1935 euthanasia societies emerged in England and in 1938 in the USA. Doctor assisted suicide became legalized in Switzerland in 1937, as long as the doctor ending the patient's life had nothing to gain. After the Second World War Glanville Williams (1911-1997), a legal professor and Joseph Fletcher (1905-1991), USA an Episcopal priest, later identified himself as an atheist emerged as proponents of euthanasia. During the 1960s advocacy for a right-to-die approach to euthanasia grew.

According to the historian N. D. A. Kemp, the origin of the contemporary debate on euthanasia started in 1870. But Euthanasia is known to have been debated and practiced long before that date. Euthanasia was practiced in Ancient Greece and Rome: for example, hemlock was employed as a means of hastening death on the island of Kea, a technique also employed in Marseilles. Euthanasia, in the sense of the deliberate hastening of a person's death, was supported by Socrates, Plato and Seneca the Elder in the ancient world, although Hippocrates appears to

have spoken against the practice, writing "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death".

10.5.1 EARLY MODERN PERIOD

The term "euthanasia" in the earlier sense of supporting someone as they died was used for the first time by Francis Bacon (1561-1626). In his work, *Euthanasia Medica*, he chose this ancient Greek word and, in doing so, distinguished between *euthanasia interior*, the preparation of the soul for death, and *euthanasia exterior*, which was intended to make the end of life easier and painless, in exceptional circumstances by shortening life. That the ancient meaning of an easy death came to the forefront again in the early modern period can be seen from its definition in the 18th century *Zedlers Universallexikon*: "Euthanasia: a very gentle and quiet death, which happens without painful convulsions".

The concept of euthanasia in the sense of alleviating the process of death goes back to the medical historian, Karl Friedrich Heinrich Marx, who drew on Bacon's philosophical ideas. According to Marx, a doctor had a moral duty to ease the suffering of death through encouragement, support and mitigation using medication. Such an "alleviation of death" reflected the contemporary *Zeitgeist*, but was brought into the medical canon of responsibility for the first time by Marx. Marx also stressed the distinction between the theological care of the soul of sick people from the physical care and medical treatment by doctors.

Euthanasia in its modern sense has always been strongly opposed in the Judeo-Christian tradition. Thomas Aquinas argued that the practice of euthanasia contradicted our natural human instincts of survival. But there are many supporters of euthanasia like John Donne (1624) and it became more accepted during the Age of Enlightenment. Thomas More wrote of euthanasia in *Utopia*, although it is not clear if he was intending to endorse the practice of it. Other cultures have taken different approaches: for example, in Japan suicide

has not traditionally been viewed as a sin, as it is used in cases of honor, and accordingly, the perceptions of euthanasia are different from those in other parts of the world.

10.5.2 EARLY EUTHANASIA MOVEMENT IN THE UNITED STATES

The rise of the euthanasia movement in the United States coincided with the so-called Gilded Age, a time of social and technological change that encompassed an "individualistic conservatism that praised laissez-faire economics, scientific method, and rationalism", along with major depressions, industrialization and conflict between corporations and labour unions. It was also the period in which the modern hospital system was developed, which has been seen as a factor in the emergence of the euthanasia debate.

Robert Ingersoll argued for euthanasia, stating in 1894 that where someone is suffering from a terminal illness, such as terminal cancer, they should have a right to end their pain through suicide. Felix Adler offered a similar approach, although, unlike Ingersoll, Adler did not reject religion. In fact, he argued from an Ethical Culture framework. In 1891, Alder argued that those suffering from overwhelming pain should have the right to commit suicide, and, furthermore, that it should be permissible for a doctor to assist – thus making Adler the first "prominent American" to argue for suicide in cases where people were suffering from chronic illness. Both Ingersoll and Adler argued for voluntary euthanasia of adults suffering from terminal ailments. Dowbiggin argues that by breaking down prior moral objections to euthanasia and suicide, Ingersoll and Adler enabled others to stretch the definition of euthanasia.

The first attempt to legalize euthanasia took place in the United States, when Henry Hunt introduced legislation into the General Assembly of Ohio in 1906. Hunt did so at the request of Anna Hall, a wealthy heiress who was a major figure in the euthanasia movement during the early 20th century in the United States. Hall had watched

her mother die after an extended battle with liver cancer, and had dedicated herself to ensuring that others would not have to endure the same suffering. Towards this end she engaged in an extensive letter writing campaign, recruited Lurana Sheldon and Maud Ballington Booth, and organised a debate on euthanasia at the annual meeting of the American Humane Association in 1905 – described by Jacob Appel as the first significant public debate on the topic in the 20th century.

Along with the Ohio euthanasia proposal, in 1906 Assemblyman Ross Gregory introduced a proposal to permit euthanasia to the Iowa legislature. However, the Iowa legislation was far broader in scope than that offered in Ohio. It allowed for the death of any person of at least ten years of age who suffered from an ailment that would prove fatal and cause extreme pain, should they be of sound mind and express a desire to artificially hasten their death. In addition, it allowed for infants to be euthanized if they were sufficiently deformed and permitted guardians to request euthanasia on behalf of their wards. The proposed legislation also imposed penalties on physicians who refused to perform euthanasia when requested: a 6–12 month prison term and a fine of between $200 and $1000. The proposal proved to be controversial. It engendered considerable debate and failed to pass, having been withdrawn from consideration after being passed to the Committee on Public Health.

10.6 EUTHANASIA DEBATE

Euthanasia has been a very controversial and emotive topic for a long time. Historically, the euthanasia debate has tended to focus on a number of key concerns. According to euthanasia opponent Ezekiel Emanuel, proponents of euthanasia have presented four main arguments: a) that people have a right to self-determination, and thus should be allowed to choose their own fate; b) assisting a subject to die might be a better choice than requiring that they continue to suffer; c) the distinction between passive euthanasia, which is often permitted, and active euthanasia, which

is not substantive (or that the underlying principle–the doctrine of double effect–is unreasonable or unsound); and d) permitting euthanasia will not necessarily lead to unacceptable consequences. Pro-euthanasia activists often point to countries like the Netherlands and Belgium, and states like Oregon, where euthanasia has been legalized, to argue that it is mostly unproblematic.

Similarly, Emanuel argues that there are four major arguments presented by opponents of euthanasia: a) not all deaths are painful; b) alternatives, such as cessation of active treatment, combined with the use of effective pain relief, are available; c) the distinction between active and passive euthanasia is morally significant; and d) legalising euthanasia will place society on a slippery slope, which will lead to unacceptable consequences.

10.7 LEGAL STATUS

In the majority of countries euthanasia or assisted suicide is against the law. According to the National Health Service (NHS), UK, it is illegal to help somebody kill themselves, regardless of circumstances. Assisted suicide or voluntary euthanasia carries a maximum sentence of 14 years in prison in the UK. In the USA the law varies in some states. West's *Encyclopedia of American Law* states that "a 'mercy killing' or euthanasia is generally considered to be a criminal homicide" and is normally used as a synonym of homicide committed at a request made by the patient.

The judicial sense of the term "homicide" includes any intervention undertaken with the express intention of ending a life, even to relieve intractable suffering. Not all homicide is unlawful. Two designations of homicide that carry no criminal punishment are justifiable and excusable homicide. In most countries this is not the status of euthanasia. The term "euthanasia" is usually confined to the active variety; the University of Washington website states that "euthanasia generally means that the physician would act directly, for instance by giving a lethal injection, to end the patient's life". Physician-assisted suicide is thus not classified as euthanasia by the US State of Oregon, where it is legal under the Oregon

Death with Dignity Act, and despite its name, it is not legally classified as suicide either. Unlike physician-assisted suicide, withholding or withdrawing life-sustaining treatments with patient consent (voluntary) is almost unanimously considered, at least in the United States, to be legal. The use of pain medication in order to relieve suffering, even if it hastens death, has been held as legal in several court decisions.

Some governments around the world have legalized voluntary euthanasia but most commonly it is still considered to be criminal homicide. In the Netherlands and Belgium, where euthanasia has been legalized, it still remains homicide although it is not prosecuted and not punishable if the perpetrator (the doctor) meets certain legal conditions.

10.8 QUALITY OF LIFE PRINCIPLE VS SANCTITY OF LIFE PRINCIPLE

The supporters of euthanasia believe that value of life is extrinsic to its nature. It is gained in terms of one's physical condition. This standpoint is termed as Quality of Life Principle (QOL). On the other hand, non-supporters of euthanasia believe that value of life is intrinsic to its nature and hence any attempt to evaluate life's quality in terms of life-owner's physical capacity would be to show disrespect towards humanity. This standpoint is termed as Sanctity of Life Principle (SOL). Their aversion against euthanasia is chiefly an outcome of their faith in the sanctity of life. The conflict between these two standpoints i.e. the Quality of Life Principle and the Sanctity of Life Principle is difficult to resolve and that is why euthanasia still remains a controversial issue.

10.9 EUTHANASIA AND CONVENTIONAL ETHICAL VALUES

Medical and health-care ethics are amongst the most widely discussed areas of applied ethics and were, indeed, partly responsible for the resurgence of applied ethics in the early 1970s. The Hippocratic Oath (it is an oath historically taken by physicians and physician assistant for number of healing good, to uphold specific ethical standards in the profession)

covers, amongst other things, the administration of deadly drugs, procuring abortions, patent confidentiality and the avoidances of sexual misconduct with the patents. It states, "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect". It says, "I will maintain the utmost respect for human life from the time of conception." The problem is how exactly such principles are to be respected in regard to patients who are dying but in whom the dying process has been delayed or arrested by the intervention of medical technology. It is widely believed that these principles imply that a moral distinction can be drawn between active and passive euthanasia, between actually killing someone, which is prescribed, and allowing someone to die, which may be, in some circumstances.

10.9.1 ACTIVE EUTHANASIA OR PASSIVE EUTHANASIA?

It is a vital question at this juncture whether euthanasia is acceptable, if yes then which one is morally preferable? If it is accepted that euthanasia means procuring a 'good death' for someone, for the person's own sake, then active euthanasia must mean assisting to make this happen when it would not otherwise have happened, or at least, not happened then. And passive euthanasia must mean not intervening to prevent it from happening when you might have been able to prevent it from happening.

Many people seem to think, if they think that euthanasia can be justified at all, that it can be more readily justified if it is passive rather than active. Many people also seem to think that, whereas, in most legal jurisdictions, active euthanasia is strictly forbidden, they do, sometimes, allow that passive euthanasia may be permissible.

Examples to be concerned:

The issues related to Active and Passive euthanasia and its justifications can be understood from the following examples.

Example no: 1

Firstly let us see a severely handicapped child, who is not otherwise going to die, is given a drug in such amounts that the drug itself will cause death. If the doctor acts intentionally then it would be

upon to the jury to say: yes, he was killing, he was murdering that child. There is a difference between allowing a child to die and taking action to kill. Here question is what to do because there is a narrow difference between his life and death.

Example no: 2

The second example is on 3rd March 1993 Tony Bland died of renal failure in Airedale Hospital, Keighley, West Yorkshire. He had suffered crush injuries in disaster of April'1989 and had been in a coma ever since. The injuries he has sustained had temporally deprived his brain of oxygen and the resulting damage had left him in what is known as a "Persistent Vegetative State". Patient in PVS exhibit no awareness of or response to the world around them, though they breathe spontaneously, have a regular heartbeat and occasionally display chew movements. Destruction of the neocortex (the higher brain) in such patients means the irreversible loss of consciousness even though an intact brain system may still maintain respiration.

For three and a half years the life of Tony Bland's body was maintained by artificial hydration and nutrition delivered by naso-gastric tube. Antibiotic administered in the same way protected him from infection. Under such regime, PVS patient may well survive for anything from 10 to 30 years.

Tony Bland's parents did not wish this for their son and the Airedale Hospital NHS Trust petitioned the High Court for permission to withdraw artificial hydration and nutrition in November'1992. The case went to appeal in December'1992 and on 4th February 1993, to the House of Lords. On all three occasions the court found that it was lawful to discontinue feeding in such cases. On 22 February'1993, the medical team involved ceased antibiotics and feeding and nine days later Tony Bland died.

There were already decided cases in which it had been held permissible to discontinue treatment which was not beneficial and allow patient to die. What distinguishes the case of Tony Bland these

was that he was not, in any accepted sense, dying. It had also never before been judicially determined that providing food and liquid for a patient, however done, was treatment rather than moral care. Critics were of the opinion that the court had implicitly legitimated euthanasia.

Example no: 3

On 21 September 1992 Dr. Nigel Cox was convicted for the attempted murder of Mrs Lillian Boyes, one of his patients. Mrs Boyes suffered from severe rheumatoid arthritis. Because of the progress of her condition, which was by then critical, she was in so much pain that she could not bear to be touched without screaming. It was described by a professor of rheumatology called as witness in Dr. Cox's trial as the worst such case he had ever read about. When the heroin dose fed to Mrs. Boyes by drip in order to relieve her pain, failed to do so. Dr. Cox first tried an additional heroin injection and then, when that also did not work, an injection of undiluted potassium chloride was pushed Mrs Boyes body. Almost immediately Mrs Boyes relaxed sufficiently to be able to hold her son's hand and, minutes later, she died.

A student of Medical Science knows it very well that potassium chloride has no pain-killing properties but a dose of the kind administered to Mres Boyes is certain to kill. Dr. Cox was charged with attempted murder.

Points to be considered:

From the above examples the following observation can be highlighted about euthanasia.

Point No: (1): Related to the example no (2), question is "how could be lawful to allow a patient to die slowly, though painlessly, over a period of weeks from lack of food, but unlawful to produce his immediate death by lethal injection, thereby saving his family from yet another ordeal?" In another language "how can we say Passive Euthanasia is more acceptable than Active Euthanasia especially in

the case of Tony Bland's death?" It is difficult to find a moral answer to that question.

Point no: (2): Lord Browne-Wilkinson's remarks capture very well the difficulty that these two legal decisions pose, when taken together. Why is it permissible to cease to provide a patient in a PVS with that which he needs to stay alive and not permissible to provide a patient with that which she needs to die?

Point no:(3): The third important point is that the patient (Tony Bland) in PVS did not consent to the withdrawal of life-preserving care and the other (Mrs. Boyes) had repeatedly asked her doctor for the injection he (Dr. Cox) finally agreed to give her.

In this debate of euthanasia many participants were in the decision that the case of Tony Bland was justified because he was not killed, but allowed to die, whereas Dr. Cox, although from indisputably the best of motives, killed Mrs. Boyes. Though such types of decision derived still it is very difficult to accept one as the final in case of euthanasia.

The basic hypothetical idea of the argument is that if euthanasia (whether it is active or passive) were legally permitted, it would lead to a general decline in respect for human life. In the beginning, we might kill people only to put them out of extreme agony. Here our motives would be honorable, and the results might be good. But question is once we had started cold bloodedly killing people, where would it stop? Where would we draw the line? This is the point where the supporters of euthanasia will have to be cautious. The legal and moral challenge will always be in front of the execution of euthanasia; but the need of it cannot be overlooked.



10.10 LET US SUM UP

- The term 'Euthanasia' is derived from the Greek word - *eu* and *thanatos* meaning, literally, 'a good death' is the practice of intentionally ending a life in order to relieve pain and suffering. Today, 'euthanasia' is generally understood to mean the bringing about of a good death - 'mercy killing,' where one person, 'A', ends the life of another person, 'B', for the sake of 'B'. **Euthanasia is the act of deliberately ending a person's life to relieve suffering.**
- Euthanasia is a key issue of discussion in the province of Applied Ethics. Applied Ethics discuss the practical issues that are faced by the individual in his habitual life. Different wings of Applied Ethics are like Business Ethics, Environmental Ethics, Medical Ethics and other professional ethics etc. These are mainly concerned with the moral (ethical) issues related to our professions, practical life as well as the surroundings. Euthanasia is such an issue of Medical Ethics.
- Depending on intention and procedure there can be two types of classifications of Euthanasia. Firstly, it is of three types, these are Voluntary, Non-voluntary and Involuntary euthanasia. Secondly Active euthanasia and Passive euthanasia.
- Euthanasia conducted with the consent of the patient is termed voluntary euthanasia. Euthanasia conducted when the consent of the patient is unavailable is termed non-voluntary euthanasia. And Euthanasia conducted against the will of the patient is termed involuntary euthanasia.
- Active euthanasia is: "A mode of ending life in which the intent is to cause the patient's death in a single act (also called mercy killing)." Passive euthanasia is: "A mode of ending life in which a physician is given an option not to prescribe futile treatments for the hopelessly ill patient."
- It can be seen, if the masses think that euthanasia can be justified at all, that it can be more readily justified if it is passive rather than active.

Many people also seem to think that, whereas, in most legal jurisdictions, active euthanasia is strictly forbidden, they do, sometimes, allow that passive euthanasia may be permissible.

- Since the early 1800s euthanasia has been a topic of debates and activism in the USA, Canada, Western Europe and Australasia.
- In the majority of countries euthanasia or assisted suicide is against the law. But in spite of this, may be due its practical necessity it has always been occupying a key position in discussion around the globe.
- Again if euthanasia (whether it is active or passive) were legally permitted, it might lead to a general decline in respect for human life. In the beginning, we might kill people only to put them out of extreme agony. Here our motives would be honorable, and the results might be good. But question is once we had started cold bloodedly killing people, where would it stop? Where would we draw the line? This is the point where the supporters of euthanasia will have to be very careful. Yet it can be said, though the legal and moral challenge will always be in front of the execution of euthanasia; still the need of it cannot be overlooked.



10.11 FURTHER READING

1) Encyclopedia of Religion and Ethics.
2) Tanzi—A Text-book of mental Diseases,
3) John H. Piet and Ayodhya Prasad (ed) An Introduction to Applied Ethics.
4) Steven Luper & Curtis Brown, The Moral Life, Second Edition, Harcourt Brace College Publishers.
5) LaFollette, Hugh (2002). Ethics in practice: an anthology. Oxford: Blackwell.
6) Perrett RW (October 1996). “Buddhism, euthanasia and the sanctity of life”. J Med Ethics
7) Rachels J (January 1975). “Active and passive euthanasia”. N. Engl. J. Med.



10.12 ANSWERS TO CHECK YOUR PROGRESS

Ans to Q No 1: What is euthanasia? What are its different kinds? Briefly discuss.

Ans to Q No 2: What is Applied Ethics? What are its different wings?

Ans to Q No 3: Is euthanasia legally justified? Critically discuss.



10.13 MODEL QUESTTIONS

A. Very Short question

Q 1: What is the literal meaning of the word 'euthanasia'?

Q2: What is "Persistent Vegetative State"?

Q 3: What is Quality of Life Principle (QOL)?

Q 4: What is Sanctity of Life Principle (SOL)?

Q 5: What is Hippocratic Oath?

B. Short question (Answer in about 150 words)

Q 1: What is Voluntary Euthanasia?

Q 2: What is Non-voluntary Euthanasia?

Q 3: What is Involuntary Euthanasia?

Q 4: What is Active Euthanasia?

Q 5: What is Passive Euthanasia?

C. Long Questions (Answer in about 300- 500 words)

Q 1: Is the issue of euthanasia relevant in our practical life? Explain with examples.

Q 2: Find out the differences between Active Euthanasia and Passive Euthanasia. Which one is more acceptable? Discuss.

Q 3: Briefly discuss on the historical background of euthanasia.

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