

Euthanasia: Should it be Lawful or Otherwise?

DVR Seshadri

The question of Euthanasia is indeed an extremely complex issue as the case brings out clearly. The views will necessarily be polarized (black & white / zero-one / binary) with no possibility for shades of grey or any middle ground. Keeping aside for the moment the discussion on Aruna Shanbaug, I believe that some of us may have come across kindred situations at some point of time. Moving into a first person account, an uncle of mine some three years ago was admitted into hospital after a massive heart attack. He had prior history of multiple ailments and was in advanced age (about 85). Initially his children tried their best to save their father and asked the hospital to go in for very aggressive intervention, which resulted in the patient being put on ventilator. This went on for two weeks, giving enough time for some of the children residing abroad to visit their father. One such son was a well-known doctor in Australia. Having taken stock of the situation, he concluded that this was a hopeless case, with no chance of recovery and while the patient could technically be kept alive through the ventilator, it was pointless, besides being very expensive, as the medical bills were soaring rapidly. He convinced his siblings and together they convinced the hospital to withdraw the life support system (ventilator). The patient then passed away almost instantly.

I had a similar experience in regard to my father some two years ago. He was 87, had lung failure and several other complications. In the dead of the night my sister and I were summoned to the Intensive Care Unit, and the doctor gave us two options: Let nature take its course (i.e., non-aggressive intervention by the hospital) vs. very aggressive intervention, including putting him on Ventilator, with a clear cautionary remark that this was a one way street and he would never be able to survive without the ventilator for even a minute, and even in the ventilator, he will be as good as not being alive (although he would not be dead). The doctor also warned us of the expenses this futile attempt would entail. The doctor said that we could choose to keep him alive till my elder brother from Australia had a chance to visit and at least mentally say his goodbyes. My sister and I had to make a call, and the answer was, let nature (God) take its course. We were then asked to sign a form that absolved the hospital of any further responsibilities. It felt like signing our father's death warrant, but it had to be done as that was the only sane thing to do at that point of time. Predictably he passed away peacefully about 12 hours thereafter (without having to undergo the ordeal of being put through the ventilator).

I believe the same drama may have played out on a much bigger global stage recently with Bhagawan Satya Sai Baba of Puttaparthi.

The learning from all these is that the proxy euthanasia as above is perhaps being done day in and day out in hospitals across the country. There are myriad other variants that one can visualize. It is common knowledge that today our roads in urban areas are a nightmare for any patient in a life threatening situation being taken to hospital in an ambulance, car or auto or any other means. Here the traffic snarls acts as the arbitrator in a life and death situation. In the ventilator or other life support scenario described above, what about a situation where the hospital's power situation fails despite having some back-up systems? What about a situation where the patient's relatives cannot

afford the cost of prolonging life in a futile manner? Given the mercenary approach of most of the hospitals today, which think of themselves first as profit making businesses and then as care givers, the answer is obvious. The central point I am making is that euthanasia is already being practiced in different avatars across the country.

The reason the Aruna Shanbaugh case has attracted so much attention is the emotional bond she had with the nurses and doctors of the KEM Hospital. For a minute, if we imagine that Aruna was not an earlier employee of the hospital, would she still be living for 37 years? Given that all her relatives took a reality call and stopped visiting her within a few years of her disastrous tryst with destiny, would the hospital have continued to care of her, spending money and effort to keep her alive? These are some important dimensions to examine.

Of course, the apex court in the country did a marvelous job of eliciting the views of all stakeholders and came to a very balanced view. The fact that Ms. Virani was really not as close a next friend as the hospital staff helped in ensuring that her recommended course of action was not approved by the court. Such level of intense bonding is very rare to see in India today among perfectly normal people. Forget about such bonding when a person is in a vegetable-like state as in the case of Aruna.

The court rightly came up with the crux of the issue in legalizing euthanasia in the country. Given the large scale degradation of values in the country, legalizing euthanasia would open the flood gates for people scheming to forcibly (and legally) end lives of people that they want eliminated for reasons of greed, enmity, etc. We have before us how good intent has been derailed in the legislation forbidding gender determination tests, through a deadly concoction of corruption, greed, etc., resulting in frighteningly adverse female to male ratio in the country that has now set off alarm bells even in the India Parliament!

Having said all this, I reiterate that the issue being discussed in the case is non trivial. While there are enough examples of countries in advanced stages of implementing euthanasia such as Australia, our country has its own problems relating to corruption, poor monitoring, etc. that make legalization of euthanasia a recipe for disaster.

Author's Profile

D.V.R. Seshadri is an Adjunct Faculty at IIM Bangalore. His areas of interest are: B2B Marketing and Corporate Entrepreneurship. He holds a B. Tech. from IIT, Madras, M.S. from University of California and is a Fellow of IIM Ahmedabad, followed by 15 years industry experience. He has co-authored three books: 'Innovation Management,' with Shlomo Maital, Sage India in 2007; 'Global Risk / Global Opportunity,' with Shlomo Maital, by Sage India, in June 2010; and Indian adaptation of 'Business Market Management (B2B): Understanding, Creating and Delivering Value,' with James Anderson, James Narus and Das Narayandas, Pearson Publishing, in June 2010. He can be contacted at dvrs@iimb.ernet.in.