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EUTHANASIA – RIGHT TO DIE WITH DIGNITY

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Assisted dying is the general term used to describe procedures to end life for a person by compassionately letting, promoting, or causing the death of a dying person. It is most often used for a person who has a life-ending illness and is in extreme pain. It includes the provision of medication to a person for self-administration (assisted suicide) as well as administration of medication by a health practitioner (euthanasia), in both cases causing death. (n.d.)

The terms "euthanasia" and "assisted suicide" are often used interchangeably, but there are key differences between the two i.e. while with euthanasia, a healthcare provider, friend, family member, caregiver, or any other person takes action to cause a person's death, usually in the form of a drug injection, assisted suicide, on the other hand, is when the healthcare provider prescribes a lethal drug, but the subject who wants to die takes the medication themselves.

◀ INTRODUCTION

Because there is no specific provision for it in most legal systems, assisted dying is usually regarded as either suicide (if performed by the patient himself) or murder (if performed by another).

In jurisdictions where it is legal, assisted dying is an end of life choice for people who meet the eligibility criteria established by the law in their jurisdictions. Each jurisdiction requires the request to be voluntary. The terms used to refer to legal assisted dying vary from country to county viz: Assisted Dying (New Zealand), Assisted Suicide (Switzerland, Austria and the Netherlands), Death with Dignity (USA), Dignity in dying (United Kingdom), Euthanasia (Netherlands, Belgium and Luxembourg), Medical Assistance in Dying (MAiD) (Canada), Voluntary Assisted Dying (VAD) (Australia).

CLASSIFICATION OF EUTHANASIA

*Active vs. Passive
Euthanasia*

Active euthanasia sometimes referred to as "aggressive" euthanasia is when a medical professional or another person performs a deliberate act to cause a person to die, such as an injection of a lethal dose of a drug or an overdose of a drug.

Passive euthanasia is when an action is withheld or stopped to cause or hasten a person's death, such as the removal of a feeding tube or ventilator, refusal to perform a life-extending operation or provide life-extending drugs, or withholding of food, hydration (water), and oxygenation.



Voluntary vs. Involuntary Euthanasia

Voluntary euthanasia is committed by a medical professional or other person with the willing and knowledgeable consent of the subject, usually with the administration of lethal drugs.

Involuntary euthanasia is done when the person is unconscious or unable to give consent, usually when the person is permanently incapacitated. It can be performed based on permission from a court or family members and usually involves an act such as withdrawing life support from a person with no signs of brain activity.

In Malaysia, all forms of euthanasia, encompassing active, passive, voluntary, non-voluntary, and involuntary euthanasia, regardless of whether conducted with or without the individual's consent and often aimed at mitigating suffering or pain, are prohibited. (Isaacs, n.d.)

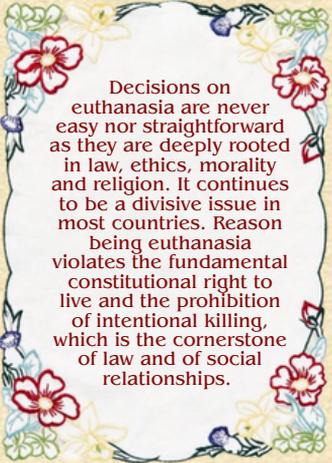
*Legislations and
Other Jurisdictions
—
A Comparative
Summary*

The current regulatory framework in Malaysia regarding euthanasia is referred to as end-of-life care. As of the legal position in 2021, there are no authoritative standards that officially regulate end-of-life care in Malaysia, which includes, inter alia, the management of end-of-life decisions, issues on active euthanasia, withholding and withdrawal of life-sustaining treatment (passive euthanasia), as well as palliative sedation and terminal sedation.

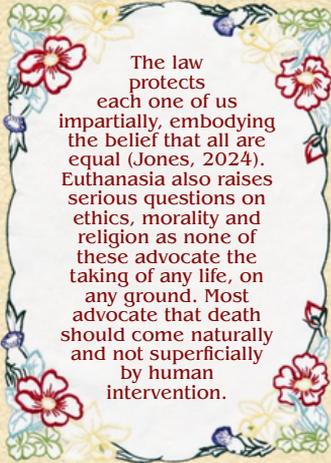
In November 2024, lawmakers in the United Kingdom voted in favour of making assisted dying legal in the United Kingdom. The Terminally Ill Adults (End of Life) Bill, when and if, it eventually passes, would legalize physician-assisted suicide, meaning doctors can prepare a substance designed to end patients' lives, but the patients must take it themselves.

Undoubtedly, the decision-making process must comply with legal standards in order to protect the interests of medical practitioners, patients and health care providers. To date, no local judicial decisions on the matter are available, as issues pertaining to end-of-life care are treated as purely medical decisions and have yet to be brought before the Malaysian courts. (Fadhlna & Bachelor, 2021)

Australia, Belgium, Canada, Colombia, Ecuador, Luxembourg, The Netherlands, New Zealand, Portugal, Spain have legalized assisted dying, or "active euthanasia.". In the United States, starting with Oregon, in 1997, followed by 10 other states, have legalized assisted dying, viz; California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont and Washington.



Decisions on euthanasia are never easy nor straightforward as they are deeply rooted in law, ethics, morality and religion. It continues to be a divisive issue in most countries. Reason being euthanasia violates the fundamental constitutional right to live and the prohibition of intentional killing, which is the cornerstone of law and of social relationships.



The law protects each one of us impartially, embodying the belief that all are equal (Jones, 2024). Euthanasia also raises serious questions on ethics, morality and religion as none of these advocate the taking of any life, on any ground. Most advocate that death should come naturally and not superficially by human intervention.



Issue



Another worrying aspect, is the potential of abuse of euthanasia laws (Jones, 2024); viz;

a Patients seeking medical care are refused and offered euthanasia instead, thus limiting their choices to seek medical care and treatment; **a**

b The elderly, dying and those suffering from chronic illnesses are pressured to choose euthanasia over life; **b**

c It encourages greater increase in self-initiated deaths (assisted plus unassisted suicides) among people with serious physical diseases; **c**

d If unchecked and uncontrolled, euthanasia will expand to include far beyond what was originally intended, the restrictions and definition of suffering become blurry and will start to encompass other than end-of-life cases, viz dementia, anorexia etc. which are not deemed as life-threatening diseases; **d**

e The right, ability and requirement to give consent by the dying patient maybe bypassed by a healthcare provider, friend, family member, caregiver, or any other person that takes action to cause the patient's death; **e**

f The right, ability and requirement to give consent by the dying patient maybe bypassed by a healthcare provider, friend, family member, caregiver, or any other person that takes action to cause the patient's death; **f**

g It encourages reduced funding and research towards palliative care as more and more terminally ill patients will choose euthanasia as they can't afford to live; **g**

h Euthanasia increases the lack of protection for those already suffering from discrimination e.g. persons with disability may be persuaded or influenced to choose euthanasia to ease their difficulties in managing their disabilities. **h**

All Islamic scholars, in all schools of Islamic jurisprudence, regard active euthanasia as forbidden (haram). Islam teaches that the control of life and death is in Allah's hands, and cannot be manipulated by human beings. Life itself is sacred, and it is therefore forbidden to end life deliberately, either through homicide or suicide.

The Quran says:

"... take not life, which Allah has made sacred, except by way of justice and law. (Quran 6:151)

However, if a patient is declared brain-dead or clinically dead by doctors and when it is clear that there is no treatment left available to cure a terminally ill patient, Islam advises only the continuation of basic care such as food and drink. It is not considered homicide to withdraw other treatments in order to allow the patient to die naturally, and no artificial support functions need to be provided. (Huda, 2021)



The Islamic Perspective

Conclusion

Euthanasia will always be a conflicted issue. We must tread carefully lest by advocating it, we are subconsciously, in actual effect, legalizing the taking of life which would otherwise be classified as clear suicide or homicide, both punishable by law. Also bearing in mind, unmonitored practice of euthanasia may, instead of giving relief to dying patients, may be used to potentially abuse them i.e. the overriding of their decisions to live by healthcare providers, friends, family members, caregivers etc. especially in involuntary euthanasia where the dying patients are unable to give their consent to end their lives.

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