

Willing death

While passive euthanasia - the withdrawal of life support in an irretrievable situation - became legal following the Aruna Shanbaug case, the government is now preparing to institutionalise the practice by moving a bill. However, it has opposed, in the Supreme Court, the "living will" - giving people the right, while they are well and of sound mind, to will the rejection of life support at a future date. Not using the ventilator at all is the logical next step from passive euthanasia, but the government fears misuse by relations and heirs who may stand to benefit from pulling the plug. In a society where the veneration of elders is mandatory but their neglect commonplace, this is a very real fear.

The solution that is emerging in the course of arguments in court is procedural - a medical panel may decide if the patient is beyond cure, and if the will can be executed. However, this approach suffers from two deficiencies. First, the ethical priorities of medicine, combined with unhealthy commercialisation of the trade, have spurred the medicalisation of old age and the prolongation of life beyond reason. Should the decision of executing the will be left entirely to hospitals and doctors, whose inclinations may be in intrinsic conflict? Secondly, the patient's family is excluded. Even if a member happens to be the executor of the living will, the document is witnessed by the state when it is authored, and acted upon by a panel established by the state. In action, it appears to be simply a covenant between the citizen and the state.

The subject matter of a will is generally the disposal of property, but the living will concerns the disposal of the author's life, and special sensitivities would naturally adhere to it. Families are perceived to have traditional rights and duties with respect to their members, and any procedure which appears to cut the fundamental unit of the community out of decision-making may prove to be unworkable in practice and give rise to acrimony. While the court and the government are diligently trying to manage risks and strike a balance among rights, it may be easier to recognise that the only problem standing in the way of death with dignity is the possibility of misuse in a culture where the elderly are increasingly perceived to be burdens. Exemplary prosecution of crimes against the aged will be required to prevent misuse of the living will.

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