A Socio-Cultural Representational Approach

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Abstract

Euthanasia is deeply rooted in cultural traditions and it is important to study these to be effectively able to contribute to the current debates about legalization of euthanasia. The discussion establishes that euthanasia even when seen in the structure of a right to dignified death becomes a sensitive issue full of contradictions and irreconcilable ideological stances. The hierarchy of human and civil rights, the ranking of social positions occupied by the patient and the significant others in his reference group, the degree of the individual's domination and assertiveness in decision-making on important events become contentious issues in giving a uniform practical shape to the concept of euthanasia. The analysis also establishes the need for more social science research to understand issues of life and death including end-of-life decisions like euthanasia. This paper makes an attempt to focus on issues surrounding euthanasia from a socio-cultural perspective. While the social perspective and more specifically sociology/anthropology have contributed extensively on health, illness and suffering, contribution on issues around death is relatively scarce. While euthanasia is being discussed of late more openly in countries including India, it has largely remained a medical and legal issue.

Keywords: euthanasia, socio-cultural, cultural traditions, civil rights

Culture provides a sense of identity for individuals in their affiliation to the group. Whereas culture is usually understood as ethnic affiliation, it also includes one's religious affiliations, practices, and spirituality. All individuals by virtue of their human nature have social needs. Human relationships allow people to meet their needs and provide an important medium for change. Autonomous decisions encompass the individual's values in the context of human relationships such as family and friends and involve personal responsibilities to others and to the good of society. Among the elderly population, two concerns are paramount. First, society has

the onerous responsibility of managing the quality of life of the ill and frail elderly while grappling with the escalating costs of health care. Second, many families cannot afford quality health care for their elders and provide much of the care themselves. The care-giving responsibilities for family members are stressful and expensive (Nortje, 2013).

A national study indicated that the burden of caring for the elderly led to depression among family caregivers, especially those caring for terminally ill patients. Many elderly rely on their families as their major source of care-giving. They perceive the interests of family as part of their own interests and are worried with the impact their decision (about euthanasia or physician-assisted suicide) which has upon the family unit. The complexity of the physician-assisted suicide and euthanasia debate has been sensitive by the tension between the competing rights and autonomy of the elderly and their families. In addition, they may feel guilty for considering or promoting euthanasia or palliative care.

It is imperative that social workers who work with the elderly and the infirm are ethnically, culturally, and spiritually competent. They require knowledge and awareness of ethnic beliefs and values before engaging in discussions about physician-initiated suicide, euthanasia, and/or end-of-life decisions when working with older adults. Ethnic and spiritual personal beliefs may or may not be similar with the predominant ethnic cultural beliefs or the religious doctrines of organized religions, but knowledge of these beliefs will build awareness and sensitivity (Caesar, 2011). The role of the social workers is to prevent and to eliminate domination, exploitation, and discrimination against any person or group on any basis whether cultural, ethnic, or spiritual.

Research studies point out that the elderly prefer maintaining life, regardless of its quality. The value of life is better when it is not related to health issues alone. However, the ethical dilemma for many elderly regarding decisions about end-of-life health care is the scarcity of their resources. Distributive justice commands that the goods of the society are distributed in the fairest way; therefore, the most seriously injured would have access to their basic needs. Reamer (1995) presents four main criteria for distributing scarce resources: equality, need, compensation, and contribution. These criteria challenge health care professionals and social workers to strive to ensure access to needed information, services, resources, and equality of opportunity. Reamer (1990) states that the "mission of the profession has been based on the enduring assumption that members of society assume an obligation to assist those in need, especially those who seem unable to help themselves." Social workers seek to endorse the responsiveness of organizations,

communities, and social institutions to individual's needs and social problems. Social workers have the ethical responsibility to promote the general welfare of people and their environments.

When a person ends his life by his own act it is called "suicide" but to end life of a person by others though on the request of the deceased is called "euthanasia" or "mercy killing". How it effect cultures and inbound societies particularly in North India, how people of different sects react to it differently and how they make their opinion. Since Euthanasia has a legal perspective in our Constitution, Indian Penal Code and other laws in vogue, so also the position of different countries of the world are all taken for discussion. Although the Supreme Court has already given its decision on this point but still some doubts arise in our point which we need to examine carefully.

But it is presumed that life and death are in the Hands of God, and no human irrespective of Religion or status has a right to grant death to anybody, as every human being is keen to live and enjoy the fruits of life till he dies (Jylhankangas et al., 2014). But sometimes a human being is keen to end his life by use of unnatural means. To end one's life in an unnatural way is a sign of abnormality. Euthanasia is mainly associated with people with terminal illness or who have become incapacitated and don't want to go through the rest of their life suffering. A severely handicapped or terminally ill person should have the right to choose to live or die. The right to choose to live or die should not be a right allocated for bodied individuals of sound mind but to all human beings.

Euthanasia is a controversial issue which encompasses the morals, values and beliefs of our society. Euthanasia has been a much debated subject throughout the world. The debate has become increasingly significant because of the recent developments in Netherlands and England where euthanasia has been allowed. As a result many of the nations across the world are now vehemently debating whether or not to follow the Dutch model (Caesar, 2011).

While our focus would mainly remain on different Cultures and Societies prevalent in North India, starting From Jammu & Kashmir, as the Union Territory is having blend of many Religions and lots of societies and culture are visible there, its fashion has some other zeal and mostly its dominated by Muslim Majority followed by Hindus and Sikhs, while as there Philosophical and religious Identities mismatch and Muslims Societies totally oppose the concept of Euthanasia. Muslims are against euthanasia. They believe that all human life is sacred because it is given by Allah, and that Allah chooses how long each person will live. Human

beings should not interfere in this.

a) Life is sacred: Euthanasia and suicide are not included among the reasons allowed for killing in Islam, do not take life, which Allah made sacred, other than in the course of justice. If anyone kills a person unless it is for murder or spreading mischief in the land it would be as if he killed the whole community.

b) Suicide and euthanasia are explicitly forbidden in Islam.

All sects and cultures prevalent in Kashmir Province totally oppose the concept of euthanasia and believe that God will eliminate the pain or whatever is right for Him, He will decide, and totally believe and treat this as Sin.

One the other hand Jammu Province is dominated by Hindu Cultures; their own socio-culture aspects take place there and answer this concept differently as was in Kashmir. They consider by helping to end a painful life a person is performing a good deed and so fulfilling their moral obligations. By helping to end a life, even one filled with suffering, a person is disturbing the timing of the cycle of death and rebirth. This is a bad thing to do, and those involved in the euthanasia will take on the outstanding karma of the patient. The same argument suggests that keeping a person artificially alive on a life-support machines would also be a bad thing to do. However, the use of a life-support machine as part of a temporary attempt at healing would not be a bad thing. The ideal death is a conscious death, and this means that palliative treatments will be a problem if they reduce mental alertness.

How one feels about death is perhaps been shaped by one's beliefs about the afterlife. Death whether self-determined or natural is final. There is no chance of revival. One very exceptional feature of our country is diversity. The diversity in India is across religious groups, educational status and cultures. This has a vital impact on the thought process of an individual. Strictly in Indian context when we talk about euthanasia I think people are least bothered about it except a few. First of all, we see that the basic rights of individuals are very often not fulfilled as people are still not having access to water, electricity or in simple words there are many who are not having the basic necessities of life: food, shelter and proper clothing. Hence, the debate here becomes more confusing.

However, traditionally the sanctity of life has been placed very high by almost all the major religions in India. None of the religions accepts euthanasia. Many believe that life is a God-given

gift hence one has no right to disturb, while others believe that by practicing euthanasia one is disturbing the karmic balance. All most all believe that good deeds bring about good results and bad deeds endeavor bad results. One believes that the process of rebirth depends on our past deeds. Hence, one must consequently suffer and there is no runaway. Suicide or euthanasia is considered a sin in society. By doing this one is taking away the divinely appointed opportunities of purifications. Hinduism clearly believes that if someone interferes with one's death then he or she remains on earth as a bad spirit and wonders aimlessly. Euthanasia is considered a form of killing and any form of killing actually hinders the process of the soul's spiritual movement. Further, one who assists in the process of euthanasia is also held responsible for various accounts, because he or she is obstructing the natural course of death (Jylhankangas, et al., 2014).

For a Buddhist suicide is a negative form of action, however, self-sacrifice is considered appropriate for an *arhat* or an enlightened person. By and large for the Buddhist followers, intentional killing is not right because they also believe in the karmic process and rebirth. The Christians condemn euthanasia as this violates the principle of their beliefs. According to them, humans are images of God and they are created to accomplish the assigned task of the Almighty. Since God is the creator of life so he is also responsible for one's death. Hence, if anyone disturbs the life plan as scheduled by euthanasia is committing a sin. However, there is a different approach to euthanasia by Protestants. The Parses or Zoroastrians and Sikhs also criticize it on the more or less same line (Pierre, 2015). However, the Jains have a different opinion and accept the self-killing of their *acharyas*.

At the same time many belonging to Hindu culture accepted the practice of *prayopavesa* or fasting to death, however, this is not considered as suicide. In earlier days they also had *sati pratha* or a funeral custom where a widow immolates herself on husband's funeral.

The approach to euthanasia is changed very much in the contemporary era. As the time passed on the beliefs and culture changed, which were considered holy or sacred earlier days nowadays are seen from a different perspective. For e.g. *sati pratha* which was considered as sacred ritual earlier, now it is considered not right. However, the euthanasia remains a debatable subject, some favor for it while others do not. For example for the humanists, the right to live includes the right to die as well. And hence for them right to die is a fundamental human right, which could be exercised if required. As we have said earlier that many countries have legalized euthanasia

including India (passive euthanasia). The Indian society which considered it as something awkward earlier is beginning to accept, though religiously it is not right. Medical science in the world and in India is in progress. Day by day they are finding devices that can prolong the lifespan by artificial means. However, it is a very costly affair and to the common people, these issues are of major ethical concerns. In India, the concept of euthanasia even today is connected with human dilemmas of old age and terminal sickness. In many cases, the patients prefer death to dependency, and loss of dignity. Euthanasia was prevalent right from the ancient times even before the man could be civilized. It is therefore necessary to understand the historical perspective of euthanasia prevalent during the different eras. Attitudes regarding euthanasia are divergent and therefore a Comparative study of Euthanasia is essential (Minocha et al., 2011).

Conclusion

This paper attempted to situate this in a social and cultural context to ask what kind of questions and issues are at stake. It sought to argue that euthanasia needs to be situated in related discourses on everyday life and living, personhood, constructions of death, rituals and symbolic aspects of dying and ageing in cross-cultural contexts. Euthanasia is deeply rooted in cultural traditions and it is important to study these to be effectively able to contribute to the current debates about legalization of euthanasia. There is no exclusive acceptance or rejection of the concept of euthanasia in various cultures and civilizations. That is why it is called an issue of controversy. Socially and legally, from both points of view it is hard to sustain these two terms together i.e. mercy and killing. Thus leading to very different approaches by people in different contexts of situation where mercy killing is accepted and rejected by them. It can be traced in different aspects like theosophical view, medical view, legal view and its social aspect, the acceptance of it by common men living on the earth.

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