GPCON 2024 IMA CONFERENCE OF GENERAL PRACTITIONERS



PROF. (DR.) DHRUBA JYOTI BORAH VICE CHANCELLOR SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES



TO LIVE AND DIE WITH DIGNITY

FUNDAMENTAL RIGHT

IS A

OF EVERY HUMAN BEING

LANDMARK JUDGEMENT **ØF HON'BLE SUPREME COURT OF INDIA** ON W.P.(C) NO. 215 OF 2015 **OPENED AVENUES OF DISCUSSION AMONGST DOCTORS & PUBLIC ON PASSIVE EUTHANESIA & IVING WILL FOR ITS IMPLEMENTATION**

All members of the Medical Profession, from their experience of practice, are aware of End of life situations. What does Indian Law say

Practicing euthanasia shall constitute unethical conduct.

Section 6.7 Professional Conduct, etiquette and ethics regulations, 2002

No distinction made between Active & Passive euthansia

Let us recapitulate what are the duties - Both ethical and Moral Responsibilities of physicians at the 'end of life' situations. All people have a right to high quality, scientifically – based and humane health care.

- Therefore receiving appropriate 'end of the life medical care' must not be considered a privilege but a TRUE RIGHT independent of age or any other associated factors.
- Palliative care at the end of life is part of good Medical care

-WMA declaration on end of life medical care - Montevideo Uruguay Oct 2011

ETHICAL DUTIES OF A DOCTOR

- Pain alleviation & symptom management Early identification of patients approaching end of life situation – for planning
- Legal and appropriate use of drugs, for pain relief.
- Communication & consent between doctor, patient, family members are the fundamental pillars of care.
- Consent of patient, family members

POINT TO NOTE

The care that a people give to dying patients, within available resources, is an indication of their degree of civilization.

Physicians representing the best humanitarian tradition should commit themselves to delivering the best possible end of life care.

These ideas of care of terminally ill patient or care in the end of life situation bring Physicians face to face with

EUTHANASIA

"Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives is UNETHICAL. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness."

WMA. OSLO 2015

However the right to decline medical treatment is a basic right of the patient and the physician doesn't act unethically even if respecting such a wish results in the death of the patient.

ACTIVE EUTHANASIA

- It entails a positive affirmative act
- A specific overt act is done to end patients life

Passive Euthanasia

- Relates to withdrawal of life support measures or withholding of medical treatment
 - for artificially prolonged life.
- Where something is not done which is necessary for preserving a patients life.

Be it resolved that:

The World Medical Association reaffirms it strong belief that euthanasia is a conflict with basic ethical principles of Medical practice, and

The WMA Strongly encourages the National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.

WMA-2017

SUPREME COURT HAS LAID DOWN GUIDELINES TO GIVE EFFECT TO PASSIVE EUTHANASIA

1. Where there is ADVANCE DIRECTIVES (Living will)

2. Where there are no advance directives.

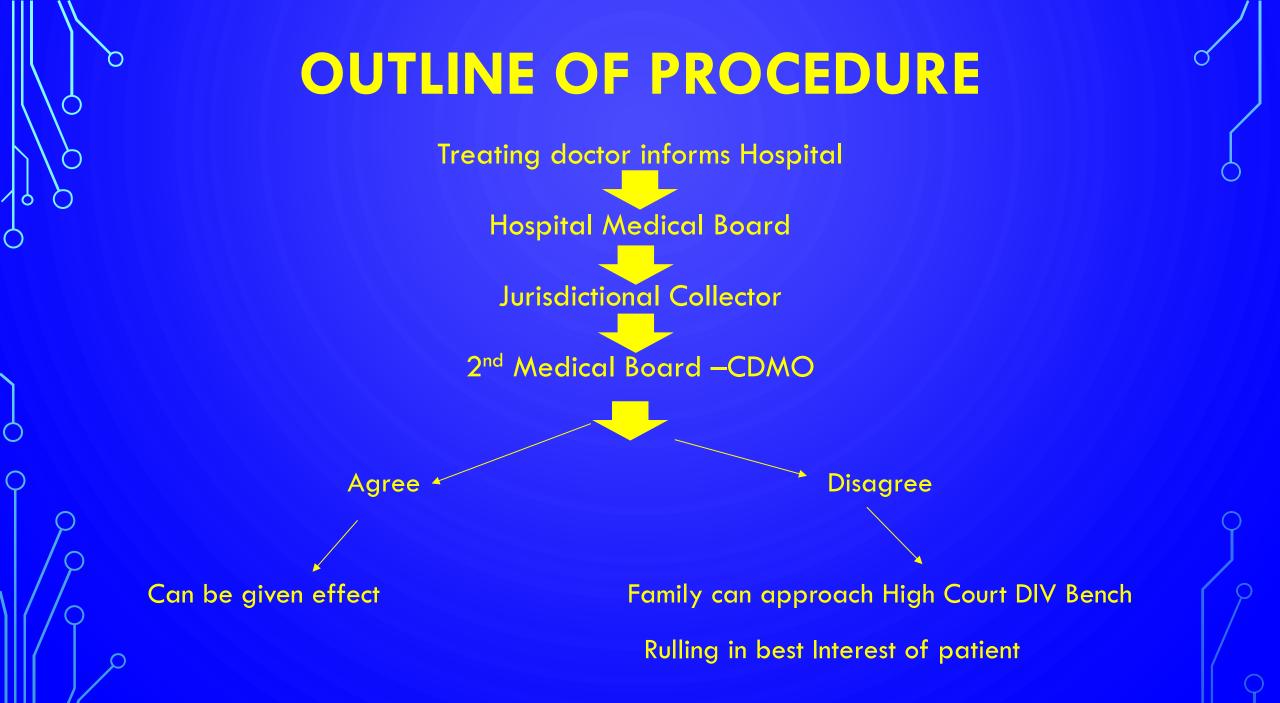
"Advance medical directive "is a legal document explaining one's wishes about medical treatment if one becomes in competent or unable to communicate."

(Black's law dictionary)

PASSIVE EUTHANASIA - CONDITIONS

- Patient is terminally ill
- Undergoing prolonged treatment is respect of ailment which is incurable
- There is no hope of being cured.
- Persistent vegetative status (PVS)

Due process would start with doctor informing Hospital after being fully satisfied.



ADVANCE DIRECTIVE

Informed Consent in writing clearly stating when medical treatment may be withdrawn or no specific medical treatment may be given.

Where a patient has already made a valid advance directive which is free from reasonable doubt and specifying that he/she doesn't wish to be treated then such directive has to be given effort to.

WHO CAN GIVE AN ADVANCE DIRECTIVE

•Adult, Sound and healthy state of mind.

 In position to communicate, relate and comprehend.

Given voluntarily, without coercion, inducement.

PHILOSOPHICAL UNDERPINNING

Whether an human being has got sovereignty over his own body?

Whether he/she has got the right to chose death in certain circumstances?

Right to life and liberty as envisaged under article 21 of the constitution is meaningless unless it encompasses within its sphere individual dignity. (ix)

Right to live with dignity is a component of right to life and liberty.

The right to live with dignity also induces the smoothening of the process of dying in case of a terminally ill patient or a person in PVS with no hope of recovery

<u>Right of a dying man to die with dignity</u>

When life is ebbing out, and in case of terminally ill patients or a person in PVS, where there is no hope of recovery, accelerating the process of death for reducing the period of suffering constitute a right to live with dignity.

In these cases priority shall be given to ADVANCE DIRECTIVE and the right of self determination. (xii)

When passive euthanasia is a situational palliative measure becomes applicable the best interest of the patient shall override the state interest. No hospital or doctor shall be made liable in civil or criminal proceedings for having obeyed a validly executed advance directive.

- Justio A.K. Sokre

THANK YOU