



ARTIFICIAL DEPRIVATION OF HUMAN LIFE: THE LEGAL, MORAL AND RELIGIOUS CONTROVERSY OF EUTHANASIA AND ASSISTED SUICIDE

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ABSTRACT

Euthanasia or assisted suicide could be defined as the practice of artificial deprivation of human life to end unbearable and incurable suffering of a terminally ill person. Medical Historians believe that ancient Greeks and Romans were in support of the concept of mercy killing rather than denying the whole notion. While opponents and proponents of euthanasia have not arrived at a mutual understanding yet, Oregon, USA was the first state to decriminalize euthanasia while Netherlands and Belgium were the first nations to legalize assisted suicide. While many countries across the globe comprising a few in Asia including Japan, have adopted similar means, Sri Lanka remains inflexible when it comes to this subject. Any sort of intentional taking of human life is considered an offence in Sri Lanka and Article 296 of the penal code prescribes death penalty for such actions which amount to the offence of murder. Suicide is also considered an offence under article 299 of the penal code and a person who aids and assists suicide could be penalized with capital punishment though Sri Lanka has adopted a de-facto moratorium on executions since 1976. The only instance where Sri Lankan law allows wilful ending of human life is under section 303 of the penal code where medical termination of pregnancy is possible strictly under the condition of preservation of mother's life. This qualitative research was carried out as a literature-based, comparative study, and it concentrates on the concept of euthanasia, assisted suicide, the legal, moral, and religious controversy it has led to with examples from other countries while considering the possibility of decriminalizing physician-assisted suicide in Sri Lanka for terminally ill patients, under stringent conditions and suggesting in favour of voluntary passive euthanasia.

KEYWORDS: *Euthanasia, Physician-assisted Suicide, Decriminalizing, Legal Aspects*

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1. INTRODUCTION

In sickness, the most natural human norm is to take care of the sick with best possible care and medication until that person becomes fit again. But when it comes to a hopeless situation like a life-threatening, terminal illness or a cureless unbearably painful situation, there are two options to take on: either to let the patient sustain under prevailing despair or let the patient die a dignified death. The dilemma caused by these two alternatives has created endless debate and much controversy throughout centuries. While the subject matter beholds its own medical, ethical, legal, political, religious, moral, and emotional perspectives, the affected stakeholders such as medical practitioners, legal professionals, policymakers, politicians, the public, religious leaders, and victims of terminal illnesses themselves bring up constant arguments both in agreement and in utter disagreement of assisted suicide or euthanasia. The topic itself poses many inbuilt problems, such as what if a patient wants to die and the system would not allow it, what if the system allows mercy killing but the patient wants to live and has lost the ability to communicate, whether it is fair for a third party to take a life terminating decision on behalf of a person in vegetative state, whether euthanasia is legal, where the world stands on the topic and what Sri Lanka's standpoint is.

2. METHODOLOGY

With the objective of considering the possibility of legalizing voluntary passive euthanasia in Sri Lanka, this paper attempts to critically analyze the debatable issue of euthanasia giving special attention to legal and medical aspects associated with it. This research was carried out as a literature-based research and a comparative study giving special attention to an array of domestic, regional, and international research instruments, judicial decisions, conventions, and legislative enactments both

published, and internet based. The paper is intended to deliver a comparative study of different other nations and Sri Lanka on the case of euthanasia or physician assisted suicide.

ORIGINS OF EUTHANASIA

The term "euthanasia" derives from the Greek words "eu" which means 'good' and "thanatos" which means 'death'. Traces of evidence of euthanasia date back to the 5th century B.C where ancient Greeks and Romans supported intentional ending of life in good faith rather than ignoring the suffering of a person. Evidence suggests that mercy killing to end the lives of incurably injured animals have farther origins of existence in civilizations than human euthanasia or assisted suicide. Even before the concepts of modern medical science started getting shaped by the time of ancient Greek physician Hippocrates¹ who is commonly considered as the father of medicine, euthanasia had been carried out as a medical procedure by physicians back in the days. Before Hippocrates, euthanasia was a routine procedure and physicians assumed that they had the authority to end the lives of patients for whom they gave up the hope of recovery, without asking for their permission (Ney, cited in Gandhi 2017). Hippocrates seemed to have had a rather different opinion about the matter than his colleagues and considered killing a patient without his consent and solely on the judgement of his physician is wrongful and not transparent, which led to mould the words in Hippocratic Oath. Grover (2022) mentions that the oath says that, a doctor must not refuse treatment to any patient and among many things a line states, "A Doctor will neither give a deadly drug to anybody who asked for it nor will the Doctor make a suggestion to this effect."

During the Nazi regime which governed Germany from 1933 to 1945, the concept of Euthanasia was used against various sections of the community considered as undesirable², an attitude that ultimately led to the further atrocities and genocide

¹ Considered to be born c. 460 BCE, island of Cos, Greece and died c. 375 BCE, Larissa, Thessaly

² Michalsen A, Reinhart K. "Euthanasia": A confusing term, abused under the Nazi regime and misused in present end-of-life

debate. Intensive Care Med. 2006 Sep;32(9):1304-10. doi: 10.1007/s00134-006-0256-9. Epub 2006 Jul 7. PMID: 16826394.

of World War II.³ Gandhi (2017, p.106) states that the euthanasia programme called Aktion T4 authorized by Hitler led to the killings of about 70,273 people against their will for the supposed “good of the country”.

Ever since its origin, euthanasia has always set-off much dilemma in society, and the debate remains argued to the date. Euthanasia or assisted suicide has created a medical--legal -- ethical matter with its own moral, religious, emotional, and even political viewpoints. Many countries remain obstinate on not allowing mercy killing while

some countries openly practice it in specific circumstances. The Northern Territory of Australia was the first jurisdiction to decriminalize Euthanasia in 1996 while Oregon was the first state in the USA to do so in 1997. Netherlands was the first country to legalize Euthanasia in 2001 followed by Belgium. Switzerland, Canada, Luxemburg, Columbia, and New Zealand also took upon the same path in later years. Meanwhile, euthanasia remains illegal in the UK and is punishable by law, and in the USA, laws which govern the matter differ from state to state. Even though euthanasia is not decriminalized in France, passive euthanasia is allowed to a certain extent as the law allows doctors to culminate heavily invasive medical care and life-support of patients in vegetative state. The concept of assisted suicide is not widely accepted in Asia; however, a recent Indian Supreme Court Judgement has recognised passive euthanasia.⁴ With religiously backed-up mind set-ups, euthanasia in Sri Lanka is yet far from legal even though certain arguments have been brought up especially by legal and medical practitioners in support of legalizing euthanasia under dire circumstances.

EUTHANASIA V. PHYSICIAN ASSISTED SUICIDE (PAS)

The terms euthanasia and Physician assisted suicide are often used reciprocally or understood mutually even though the two terms contain slight differences.

Clowes (2020) defines “euthanasia” as an action committed or omitted for the purpose of causing or hastening the death of a human being after birth, usually for the alleged purpose of ending the person’s suffering. Euthanasia could therefore be an act (active euthanasia), or an omission (passive euthanasia). Willis (2022) states that, physician assisted suicide has only one key difference, and that is that the terminally ill person elects to end his own life, typically by taking an oral dose of medication.

Nov 21. PMID: 29161068; PMCID: PMC5719686.

⁴ *Common Cause (A Regd. Society) v. Union of India*, (2018) 5 SCC 1.

Where is Euthanasia/Assisted Suicide Legal?

Country	Euthanasia	Physician-Assisted Suicide	Minimum Age Requirement	Diagnosis Required?	Progression Of Illness
Switzerland	✗	✓	None	✗	N/A
Netherlands	✓	✓	12	✗	Late stage with no signs of improvement
Belgium	✓	✓	None	✓ Only for minors	Illness needs to have progressed to the late, and “unbearable” stage
Luxembourg	✓	✓	18	✗	Condition needs to be defined as incurable with unbearable suffering and no potential for improvement
Canada	✓	✓	18	✗	Incurable illness with unbearable suffering
Columbia	✓	✓	6	✓	Only in the terminal/final stage of the illness
New Zealand	✓	✓	18	✓	Incurable, death within six months, visible decline

● Euthanasia/Physician-Assisted Suicide allowed
● Only Physician-Assisted Suicide allowed



Figure. 1: Willis (2022), Present situation

³ Grodin MA, Miller EL, Kelly JI. The Nazi Physicians as Leaders in Eugenics and “Euthanasia”: Lessons for Today. *Am J Public Health*. 2018 Jan;108(1): 53-57.doi:10.2105/AJPH.2017.3 04120. Epub 2017

Willis (2022) further states that, assisted suicide, when it is specified as such, means that a doctor must either inject the dose, be present during the procedure, or be hands-on with the process in a key way. Though the two terms contain slightly different connotations, the consequence, and the objective of both are similar as they result in termination of a person's life to give a merciful ending to an incurable and unbearably painful suffering.

Active Euthanasia – It refers to the deliberate merciful act, usually through the intentional administration of lethal drugs, to end an incurably terminally ill patient's life (Bartels and Otolowski cited in Patil, 2013). Therefore, active euthanasia creates an act of commission where physician's role as a life preserver is highly debated.

Passive Euthanasia – This is action withheld for the purpose of causing or hastening death (Clowes, 2020). Therefore it is an act of omission where deliberately letting the patient die takes place by stopping patient's life extending medication or treatment, i.e. not carrying out a certain surgical life extending procedure, not giving certain life prolonging medication, or disconnecting feeding tube or life support equipment such as ventilators. Patil (2013) states that, "Letting Die" means to give way to an ongoing inner organic process of disintegration, without supporting or substituting vital functions. Therefore, it could be considered that, even though the term 'Passive Euthanasia' is often used, such omission does not constitute a lethal act of killing but only an influence on the life expectancy of the patient.

Voluntary Euthanasia – According to Morrow (2022), in voluntary euthanasia, the sick person asks the doctor for help and the doctor agrees, and therefore both act willingly. Hereby, an authorized medical person performs a merciful act or an omission which could amount to death only at the request of the patient. Switzerland is a country where voluntary euthanasia is legalized and commonly used.

Involuntary Euthanasia – This is where someone causes a sick person's death without the sick person

giving permission (Morrow, 2022). This concept, which has led to much controversy, simply means performing euthanasia without the consent or request of the patient with the intention of relieving his painful suffering. This procedure carried out against or without the will of the patient amounts to homicide, and this has created much legal, medical, and ethical dilemma.

Non-voluntary Euthanasia – This is committed when the subject is unconscious or otherwise cannot give consent (Clowes, 2020). Often called as 'suicide by proxy', it is commonly practiced when the patient is in a vegetative state or in a state where he or she cannot possibly communicate. There are instances that next of kins are allowed to decide whether to continue or halt patient's life support with the recommendation of medical or sometimes legal authority.

Legitimate Medical Euthanasia – According to Gandhi (2017), it is based on the doctrine of "dual effect" and concerns the use of lethal dosing or terminal sedation by some medical professionals. In this, administration of medication or a treatment which has the side effect of speeding the patient's death is carried out in-order-to lessen the pain he or she is going through. Gandhi (2017) further states that, lethal dosing, to a competent, terminally ill patient by the physician, which by its "Dual effect" may hasten the patient's death, is both ethical and legal as long as the terminal treatment is intended to relieve the pain and suffering of an agonizing terminal illness.

COUNTRIES AND REGIONS WHERE EUTHANASIA OR ASSISTED SUICIDE ARE LEGAL

Victoria, Australia – Australia's Northern Territory was one of the first regions in the world to legalize assisted suicide back in 1996 by passing *Rights of Terminally Ill Act of 1995*. After much debate Australia's federal court overruled the territory law in 1997. Willis (2022) states that, 'nearly 20 years later, as public perception shifted,

so did this region's attitude toward the practice. In 2019, the **Voluntary Assisted Dying Act** came into effect in the region again, and with it, a very large area of Australia legalized physician-assisted suicide.'

Netherlands - Being the first country in the world to legalize euthanasia, Netherlands passed **Termination of Life on Request and Assisted Suicide (Review Procedures) Act** in 2002 allowing active voluntary euthanasia and physician assisted suicide under specific provisions. The specialty in Netherlands is that the law allows not only adults but also children as young as 12 years and above to request for assisted suicide under strict conditions of having a fatal illness or a permanent psychiatric illness, leaving the debate whether children are matured enough to take such an immense decision in life or not, unsolved.

Belgium - With almost no exception, Belgium has the most permissive laws when it comes to legal suicide. (Willis, 2022) The law was introduced in 2002 making Belgium the second country in history to legalize PAS. Euthanasia by administration of lethal injection for minors who are suffering from terminal illnesses was allowed in 2014 and Belgium remains one of the very few nations which allows a physician to administer lethal dose of drugs to a mentally ill person

Luxembourg – This is the third country in line to legalize euthanasia by passing **Palliative Care/Euthanasia Act 2009**. Doctors need to consult with a colleague to assess whether patients are terminally ill and are suffering from a "grave & incurable condition" and have repeatedly requested to die. (Ebhrahami, cited in Patil, 2013)

USA – Even though US federal law has not legalized euthanasia or assisted suicide yet, several states have passed laws decriminalizing physician assisted suicide. Oregon was the first state to introduce the law with **The Death with Dignity Act** in 1997 followed by Washington, Vermont, California, Colorado, District of Columbia, Hawaii, Maine, and New Jersey.

Canada – Both assisted suicide and euthanasia were legalized in Canada in 2016. Even though the law is very much similar to those of other countries, one key difference that Canadian law holds is that it is not mandatory to have a definite time frame for patient's death diagnosed by professionals. Therefore, patients with unbearable and long-term illnesses where death may not take place for some time are still entitled to assisted suicide if they voluntarily decide that death is in their best interest.

Switzerland – Switzerland could be known as the country with most permissive and the most accommodating setting for assisted suicide. The specialty in Switzerland is that its law criminalizes every form of euthanasia, but legalizes an individual to administer a lethal dose of medication. According to Willis (2022), the only stipulation of the law states that the medications may not be administered for "selfish", or profitable, reasons. She further states that Non-profit organizations (Dignitas, Eternal Spirit, and Pegasos Association) allow non-nationals to voluntarily check-in and die on the premises. The Swiss e-news site, The Local (2021) reported that some 1,282 seriously ill people ended their lives using the services of Swiss assisted organisation EXIT in 2020, which is 68 more people than in 2019.

Soon to be the latest addition to Swiss PAS system, Swiss inventor Philip Nitschke of Exit International has designed a self-operated suicide pod from bio-degradable raw material most recently. It is a portable capsule designed for use in assisted suicide and has already been authorized by Switzerland's medical review board, therefore it could be available within the year 2022. Suicide pod known as the "[Sarco](#)" is made with 3D-printing technology by the company Exit International (Jackson, 2021). The pod is reported to have been designed to bring the oxygen levels down carefully, so that death takes place painlessly and peacefully. This innovation has developed countless debate between opposers and proposers of euthanasia or assisted suicide around the world.

India – India is the newest addition to the list of countries to recognize passive euthanasia and is the first in the South Asian region to do so. Indian

courts have considered the legality of euthanasia or assisted suicide on several occasions since decades. Indian supreme court made history in 2018 by recognizing passive euthanasia by the judgement *Common Cause (A Regd. Society) v. Union of India*.⁵ According to Kulkarni (2021), the *Common Cause* verdict has further held that the absence of acknowledgement of advance medical directive in terms of a patient in a permanent vegetative state to be an unnecessary gridlock preventing the smooth functioning of a right embodied in Article 21.

ARGUMENTS PROPOSING AND OPPOSING EUTHANASIA

There are many arguments that propose and oppose euthanasia or PAS. Many argue that, right to life itself comprises the right to self-determination, right to relief from suffering and autonomy of patient, therefore a patient has the right to decide whether to live with pain or to die with dignity. Kondrashova (cited in Sumachev, 2021) mentions that, since the law provides for the right to life, and the right to a good life implies the disposal of this good at one's own discretion, and this presupposes the existence of the right to death. According to research carried out by Castillo et al. (2020) using medical students in European countries, certain articles have argued that the relatives of a terminally ill patient themselves also have a right to be free from emotional suffering and burden of caring so that the relatives should be vested with power to decide on the life of a patient in vegetative state.

On the other hand, opposition of euthanasia brings out justifiable arguments as well. Kovalev MI, et al. (cited in Sumachev, 2021) argue that euthanasia should be banned based on the possibility of error of diagnoses, the fact that terminal and pre-terminal stages are often associated with a special state of the human body and due to the rapid development of medicine and pharmacology and some diseases and conditions which were previously fatal or created a poor quality of life are now curable or treatable for

survival with a high quality of life. According to Castillo et al. (2020), these clashing opinions have made the controversy of euthanasia even more contradictory and hard to arrive at a common understanding. the most common arguments against euthanasia were religious and personal beliefs, the "slippery slope" argument and the risk of abuse and the physician's role in preserving life. These clashing opinions have made the controversy of euthanasia even more contradictory and hard to arrive at a common understanding.

SRI LANKAN PERSPECTIVE

In Sri Lanka euthanasia or assisted suicide has no lawful existence. Any sort of practice of euthanasia is considered a clear act of offence. Sri Lanka's penal code prohibits any sort of abetment or aiding in suicide. Article 299 PC states that, 'If any person commits suicide. whoever abets the commission of such suicide shall be punished with death.' Article 300 PC, under sub-heading 'Attempt to murder', further mentions that whoever does any act with such intention or knowledge and under such circumstances that if he by that act caused death, he would be guilty of murder. Therefore, a physician could be convicted for the offence of murder, if he assists a patient in an act of euthanasia by any mean, even in good faith in Sri Lanka.

And if a patient attempts suicide with or without the assistance of a physician and does not die, he or she could be punished under Article 302 for attempting to commit suicide in which it is described as, 'Whoever attempts to commit suicide, and does any act towards the commission of such offence, shall be punished with imprisonment of either description for a term which may extend to one year, or with fine, or with both.' Although the penal code takes steps to control aiding and abetting suicide, it does not provide for the prevention of suicide (Jayalath and Gunawardena, 2021).

The only instance where Sri Lankan law allows the artificial deprivation of human life is the medical

⁵ Ibid 4

termination of the life of an unborn child under the strict condition of saving mother's life. Even if the mother is pregnant due to rape, she has no legal authentication to abort the unborn by herself or request for an abortion. Laws pertaining to abortion in Sri Lanka remain restrictive and abortion is illegal unless the life of the mother is at risk. (WHO 2018) Articles 303-306 of penal code provides that, causing the death of a fetus is a criminal act and is punishable with imprisonment ranging from three to ten years, with or without fine if mother's life was not at risk.

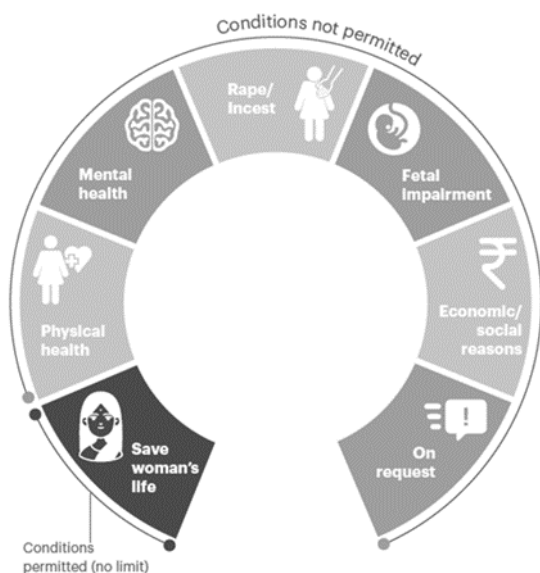


Figure 2: Conditions and gestation limit for which abortion is permitted in Sri Lanka. (WHO 2018)

The constitution of Sri Lanka does not explicitly recognize 'right to life' as a fundamental right even though 'right to life' is a universally accepted human right. Article 3 of Universal Declaration of Human Rights (UDHR)⁶ reads as 'Everyone has the right to life, liberty, and the security of a person.' Any other human right would be nothing but mere words if a person does not possess the right to life as no qualification attaches to this specific right. The law's legitimate interests in protecting that right thus justifies legal intervention to prohibit (or at least control) involuntary and non-voluntary

euthanasia. Brazier (1996, p. 318) Despite the absence of right to life in the constitution, the supreme court of Sri Lanka has recognized right to life in several landmark judgements. In **Rathnayake Tharanga Lakmali v. Niroshan Abeykoon**⁷ it has been held that 'Article 11-freedom from torture' read with 'Article 13(4) freedom from arbitrary punishment recognizes a right to life by necessary implication. The court further stated that the constitution is a living document and subjected to be interpreted in a comprehensive manner. In **Sriyani Silva v. Iddamalgoda, Officer-in-Charge, Police Station Paiyagala Others**⁸ it was ruled that, Article 11 guarantees freedom from torture and from cruel and inhuman treatment or punishment. Hence, unlawful deprivation of human life, without a person's consent or against a person's will, amounts to inhumane treatment under Article 11 of the constitution of Sri Lanka.

According to a recent research carried out in Sri Lanka, using a group of healthcare professionals of the Accident Service at the National Hospital of Sri Lanka including medical officers and nursing officers, 66.6% of the sample have been in agreement with legalizing euthanasia in Sri Lanka. Researchers, Silva, Samarakoon A.S., Samarakoon M.A.S.C. (2019) state that the majority (80%) were aware about the concept of Euthanasia, 75% of them believed it is ethical, whereas 66% of them knew it is legalized in Western countries and among the nursing professionals 87% mentioned that they themselves would accept Euthanasia if they were chronically ill.

The last and the most recent census in Sri Lanka was carried out in 2012 and according to census data, 70.2% of the Sri Lankan population consists of Buddhists, while there are 12.6% Hindus, 9.7% Muslims and 7.4% Christians. Buddhism is a religion which promotes non-harm, compassion and finding out the ultimate truth of life. The first precept (Sheela) of the Buddhist conception of

⁶ UDHR was proclaimed by the United Nations General Assembly in Paris on 10 December 1948.

⁷ SC/ FR Application 577/2010

⁸ (2003) 2 Sri LR 6 pp 76 - 77

Pancha-Sheela disallows killing or abetting to kill any sort of living being including humans and animals. Therefore, Buddhist philosophy does not accept the core ideals of euthanasia or assisted suicide.

When it comes to Hinduism, unlike Buddhism there are beliefs which support euthanasia under special circumstances. According to Koodamara et al. (2018), in Hinduism the purity of one's rebirth and the future of one's soul depends on one's actions in the present life, hence euthanasia is not an act of sin to reach moksha and one can be permitted to end his life. Therefore, it could be considered that it is not a sin for a patient to request assisted suicide to end pain and find eternal peace.

Unlike in Hinduism, Islamic view on life unconditionally denies euthanasia or PAS. According to holy Qur'an 16.61 God (Allah) is the creator of life and life is a gift of God. Therefore, only Allah himself possesses the right to give life or take it back. No matter what a patient's condition is, still there is hope as God could gift him or her cure at some point according to Islam.

Even though almost all the countries where euthanasia or assisted suicide is legal consist of Catholic or Christian majority, Christianity and Roman Catholicism thoroughly refuse any act of taking life as they believe life is made by God and human's duty is to preserve and make the life fruitful with the love of God. God's power is eternal and divine, so no human authority could authorise to end life.

It could be assumed that a great disagreement would arise from religious leaders and religious activists in Sri Lanka if an attempt is made to decriminalize euthanasia or physician attempted suicide in Sri Lanka. Vidanapathirana (2017, p.3) suggests euthanasia to be legalized in Sri Lanka to uphold the rights of terminally ill patients to die with dignity as physicians could misuse euthanasia to perform illegal and unethical malpractices such as DNR (Do Not Resuscitate) orders misusing medical paternalism. Vidanapathirana (2017, p.3)

further describes physicians' orders not to resuscitate if patient goes into cardiac arrest as a type of involuntary passive euthanasia which amounts to homicide.

Even if Sri Lanka decriminalizes PAS, whether doctors be able to get the moral or ethical decision to let a terminally ill patient die as a part of their daily duty remains questionable with the notion of physician's responsibility as a life preserver in mind, and it calls for further research.

3. DISCUSSION

End-of-life care will continue to be a subject of debate due to the struggle between biomedical principles, the different existing legal frameworks, and the general population's beliefs. (Picón-Jaimes et al., 2022) Medically educated and especially trained to cure sicknesses and save lives, physicians play a vital role when it comes to the subject of euthanasia or assisted suicide. Affected and shaped by religion, morality, and general ethics of civilization, it is highly doubtful that a physician without special training on euthanasia or PAS would carry out such a procedure even if legally allowed or ordered or requested so. Turillazzi and De Paolo (cited in Picón-Jaimes et al., 2022) states that, medical education, and preparation in the perception of death, especially of a dignified death, seems to be the pillar of the understanding of the need to develop medical-legal tools that guarantee the integrity of humans until the end of their existence. If the new generations of physicians are given special training and education on bioethics, euthanasia, and PAS, it would be of very much assistance for them to overcome possible future ethical conflicts during their professional lives.

On the other hand, life is a natural phenomenon that exceeds the human created notions of biology, medicine, and law. Life is associated with the concept of dignity. Self-satisfaction and self-esteem are unavoidable demands of a thriving life. Even though birth is not a choice, life becomes a choice in dire circumstances. Picón-Jaimes et al. (2022) suggests that a person's treatment must be individualized in bioethics since each individual is

a unique unit so that medical paternalism must be abandoned. Therefore, it could be argued that medical and legal intervention in life requires certain limitations since perception on life and death differs from one human being to another. Unbearable pain and low quality of life should indeed be considered when deciding on a patient's life. Terminally ill persons should be considered as a special group of society who require extra chances and opportunities.

4. RECOMMENDATIONS

After careful and critical analysis of much research, it could be suggested that voluntary passive euthanasia shall be legalized in Sri Lanka under stringent conditions:

- The patient must be diagnosed terminally ill and be suffering from unbearable pain.
- A panel of medical specialists should confirm the diagnosis to be correct and a competent legal body should accept the request.
- The patient must be fully aware of his condition and death shall be requested by the patient himself without any force from a third party.
- The death should only be for the best interest of the patient and not for the best interest of any other party.
- Any other reasonable alternative should not be available.
- The illness could not be treatable in any other way. (If there is treatment anywhere in the world, the patient should not be granted with his death wish even if the treatment is not affordable or acquirable.)
- Patient should give his consent in the presence of a competent panel of witnesses and shall be allowed to prepare his living will.
- Consent of next of kin should be considered.
- Euthanasia must be the remedy of last resort and never to be carried out actively with or without the consent of the patient.
- Euthanasia should be carried out passively only by terminating life prolonging treatment and

never to be carried out in an active manner.

“We, in the process of evolution, should acknowledge quality of life over quantity. The physician's duty is to alleviate pain and suffering. If there is no other option, the doctor, in fulfilling this duty, should be allowed to passively end the patient's life. This statement is not based on autonomy, but on beneficence.” (Goel, cited in Gandhi 2017).

5. CONCLUSION

Euthanasia or assisted suicide is yet an antagonistic subject in the society and will always be, while a patient's quality of life and his right of self-determination remains the heart of the debate. The purpose of this paper was to discuss the concept of artificial deprivation of human life addressing the legal, moral, religious, and other aspects associated with it and to consider the possibility of decriminalizing physician assisted suicide in Sri Lanka under extreme circumstances.

It was suggested that it would be of a patient's best interest if voluntary passive euthanasia could be legalized in Sri Lanka in life threatening cases where the patient has no hope of surviving and where dying is the solitary will of the patient. Major issues associated with assisted suicide needs to be addressed cautiously and wisely as the concept itself could be used in ulterior motives of relatives and as some diagnosis could be turned wrong and as cures keep on getting invented in the field of medicine continuously.

Sri Lanka is a country which has been battered for decades by a civil war, by social, economic, and political issues and quite recently by COVID-19 outbreak and economic recession and political instability. It is more likely that certain individuals may argue that a developing nation like Sri Lanka should not pay much attention to a topic like 'Euthanasia or Assisted suicide' as Sri Lanka has greater problems to solve than considering a problem of a small group of society. There arises a question. What if you or a loved one turns terminally ill, and if a doctor verdicts that there is

not the slightest hope left? What if the unbearable pain becomes your own? We humans tend to analyze a problem quite philosophically as long as it is not our own. I am of the view that it is high time for Sri Lankan authorities to get into the shoes of the victims and have a view from their perspective rather than bearing a rigid opinion just because it is against morality or religion.

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