

THE SOCIETY FOR RIGHT TO DIE WITH DIGNITY
(Affiliated to the World Federation to die with Dignity)
A/3, Ben Nevis, Bhulabhai Desai Road,
Bombay 400 026. Telephone No. 363 00 80.

THE SOCIETY FOR RIGHT TO DIE WITH DIGNITY

EDITORIAL

All that is living does not necessarily die but all that dies is necessarily living. Mortality is an inevitable terminal event for all of us. One very often glides through time on the wings of life savouring what life has to offer. The joy of living may metamorphose into hellish existence when incurable diseases take over the flesh and spirit. It is then a world of doom with a leaden skies. It is like candle in the bell jar.

All the medical contraptions trying to prop up a terminally ill man looks like sisiphan boulder and a futile attempt to restitute a body where spirit has deserted. Death is deliverence for the body which is afflicted with terminal disease gnawing away at the body. Humiliating existence of such a person is a blot to the earlier joyful existence.

Death is not only inevitable but often desirable. The right to fix the last supper should always be with the individual.

Dr. Nagraj G. Huilgol.



NEWS

NOTE ON RECENT SUPREME COURT JUDGEMENT:

The recent Judgement of the Supreme Court of India striking down section 309 of the IPC relating to attempted suicide as a universal offence, is a landmark in the history of jurisprudence in India. It illustrates the concept that the law cannot dictate morality but has to embrace the dictates of current morality. The bases of the judgement was to "humanise the law". The court opined that "the act of suicide was neither against religion, morality or public policy". A very significant part of the judgement was that the court opined that "the States interference with one's personal liberty was uncalled for" and that "the right to live under Article 2 of the Constitution can be said to be in its trail the right not to live a forced life".

The issue of euthanasia was not touched upon by the Court perhaps wisely at present nor was that of "avding and abetting". But the judgement has certainly opened the issues of voluntary euthanasia and at some stage parts of the judgement may be extrafolated to the issues of right to die.

Dr. B. N. Colabawalla

MEMBERSHIP INCREASE :

There has been a marginal but appreciable increase in numbers of membership as a result of the articles appearing in the papers.

RADIO & T.V. TALKS AND ARTICLES in the Press were delivered by Dr. B. N. Colabawalla and Prof. Varde. An article in "Freedom First" of April-June 1994 issue and that in the "Sunday Review" of Times of India of June 12, 1994 on "Civilised Death" by Dr. B. N. Colabawalla, evoked a fair degree of response, along with some controversy.

DRAFTING OF A BILL ON "MEDICAL TREATMENT IN TERMINAL CONDITIONS has been under-

taken by the Society and will be scrutinised by our legal friends. Thereafter it is proposed to hold a seminar sometime in February next year to discuss the issues, particularly of the "Living Will" threadbare.

WORLD FEDERATION OF RIGHT TO DIE SOCIETIES :

The 10th Biennial International Conference was held at Bath, England from September 7 to 10, 1994. Our Society was represented by our Chairman, Dr. B. N. Colabawalla as the official Delegate.

Members will surely be interested to learn that Dr. B. N. Colabawalla was elected as one of the Directors on the Board of Federation. Our congratulations to him.

However, our joy on learning about his election, was soon undermined when we learnt that Dr. Colabawalla soon after the conference, took seriously ill and had to be admitted to John Radcliffe Hospital at Oxford, where he had eventually to undergo a major emergency surgery. We are happy to report that Dr. Colabawalla has since returned home and is well on the way to recovery. Let us wish him good luck!

Dr. Nagraj G. Huilgol

BRIEF REPORT ON 10TH INTERNATIONAL CONFERENCE OF W. F. R. D. SOCIETIES :

The Conference was held in the campus of the University of Bath which has a beautiful ambience and spread out grounds with greenery all round. The arrangements for Boarding and Lodging were very satisfactory. Facilities such as Bar, Bookshop, garment shop, post office etc. were conveniently available. Thirty four Societies from twenty countries of the world were represented at the conference. Over 130 participants were registered at the conference.

The theme of the conference was "Whose Death is it Anyway Medical decision at the end of life".

Business Meeting : The agenda for the Business meetings of the official delegates was dominated by the discussions on the proposed changes in the consideration of the World Federation. The proposed changes were discussed along with tabled amendments threadbare. The final draft was approved of by the Delegates.

The issue of biennial dues by Societies to the federation was discussed and numerous suggestions were taken note of. The new frame work will be worked out shortly.

Fresh elections to the Borad of Directors were conducted and the result is as under :

President	: Dr. Ayouse Smook, Netherlands
Vice President	: Dr. Hugh Wyme, U. K.
Secretary	: Mr. Malcolm Harwill, England
Treasurer	: Mr. Frank Dungey, New Zealand
News letter Editor	: Mr Luis Gallop, U. S. A.
Past President	: Ms. Helga Kulise, Australia
Directors	: Mr. B. N. Colabawalla, India Ms. Mary Gullnor, Australia Mr. Takeshi Minami, Japan Prof. Meinard Schar, Switzerland

Programme of the Conference each day was initiated by a Keynote address by an eminent personality, followed by Parallel Seminars in the pre-lunch and post-lunch sessions, each consisiting of six topics. One of the Parallel seminars was assigned to me to discuss the theme of "Right to Die: Perspective from India", presided over by Mr. John Paridonoff. More than 20 participants were present and a lively discussion on various aspects of the problem in India took place. Some of the participants had an insight into over problems we face.

In a way these parallel sessions were a disadvantage as each participant had to choose one from the six topics at each session to attend.

A more detailed report will be made when the official proceedings are available.

RIGHT TO DIE MOVEMENT -A PRESPECTIVE FROM INDIA-

By
Dr. B. N. Colabawalla

The manifold issues concerned with the concept of Right to Die and Voluntary Euthanasia are by and large projected on a background of Western cultural, society and theological milieus.

In India we have to approach the issues on a different plane. India is a geopolitical entity constituted by centuries of repeated admixture of various ethnic, cultural, sociological and theological influence. It then becomes difficult to speak of an "India Ethos". It is providential that the most dominant philosophy, and that which is subscribed to by the vast majority, is that of Hinduism, which has provided a thread of continuity in our heritage. This is so because Hinduism is not a religion in the true sense of the word. It is a philosophy of life, with "Man" as the central theme. It attempts to raise the spiritual, ethical and

intellectual levels of an individual by apposing right with wrong, and offering perspective on both life and death. It enunciates that death is merely a transition from one life to another. The continuum of existence between life and death are exemplified in the image of Trimurti - one body with three heads - Brahma the creator, Vishnu the preserver and Shiva the dissolver. Most importantly it leaves the choice to the individual, a concept not observed in many another creed and hence has a secular appeal.

By quoting a few examples from literature I will attempt to demonstrate that the concepts of Right to Die and willing one's death-Ichha Maran- are not alien to this philosophy. Vedic and post vedic literature deals with issues of life and death and morality and ethics.

According to Dharma, (that is harmonious life and man's role in life) the choice of relinquish life is as basic as the one to live. Kunti, Gandhari and Dhitarashtra ended their lives in Vanasprashtha (that is the forest) after performing their own death rites when they felt that they served their purpose in life. Bhishma, one of the great Pandavas prepared a bed of arrows on the battlefield of Kurushetra and willed the time and day of his own death. In the epic Ramayana, we see Sharabhanga who was badly maimed in battle, perform self immolation and that too in the presence of Ram, a revered God figure. Leaving the physical body and ascending to heaven is recommended in the Puranas for incurable disease or severe incapacitation. The Jain Sect of Hinduism to this day practices a severe form of relinquishing life-Santhara-by starving to death. These concepts have continued to influence thinking through the centuries. In the 13th Century Dyandev, a great interpreter of the Geeta, shut himself in a vault in the earth, thus voluntarily renouncing the life of the body. In the early part of the century, the sage Ramana Maharshi at the end of a prolonged and painful illness refused all medical aid and died in Samadhi.

In very recent times is the example of Acharya Vinobha Bhave - a disciple of Mahatma Gandhi, who starved himself to death. Contemporary thinking is summed up by a Kannada poet - and I quote--" In moments of ecstasy, sadness and death, man is alone. Hence it is his prerogative to be what he wants to be during those moments." It has been argued that the above are examples of exit from life implied by higher cosmic and metaphysical urges. I suggest that voluntary euthanasia is no less an expression of spiritual freedom.

In view of the above it may seem paradoxical that there is tardy progress of the movement in India. The reasons are manifold. As history shows us the philosophy of any religion gets gradually buried under the mound of irrational prejudices, rites and dogmas. A tradition of reverence for life and taking care of old people prevents a dispassionate and rational analysis of the issues. The heterogeneity of our societal, cultural and theological structure, with variations even from region to region, makes for difficulty in obtaining what one would like to call an "Indian consensus". Illiteracy coupled with poverty prevents the vast majority of people from considering issues of dying, when his priority is the problem of living from day to day. The ground reality then is that we can reach out to microscopic fringe of the 300 million people, constituted by the relatively educated middle and upper crust of society and that too in metropolitan areas like Bombay. Even in this group there is reticence possibly due to lack of proper perception, or fear of societal displeasure. Medical professionals are either apathetic or oppose us on the basis of outmoded concepts of ethics. There is vociferous opposition from minority creeds such as Catholicism, which causes misgiving in the minds of people. Finally there is the law of the land.

In spite of these limitations there is certainly glimmers of hope for the future. Today the issues of euthanasia are receiving increasing attention in the media, thus encouraging debate. Even the academia are getting involved as evidenced by more than one doctoral theses on the subject. Some of these theses have brought to light an encouraging positive approach to euthanasia, particularly amongst the general public. The impact of irrational use of modern medical science and technology is veering people round to accepting withdrawal of treatment and life supports in terminal cases; but as yet there is opposition to active measures. The Medical professionals are having second thoughts also as revealed by an opinion poll carried out by our Society in Bombay. There have always been humane physicians who have covertly practiced euthanasia; but of late some courageous individuals have admitted doing so in the open. The most significant event recently has been the judgement of the Supreme Court of India, striking down Section 309 of the Indian Penal Code which made attempt at suicide a criminal offence, as unconstitutional. Although the judgement has skirted the issue of voluntary euthanasia there are some statements in it which significant, three of them being noteworthy-- "the act of suicide is neither against

religion, morality nor public policy", or that "The State's interference with one's personal liberty is uncalled for", and finally "The right to live under Article 21 of the Constitution can be said to be in its trail the right not to live a forced life". We are hoping that these parts of the judgement can at some stage be extrapolated to the issues of voluntary euthanasia.

Our endeavours are to capitalise on these trends by all possible means. Our primary objective is to coalesce public opinion on the subject. The other simultaneous objective is to obtain legal sanction for the "Living Will". The Society is in the process of formulating a draft of a Bill for this purpose. We have to proceed cautiously and step-wise, if we are not to raise a storm over our heads by asking for too much all at once.

Address for communication :
Dr. B.N. Colabawalla,
A/3, Ben Nevis,
Bhulabhai Desai Road,
Bombay 400 026.
Telephone No. 363 0080.

QUOTABLE QUOTES :

LIVING WELL

Why should my corpse suffer the agonies of a departed soul, the unwanted ceremony of despair and disdain, when I depart, I don't want any tears, if any there will be, I want joy and bells to ring, that I have parted this world, from my partner without giving any pain, so that the gates of paradise are open to me, arms will welcome the corpse that has floated from the earthly to the ultimate. My soul should be prepared for the parting gracefully and enjoy the greetings of heavens journey.

NILAMANI N. HUILGOL.

" Majority ----- feel human beings should be given the opportunity to make free choices in their lives, with the responsibilities and consequences that

follow. The right to live and to die with dignity, integrity and self respect should not be denied in either the church or the state". - John Pridonoff, Executive Director, Hemlock Society, U. S. A. - courtesy, Editors of "Times Lives" News Letter, May-June, 1994.

DONATIONS :

We acknowledge with deep gratitude to the donors for the following donations received during this year, amounting to nearly Rs. 50,000/- :

MR. P. S. PAWAR 51.00, MESSRS JOLLY BORAD-5000.00
THE ROTARY CLUB OF BOMBAY SOUTH-175.00, PIROJSHA
GODREJ FOUNDATION-10000.00, MESSRS BREUL & COMPANY-
1000.00, JAMSHED & SHIRIN GUZDAR TRUST-5000.00 THE
ARJUN & DEVI KHIMJI SARVAJANIK TRUST -2500.00,
GAGAN MATHUR TRUST-1000.00, MS. SABIRA MERCHANT-
500.00, MESSRS AIRFREIGHT LTD.-10000.00, PRINCESS GAURI
LAXMI BAYEE-1000.00, WATUMULL FOUNDATION (INDIA)
5000.00, TARU LALVANI CHARITY TRUST-3000.00, MR. J. S.
KANETKAR-1000.00, MS. L. G. HEBBAR-200.00, DR. R. S.
MASTER-106.00, MRS. M. D. FORBES-100.00, DR. N. G. HUILGOL-
500.00, MRS. M. B. COLABAWALLA-500.00, DR. B. N.
COLABAWALLA-1000.00, PROF. S. S. VARDE-1000.00, NAGRIK
CHETANA MANCH-500.00, SOHRAB E. DASTUR-100.00

BOOKS ON SHELF

Death & Dignity
Making choices & Taking Charge
Timothy E. Quill 255 pp.
\$ 21.95

A book that helps to establish rational dialogue
with the doctors
Norton - Pub

Last Wish - Betty Rollin. 236 pp.

An outspoken account of a mother's dark victory
and a daughter's love
\$ 9.00 Warner Pub.

Life's Dominion - Ronald Dworkin - 273 pp. \$
23.00

A book about abortion, euthanasia and individual freedom - Drug Dosage Table - \$ 3.00 Hemlock Soc.

From Hemlock quareerly.

Sequirim Book -----

Book - Post

To,

If Undelivered Please Return :

Dr. B.N. Colabawalla,
A/3, Ben Nevis, Bhulabhai Desai Road,
Bombay 400 026.