THE SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 14 **MAY 1991**

Opinion Poll conducted among 200 doctors in Bombay on the issue Right to Die. The poll was conducted by Marketing Advisory Services on behalf of the Society. A few salient features are outlined below.

1) 90% stated that they had the topic in mind at some time or another and was a cause of concern.

2) 78% agreed that patient should have a right to choose in case of terminal illness and in great pain.

3) 74% believed that artificial life supports should not be extended when death was imminent, inevitable and life was meaningless.

4) 81% believed that the patient has a right to die with dignity. However, only 65% believed they should withdraw life support.

5) Considerations involved were stated as ethics, morality, law and religion in that order of importance.

6) To respect patients wishes, 55% stated they would withdraw supports.

7) On the question of response to a Living Will, 41% agreed to respect it, 31% had some reservations and 18% responded that they would not do so.

8) 70% stated they would accept Brain Stem Death as criteriur for death.

9) On the issue of legalising passive Voluntary euthanasia, about 60% believed it should be left between the doctor and patient and the family.

10) If passive voluntary euthanasia were legalised, beween 70 and 80% were apprehensive about possibility of misuse.

Those members who are interested in receiving the complete document of questionnaires and analysis may obtain the same from the office of the Society on payment of Rs. 40.00.

A Forum was held on December 9, 1990 at Bombay to discuss "The Appleton Concensus; suggested Guidelines for Decision to Forgo Medical Treatment".

BRIEF RESUME OF THE "APPLETON CONCENSUS REPORT"

Objective :

To create a draft of a concensus on international guidelines for decision to forgo medical treatment.

Section of the Report for discussion :

1) **The Ethical Background** to be taken into consideration for decision making. The four basic moral principles to be discussed are :

   i) Autonomy of the patient and respect for the choice of treatment. Equally important is the autonomy of the medical professional and respect for his views.

   ii) Non-malefience.

   iii) Beneficience.

   iv) Obligation to act justly and fairly.

   Other principles and moral values which may be specific to culture and environmental factors of any given society or community.

2) **Decisions involving** competent patients or patients who have **execuetd an advance directive before terminal illness.**

The issues to be discussed would be :

i) Refusal of treatment.

ii) Request for treatment including life prolonging treatment.

iii) Request for intervention intended towards voluntary euthanasia. When and how should decisions be made ? Should patient wish be respected with or without reservation ? When should a physician consider treatment as "futile" ? What if the physician has conscentious objection? Many other questions will pose themselves.

3) **Decisions involving patients who were once competent but are not now competent and who have not executed an advance.**

In this sector various aspects of physicians responsibilities, conflicts between decision makers, socially isolated persons, futulity of treatment, care plan, active euthanasia and persistent vegetation states-are some of the issues.

4) **Decisions involving neonates and other patients who are not now and never have been competent.**

Issues such as Quality of life judgements, communication with patients family, documentation of medical care weighing benefits vis-a-vis burdens to the family have to be discussed.

5) **Scarcity of Resources** and economic burdens vis-a-vis family, institutions and society. Setting limits and priorities and social obligations are issues to cogitate over.

Members interested in receiving the full Report on the forum may do so from the office of the Society on payment of Rs. 40.00.

Living Will and Declaration :

A fascimile of a "Living Will and Declaration" is enclosed. The Society is keen to collect statistics as to how many members have executed such a document. If you have already done so then please inform the office. If otherwise it is strongly advised that you do so now and inform the office.

Annual General Meeting has been scheduled for 13th June, 1991 at 6.00 p.m. at Indian Merchants' Chamber, Bombay-400 020. Your attendance will be very much appreciated.

Request to Members :

Time and again the Editor has requested members to forward any material they think is of interest to the Society or is worth publishing in the Newsletter.

This appeal is once again reiterated. The frequent publication of the Newsletter is partly due to lack of suitable material forthcoming. Without the active participation of Members not only for the above, but generally and to increase the number of members, is very imperative. It is rather disheartening to observe that vast majority of members are very passive towards the functioning of the Society.

SPECIAL POWER OF ATTORNEY

A POWER OF ATTORNEY given this ..... 19 ..... by me,

..... of .....
(full name)

WHEREAS (1) I have executed a declaration dated ..... 19 .....
stating that in circumstances there set out I should be deemed to decline to receive artificial medical treatment and to ask to be kept free from pain and distress.

(2) I seek to ensure that the wishes expressed in my declaration will be fully respected.

NOW THIS DEED WITNESSES that I appoint .....

of ..... and .....

of .....

who have expressed their acceptance to act as such, jointly or severally to be my attorneys for the purpose of securing compliance with the terms of my said declaration and I vest in my attorneys jointly or severally power to interpret, make decisions and take action on my behalf with regard to my declaration notwithstanding any contrary views held by any other person.

I declare that this Power of Attorney shall remain in force during my lifetime until notice of its revocation is received by my attorneys AS WITNESS my hand this day

SIGNED, SEALED AND DELIVERED

by me .....

in the presence of ..... (full name)

of ..... (full address)

Red Wafer Seal

Before the Notary,

DECLARATION

This Declaration is made by me .....

of .....

at a time when I am of sound mind and after careful consideration :

(1) If the time comes when I can no longer take part in decision for my own future, let this Declaration stand as the testament to my wishes.

(2) If there is no reasonable prospect of my recovery from physical illness or impairment expected to cause me severe distress or to render me incapable of rational existence or, my vital bodily functions are incapable of independent operation, I should be deemed to decline to receive artificial medical treatment and to ask to be kept free from pain and distress.

(3) If I suffer from heart arrest, it is my request that efforts at resuscitation be abandoned at the end of three minutes.

In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this Declaration shall be honoured by my family and physician at the final expression of my legal right to refuse medical or surgical treatment and accept the consequence from such refusal.

This Declaration is signed and dated by me in the presence of the two undermentioned witnesses present at the same time who at my request in my presence and in the presence of each other have here unto subscribed their names as witnesses.

Dated ..... Signed .....

This declarant has been personally known to me and I believe him/her to be of sound mind.

Witness : 1

Name : .....

Address : .....

Signed .....

Witness : 2

Name : .....

Address : .....

Signed .....

Note :— Witness should not be members of the family.

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 13 DECEMBER 1988

ANNUAL REPORT

In our last Newsletter members were requested to offer some help to make the Society's work more far-reaching and effective. Contributions for Newsletter as also items appearing in various media that would be of interest to the Society was requested to be sent to our office. Once again the members are requested to assist the Society in what ever way they can and in particular to assist in bringing out the Newsletter.

The Sixth Annual General Meeting of the Society was held on 9th December 1987, at 6.00 P.M. in Committee Room of Indian Merchants' Chamber, Bombay. Annual Report of the Society was approved as also the Audited Statement of Accounts, approved and adopted. It was resolved that Messrs. Sharp & Tannan be thanked for their services and requested to audit the Society's accounts for the year 1987-88.

Mr. M. R. Masani is our President Emeritus. The following were elected to the Executive Committee: Prof. S. B. Adhav, Dr. F. P. Antia, Mr. J. D. Bamji, Dr. B. N. Colabawalla, Mr. M. B. Darbar, Mr. P. S. Davar, Mr. Cyruz Guzder, Mr. Soli Hirjibedin, Mr. S. P. Jain, Mr. V. R. Limaye, Mr. Minoo Mody, Dr. K. G. Nair, Mrs. Makki Patel, Mrs. Mary Thomas, Prof. S. S. Varde, Dr. Noshir Wadia and Dr. Mrs. J. M. Wagle.

The Newly Elected Executive Committee met immediately after the Annual General Meeting concluded.

It was unanimously decided that Prof. S. S. Varde, will continue as Chairman and Dr. F. P. Antia, Dr. B. N. Colabawalla and Mr. V. R. Limaye would continue as Vice-Chairman.

The Following were elected Office Bearers:

Mr. Soli Hirjibedin	Hon. Treasurer
Mr. J. D. Bamji	Hon. Accountant
Mrs. Makki Patel and Mr. P. S. Davar	Joint Hon. Secretaries

The membership is almost static. As on 30th June, 1988, our records show 60 Life Members and 430 Long Term Members. From 1st July, 1988, till date two new Life Memberships have been received. Unfortunately there have been no new Long Term Members nor any donations received.

Our Vice-Chairman Mr. V. R. Limaye had organised "Open Election Competition On EUTHANASIA" at Sangli, on 5th and 6th December 1987, Venue was Nagarvachanalaya. There were 13 female and 13 male participants. Mr. Limaye had donated three prizes worth Rs. 1,000/- and Dr. Kusum Ghanekar donated six consolation prizes worth Rs. 650/-. The First Prize of Rs. 500/- was won by Miss Sunila Karambalekar of Modern College, Vashi, New Bombay, and the Second Prize of Rs. 300/- by Miss Indrayani Deshpande, of Vaishampayan Medical College, Solapur. The rest of the prizes were won by the local participants.

Mr. Limaye has completed his second book, also in Marathi which would go shortly to the printers.

BRAVE LITTLE HOLLAND

Holland is the leader in helping its terminally ill. Their progress in practice of voluntary euthanasia is the envy of other larger countries. Is it that the Dutch have an inherent sense to sift the significant from the insignificant, where as other countries have the odd knack of putting the insignificant under the microscope, and dwell for long on it.

Below are excerpts from an article THE LAST APPOINTMENT which appeared in the Sunday Time Magazine of London, 7th June 1987.

The Dutch medical profession regards Dr. Pieter Admiraal as a pioneer. At Reinier de Graaf General Hospital in Delft he has established radical new methods of treating the dying and of ending their suffering. If there is a euthanasia professional in Holland, Dr. Admiraal is it. He has come to the view that a painless death is the last honest treatment a doctor can give to his suffering patient.

"When it has been done" he says, "I am sad and satisfied. Sad because I am losing a friend—I have usually got to know them well in their last weeks.

Then later I am satisfied because I know he died with dignity and without pain". I know about newspaper head lines which say that Doctor kills so many people," he says. None the less, unlike most Dutch doctors he is not afraid to go public on the issue.

Strictly speaking, euthanasia remains illegal under the criminal code. But numerous legal precedents have been established which allow doctors to offer it as a last resort in cases of hopeless suffering. In a country with a population of 14 million, somewhere between 6,000 and 10,000 people a year—perhaps eight per cent of the total number of deaths are thought to die voluntarily at hands of their doctors.

Dr. Admiraal's method is to establish around each dying patient a team of doctors, nurses and a priest of the appropriate faith. He is a non-believer himself, but he thinks that a moral debate should be some how represented. Once a patient has repeatedly and lucidly requested euthanasia and the team have discussed the various alternatives of relief on pain and depression, the decision to go ahead may be taken.

Current Dutch case law does not insist that relatives be involved. Strictly speaking it is simply a matter between the patient and the doctor. But usually either the spouse or the entire family takes part in the decision and there are some doctors who regard this involvement as a necessary safeguard.

In Rotterdam, one GP, Dr. Herbert Cohen, speaks with some what calmer authority on the real need for euthanasia. "Compassion," he says simply when asked how he became involved. "As a GP I become very close to my patients and—especially with so much modern technology I feel that suffering sometimes has to be stopped."

Why conditions in Holland are so different from ours about this humane subject? Is it apathy of the citizen, less awareness of social obligation, less concern for others, indifference of our over worked doctors and some reluctance on the part of our legal and medical practitioners. In making laws, the major consideration is popular acceptance and not the quality of law, enlightened thinking, or what would advance the society. One sad instance of this thinking is Maharashtra Government having moved the Supreme Court against the judgements of Delhi and Bombay High Courts to delete Article 309 of IPC which makes sucide a punishable offence!

Our so called cultural heritage and orthodoxy are easily mixed up. In name of tradition anti-progress elements abound. We have people who uphold SATI. These eternal opposers to anything new are starving for recognition. Anyhow they want to come into some prominence which to them is possible by opposing something, just for the sake of opposing it. They are on the look out for "any odd stick to beat any odd thing". As a people we have developed a blindness to be able to see the merits of a cause or differentiate between what is right and otherwise.

A SHORT PLAY

The scene opens in the bed room of a family. The corpse of a boy around 20 years old is on the bed. By the bed side are the boy's mother and family doctor.

Mother: Doctor, you had been attending to my son right from his birth. After his accident, your collegues and you have toiled and fought for eight months to save him from being bed ridden all his life. My dear son, my only child, is now free from agony, pain and humiliating existence. Good Lord please accept my son in your kingdom.

Doctor: I will get the death certificate ready. You inform your relatives and friends about the funeral.

At this stage, the nurse who had just come on duty enters with a bottle in her hand.

Nurse: Doctor I have found something horrible and unusual which you must know. This bottle was almost full when I left here yesterday evening. You know that the patient cannot move. Therefore, some on has administered an over dose. (The nurse looks at the mother accusingly.)

Doctor: Madame I cannot believe what I hear. The nurse could be right.

Mother: Indeed she is right. I pray that you both listen to what I have to say and then pass judgement and punishment which I will accept. Doctor you have known my son from his childhood. His accident paralysed him physically but mentally he suffered no damage. After some weeks of the accident he felt that he would have to spend his life in bed, which he did not want to do. He fervently pleaded that I speak to you doctor to end his suffering. When I talked to you, you tried to cheer me. I could not bear his pleading, his agony and suffering night after night. I prayed and prayed and begged for HIS guidance. Night after night the inner voice would say, "John is right, why do you let him down. He suffers immense mental torture and physical pain. Stand by your son and do your duty". I did my duty. Was there anything else for me to do? What would you have done?

Nurse: It was utterly wrong of you to have played God. You are guilty of murder. Surely the doctor thinks the same. We should call the police and let them take over.

Doctor: Indeed you are guilty of murder—murder of a living corps. You acted out of compassion. You

THE 1988 ROPER POLL *

When asked if a physician should be able to lawfully end the life of a terminally ill patient who requests it, 58 per cent of Americans answered positively in a Roper Poll of 1,982 people taken in March, 1988. Twenty-seven per cent were against the idea and 14 per cent were undecided.

When the same question was put to a similar sample by Roper in 1986 the answers were: 62 per cent for, 27 per cent against and 10 per cent undecided. The margin of error in such a poll is plus or minus 3 percentage points.

A comparison of the two polls seems to indicate that public support on the controversial subject of active voluntary euthanasia for the terminally ill is firm, with perhaps a few more people undecided.

*This poll was taken by the Roper Organization of New Yark City, N.Y., and surveyed 1,982 adult Americans in March, 1988.

Question: There is a great deal of discussion these days about the conflict between a doctor's moral obligation to a terminally-ill patient and the doctor's responsibility under the law. **When a person has a painful and distressing terminal disease, do you think doctors should or should not be allowed by law to end the patient's life if there is no hope of recovery and the patient requests it?**

	Protestant	Catholic	Jewish	Other	None	Don't know no answer	Total
Should be allowed by law	575 55%	352 61%	35 69%	78 56%	108 69%	8 39%	1156 53%
Should not be allowed by law	294 28%	159 27%	8 15%	51 37%	26 16%	8 39%	545 27%
Don't know/no answer	169 16%	69 12%	8 16%	10 7%	22 14%	4 22%	282 14%
Total	1038	580	51	138	156	20	1982

	Sex		*Age*				*Race*		*Household Income*	
	Male 1	Female 2	18-29 3	30-44 4	45-59 5	69+ 6	Black 7	Und 15M 8	15M 25M 9	25M 35M 10
Should be allowed by law	550 59%	605 58%	331 60%	350 60%	228 59%	237 54%	87 38%	243 52%	237 59%	194 61%
Should not be allowed by law	247 26%	297 28%	130 24%	172 29%	105 27%	132 30%	71 31%	146 31%	120 30%	85 27%
Don't know/no answer	142 15%	141 13%	88 16%	66 11%	56 14%	70 16%	71 31%	76 16%	46 12%	41 13%
Total	939	1043	550	509	389	439	230	466	403	320

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obeyed your conscience. You have not played God but have served HIM well. The gates of heaven will always be open to people who dare and care to serve others, ignoring the implied risks. When I look back calmly on what has happened and who is guilty, I now know that I am guilty for not having served my patient when he needed me the most. This was a true test of the nobility of the medical profession. Good Lord forgive me this lapse. I shall not fail my patient again.

FROM NEAR AND FAR

Indian Express 14 July 1988 Pg. 12.

BEIJING: Mercy killing is common in many Chinese hospitals, according to a national forum on the controversial issue which recently concluded in Shanghai. The official China daily said to day that one Shanghai Hospital reported 28 per cent of the 563 deaths in its medical, surgical and gynecology departments in the past three years were the result of euthanasia.

Sunday Observer 13 March 1988.

The law in most countries prohibits it, but as a part of the building movement in Europe in favour of "mercy killing" more and more doctors are now publicly admitting having practiced 'active' euthanasia intentionally giving a lethal dose to terminally ill patient who asks for an end to suffering.

Though a debate on the issue was started as early as 1936 in Britain, those campaigning in favour of euthanasia and 'active suicide' have gained many converts only in the last few years.

In Holland, around 100,000 Dutch citizens are estimated to have signed a "living will' asking their doctors not to resort to life-prolonging techniques when it is clear they are fatally ill.

Two bills legalising 'mercy killing' in specific circumstances are presently pending in Dutch Parliament and an enactment of one of them is expected by the year end.

In a poll conducted in France last year, an overwhelming majority (76 per cent) favoured changes in existing medical law to discriminate mercy killings. The advance of medical science to-day makes it possible to sustain human life, but often in crippled forms. Many are now saying they prefer to die with dignity than live a vegetable existence.

World Right to Die Newsletter Issue No. 10 June 1987.

In January the Dutch Government gave notice to Parliament that it intends to take the necessary steps leading to a limited legislation on euthanasia in Netherlands. The Dutch Penal Code will not be changed (so euthanasia will remain punishable) but the Law on Medical Practice will be modified. The "conscientious conditions" governing euthanasia, already stipulated by jurisprudence, will be acknowledged as exonerating a doctor from legal prosecution and conviction.

The outcome of the intensive political debate about the Right to Die is not surprising. In 1986 the State Council rejected two proposed Bills and recommended the above course of action to the Government.

Although some supporters of voluntary euthanasia are disappointed, this is a big step in the right direction. The Christian Democrats (the major coliation partner) have reacted positively to these Cabinet proposals and in doing so, have at last conceded that euthanasia under strict conditions can be morally and legally admissible.

Abstract from letter dated August 1st, 1988 from PARIS Society for the Right to Die with Dignity.

Perhaps you already know that Paula CAUCANAS-PISIER, our general-secretary, executive director of the World Federation of Right to Die Societies, has voluntary chosen death on Monday, May 23rd, 1988.

You will probably be rather surprised of our waiting so long before informing you but we thought and hoped that we could hear of details allowing us to understand better why Paula had decided to die at this very moment. It is obvious now that we will never know exactly about it.

The best way to respect and honour the memory of her is to pursue the struggle for which she gave so much of her time these last eight years.

AN APPEAL

The publishing and posting cost of one issue of our NEWSLETTER is Rs. 800/- at present and it will increase. This is a strain on our resources. Our Executive Committee Member, Mr. M. B. Darbar suggests that we publish an appeal in our NEWSLETTER requesting members to donate or get a donation from friends of Rs. 200/-, specifically to meet the cost of the NEWSLETTER. Each issue would acknowledge the names of sponsors whose kindness has made that NEWSLETTER possible.

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 11 MARCH 1987

CONFERENCE REPORT

The Sixth Biennial Conference of the World Federation of the Right to Die Societies which was held in Bombay from November 21 to 24 as, by common acclaim, a success.

The World Federation of Right to Die Societies does not have a base or Headquarters. Every two years, a member society takes up the responsibility to invite the next Conference. The six year-old-Federation has twenty-eight affiliated units or member societies, newly affiliated members being Italy and North Belgium.

The Federation is for a common goal, that is, 'the right to choose between withdrawing life supporting treatment' or voluntary euthansia. This can be subdivided into passive and active euthanasia. Many societies promote the passive, whilst some others also favour the active.

"Mercy-killing" is often confused with active Euthanasia. Mercy-killing does not give the patient the **choice,** instead the doctor or a relative acts on his own judgement.

Out of the 28 affiliated units, fourteen were represented in Bombay with thirty-five foreign delegates and twenty-four Indian delegates.

The four day International Conference included official meetings which were held on November 21 and 24 and comprised of (a) Board meetings to discuss policy matters of the Federation and (b) delegates meetings.

At these meetings, nominations were received for vacancies on the Board and the new Committee was elected.

Among other matters discussed was the venue of the 1988 Conference. All were in favour of San Francisco; California, USA, with Derek Humphry of The Hemlock Society as the host.

A video film, "Splitscreen" produced by the BBC and featuring Margery Caygill and Ludovic Kennedy, author and BBC commentator among others, portraying 15 minutes each for and against euthanasia, was shown to all delegates at the first session of the Conference.

Delegates were invited on November 21, to spend an enchanting evening at the lovely home of Mr. & Mrs. Adi Godrej and to enjoy a scrumptious dinner kindly organized by Mrs. Ishwar Bahl. The place was paradise in the true sense of the word and lent the guests a feeling of utopia.

A highlight of the Conference was the two-day Symposium entitled 'The Right to Live and The Right to Die' on November 22 and November 23 respectively. The Symposium was open to members of the public by invitation. The discussions were conducted under three panels—the Legal, Medical and Ethical.

The opening address was delivered by His Excellency Sir Edmund Hillary, the well-known conqueror of Mount Everest and at present High Commissioner of New Zealand in India.

The Presidential Address by Mr. M. R. Masani updated the world advancements on Euthanasia with emphasis on the leaders in the field.—the Netherlands and the USA, not forgetting the progress made by India.

The first session was the Legal Panel with Justice Sujata Manohar in the chair. The panelists were Justice R. A. Jahagirdar, Mr. Soli Sorabjee, Mr. Rajinder Sachar, retired Chief Justice of the Delhi High Court, Professor S. S. Varde and Mr. Sidney Rosoff, an attorney from New York.

Sunday, November 23, did not begin on a happy note. Much to our disappointment, Professor Alexander Capron, our keynote speaker, could not be with us. However, he sent his address which was read out by Rev. Donald McKinney of Concern for Dying, U.S.A.

The most popular session of the Symposium was

that of the Medical Panel under the chairmanship of Dr. B. N. Colabawalla. The other eminent speakers on the panel were Dr. Praful Desai, renowned Cancer specialist, Dr. K. G. Nair, cardiologist, and Dr. Colin Brewer, psychiatrist from England.

The speakers were well informed and their approach clear cut. As a result, the discussion they evoked was interesting and thought-provoking. At the close of the session, people came buzzing out of the auditorium with a feeling of satisfaction.

The Ethical session was chaired by the former vice-chancellor of Edinburgh University, Dr. John Beloff, Rev. Somen Das spoke on behalf of the Indian Christians, Mr. Laxman Shastri Joshi brought out the Hindu, Buddhist and Jain attitudes of Euthanasia. Mr. Derek Humphry of Hemlock spoke about the proposed new legislation for legalising active euthanasia for the state of California brought forward by his society, Hemlock, called 'the Humane and Dignified Death Act'.

Monday, November 24, the last day of the Conference came to a close with the election of new office bearers for the next biennial term scheduled for the next meet in San Francisco, 1988.

The Conference adopted unanimously the two resolutions of interest to India which ran as follows:

RESOLUTION I

This Conference hails the recent judgement of the Bombay High Court and Delhi High Court in India. These judgements are historic in their implications. By describing Section 309 of the Indian Penal Code, which seeks to punish an unfortunate man or woman who tries unsuccessfully to take his or her own life, as a barbaric and a blot on the Statute Book, the Courts have shown that they possess not only a legal conscience but are also actuated by considerations of humanity and compassion. The Conference welcomes the judgement of a Division Bench of the Bombay High Court declaring this provision to be **ultra vires** of the Constitution of the Republic of India.

This Conference hopes that the Government of India will now introduce in Parliament a Bill rescinding Section 309 so that the rest of India outside the States of Maharashtra and Delhi, may also join the civilised world where the right of a man or woman to choose between life and death is recognised as a fundamental right.

RESOLUTION II

This Conference is happy to note that public opinion as manifested in the replies received by the office of the Maharashtra Legislature during the twelve months from July 1985 to July 1986, have shown that public opinion in the State, to the extent that it has been expressed, indicates a willingness to support the Bill introduced in the Maharashtra Legislative Council by the distinguished academician, Professor S. S. Varde, to provide for civil and criminal immunity to physicians and surgeons withdrawing life sustaining treatment from patients suffering from terminal illness at the patient's initiative.

Having persued the Bill, the Conference is of the view that it is a very modest measure which permits but does not compel a doctor to practice passive voluntary euthanasia by withdrawing life sustaining treatment from a terminally ill patient at the patient's initiative.

The Conference hopes that the Maharashtra State Legislature will refer the Bill to a select committee so that it may be suitably amended and presented to the Legislature for enactment.

A vote of thanks was proposed by Mrs. Jean Davies of VES, England, on behalf of all present, expressing thanks to Mr. Masani and the organizers and supporting staff of The Society for the Right to Die with Dignity.

After lunch, delegates were taken for a cruise across the harbour to the cave Temples of Elephanta.

In 1850 the elder sister of Hector Berlioz, the musician, died of cancer. He wrote in his "Memoirs"

"My beloved Adele, my other sister, nearly died herself from exhaustion and the horror of watching this long martyrdom.

Yet no doctor dared have the humanity to end it once and for all with a little chloroform. They do it so as to spare patients the pain of an operation which lasts a few seconds, but they will not consider using it to save them six months of torture, when it is absolutely certain that no remedy, not even time, will cure the disease, and death is clearly the only remaining boon, the sole source of happiness."

to enact enabling legislation to give that fundamental concept viability and some rules.

On the first page of the Humane and Dignified Death Act there is a definition of the qualified patient: one who has been diagnosed as terminally ill by two, licensed physicians and within reasonable medical certainty will be dead within six months.

Abstracted from: HEMLOCK Quarterly.

LET US REMEMBER:

The common thread in family life is intimacy. The caring, the support, and the disciplined unselfishness which make life possible through close social relations. The loss of closeness in modern life is worrying many social workers. Once the intimacy in a society begins to disintegrate, the process feeds on itself.

William G. Ouchi

People who have not developed a sense of communal responsibility in one setting will lose their general sense of community. A society which loses its capacity for intimacy in one generation may be producing children who have a permanently diminished sense of community. In the end, we will be a dust heap of individuals without connection to one another.

George Homans

Education has produced a vast population able to read but unable to distinguish what is worth reading.

Men are generally more careful of the breed of their horses and dogs than of their children.

There are only two lasting bequests we can hope to give to our children. One is roots, the other wings.

Misplaced and twisted ideology ruined labour and murdered democracy.

What really matters is not the quality of decision, but the quality of commitment to the decision.

The trees that grow on the mountains,
All grow their separate ways;
Some are born to be carved into saints,
Many as charcoal end their days.

Death is more universal than life; every one dies but not every one lives.

WORLD FEDERATION OF RIGHT-TO-DIE SOCIETIES

Seventh Biannual Conference

"A HUMANE AND DIGNIFIED DEATH"

on April 7, 8, 9 and 10 1988

CATHEDRAL HILL HOTEL

(Van Ness and Geary)

San Francisco, California USA

Topics for discussions led by eminent speakers in their fields include: Passive and active voluntary euthanasia; Living Wills; Durable Powers of Attorney for Health Care; the law, ethics and theology relating to voluntary euthanasia.

Details from the host organization :
The Hemlock Society
P.O. Box 66218
Los Angeles, CA 90066
Tel : (213) 390-0470

Conference Co-ordinator : Ms. Joyce Rotheram

An occasional bulletin published for its members by The Society For the Right To Die With Dignity, 4th Floor, Maneckji Wadia Bldg., 127, Mahatma Gandhi Road, Bombay 400 023 and Printed at Popular Press (Bom.) Pvt. Ltd., 35C, Pandit Madan Mohan Malviya Marg, Tardeo, Bombay-400 034.

And, so amidst satisfaction and admiration, ended the Sixth Biennial session of the World Federation of Right to Die Societies. Adieu till 1988!

The Annual General Meeting of the Society was held on 16th December in the Committee Room of the Indian Merchant's Chamber of Bombay. The Chairman, Mr. M. R. Masani reported on the developments and progress during the year 1986.

PROCEEDINGS OF THE ANNUAL GENERAL MEETING

The Annual Report of the Society was approved and the audited statement of accounts was also approved and adopted. It was resolved that Messrs. Sharp & Tannan should be thanked for their service and requested to audit the Society accounts for the year 1986-87.

The following were declared elected as members of the Executive Committee for the year 1987.

1. Mr. F. P. Antia 2. Mrs. Ishwar Bahl 3. Mrs. Homai Bode 4. Dr. B. N. Colabawalla 5. Dr. R. H. Dastur 6. Mr. P. Daver 7. Mr. Cyrus Guzder 8. Mr. Soli Hirjibedin 9. Mr. S. P. Jain 10. Mr. M. C. John 11. Mr. B. K. Karanjia 12. Mr. V. R. Limaye 13. Mrs. Dolly Masani 14. Mr. M. R. Masani 15. Mr. M. H. Mody 16. Dr. K. G. Nair 17. Dr. V. Talwalkar 18. Prof. S. S. Varde M.L.C. 19. Mrs. N. Varadachari 20. Dr. Noshir Wadia 21. Dr. M. C. Wastsa 22. Dr. (Mrs.) J. M. Wagle.

THE HUMANE AND DIGNIFIED DEATH ACT

The most important debate at the third national voluntary euthanasia conference in Washington DC on Sept. 25-27 was about the introduction of the Humane and Dignified Death Act, proposed legislation which would permit a physician to assist a terminally ill person to die by request.

ROBERT RISLEY, a Los Angeles attorney who, with colleague Michael White, was the author of the Act, outlined to the audience at the opening of the conference the purpose of the legal reform. His speech was widely reported in the media across the country.

Mr. Risley told the conference:

We are involved in a bold venture. There is no law in any state in this country and no law in any country in the world, with the exception of the Netherlands, where a terminally ill competent patient can request and receive doctor assisted aid-in-dying. We seek to change sanctions that have existed in Western civilization for 4,000 years.

How dare we be so bold to challenge the sanctity-of-life concept which is so fundamental to our society and indeed to all societies? We're bold because what we seek is meager, because we cherish human dignity, the right to self-determination, and the right of privacy.

Life that is unquestionably terminal, that is devoid of hope, that is racked with pain, is not the kind of life that we cherish. The only thing that we hope to accomplish here is to permit the patient to decide when his life should end. That decision is not to be made by the doctor nor family members, but only by the person who is suffering that agony.

We know that doctors increase morphine and other pain-controlling drugs in order to control pain at life's end, at the expense of longevity and we are thankful for that. The problem is that it is not the patient's discretion; it's the doctor's discretion.

The Humane and Dignified Death Act will do something to change that rule of law which makes it a crime for a doctor to assist a patient to die. Every state in the country has a statute like California's Section 401 which says that if you aid and abet in suicide you commit a crime.

What we want to do in California, through the initiative process, hopefully in November of 1988, is amended the California Constitution, Article One. That document provides that there are certain inalienable rights of all its citizens including the rights to obtain and enjoy the benefits of property, to pursue happiness and all of those other fundamental rights that are important. It also provides, as of 1971, the inalienable right of privacy. And what we want to do is simply add on a section which will say that the right of privacy includes by definition the right of the terminally ill patient to doctor-assisted aid-in-dying. At the same time, we want the people of California

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 10 **FEBRUARY 1986**

DELHI HIGH COURT MOVES FORWARD

Chief Justice Rajinder Sachar of the Delhi High Court has made history by moving one step forward from the Delhi High Court's historic judgement of March 29, 1985. We produce below the judgement of December 13, 1985.

"I had in exercise of my powers under Section 482, Code of Criminal Procedure, directed that the various files of cases pending under section 309, Indian Penal Code, (attempt to commit suicide) in the trial Courts in Delhi, be summoned and placed before me for disposal. The files have been called by the Registry and placed before me. From the statement, I find that there are 119 cases pending in various trial Courts in Delhi, some pending since 1972. The exact pendency is given in the list attached with the judgement.

Mr. Saini, Advocate, is present in Court. I have asked him to assist me in these matters. He appears **amicus curae**. Notice had been issued to the State.

A Division Bench of this Court in **State** v. **Sanjay Kumar,** 1985 Cri. L. J. 931, on dealing with a case under Section 309, Indian Penal Code, observed that the "continuance of Section 309 I.P.C. is an anachronism unworthy of a humane society like ours". It also observed that there was no justification for a provision like Section 309 I.P.C. to be on the statute book. It seems paradoxical that a person who, if the prosecution is to be believed, is so unhappy that he makes an attempt to commit a suicide, should, if he fails in his attempt, instead of being attended to by the medical doctors and psychiatrists, be arrested and roughed through by the police and face the criminal courts for all these years which will coarsen him further. The Bench in that case found that the law under section 167, code of Criminal Procedure, had been wrongly applied, but did not send the cases for retrial because it felt that there was no justification to subject the accused to any further misery at the hands of the Courts and, therefore, upheld the acquittal of the accused. That judgement was given on 29th March 1985. It is true that Section 309 I.P.C. still continues on the Statute Book and technically speaking, the offence continues to be there and if the police send up a chargesheet under section 309 I.P.C. the Courts cannot per se hold that a case has been sent up for an offence which is not a part of the Statute. But I see no reason why the delay in repealing this provision which no longer finds place in almost all the civilised nations of the world should be applied so as to continue to add the backlogs to the already over worked courts. As it is, there is enough of criminality in the society which would keep the police, the prosecution and the courts busy for all the time and there is no reason to put more stress on these institutions than is absolutely necessary. I can only hope that this provision is removed from the Statue Book at the earliest. Personally speaking, I see no justification for the police to send up a case under section 309 I.P.C. I would, in the circumstances, be inclined, as I do here intend, to quash all such cases pending in the lower courts under section 309 I.P.C., without reference to any individual facts of each case. The reason is that there is a broad common pattern in all these prosecutions, namely, an unhappy person has tried to take his own life, even if the prosecution case is accepted in toto. I consider it perverse that such an unhappy person should be further dragged in courts and that his trauma should be lengthened. I am, however, mentioning facts of a few cases to show as to how there is not even a semblance of a justification for prosecution under section 309 I.P.C. and yet the proceedings are dragging on for years just because neither the police nor, unfortunately, the trial courts seem to look at this matter with a humane eye.

One of the usual ways in which prosecutions are launched under section 309 I.P.C. is, that whenever a person belonging to the poorer section of the society or a woman is admitted in a hospital in a critical condition and it is suspected that he has taken some article, it is assumed that such a person has deliberately taken poison to commit suicide. The constable attached to the hospital would send up a report to the police station indicating that a person had been admitted in a condition of having taken some poison and thereupon a case under section 309 I.P.C. is registered

against him. A number of cases before me relate to an ordinary labourer who is engaged in earning his daily living by working as a helper in white washing work wherein it is alleged that he had taken copper sulphate, which as it is known, is a common ingredient and is mixed up with lime for purposes of white washing. In almost all these cases the accused denies his guilt and takes the plea that it was by inadvertence that copper sulphate was taken by him. Not only that, the prosecution witness, right from the first deposes total ignorance and does not implicate the accused. Yet the public prosecutor does not accept his statement but obtains permission, which the court gives very routinely and if I may so, quite mechanically to cross-examine the witnesses and yet nothing comes out of it. The court nevertheless proceeds on to continue with the prosecution. Adjournments are given for months. Many a time the prosecution witnesses are absent or the presiding officer is on leave or there is not time enough for the prosecution to cross-examine the witness. The poor victim is naturally under a compulsion to attend courts on every hearing. If he has a lawyer, he has to incur expenses and in any case, being poor he has to forego his daily earnings. Years roll by but the courts and the prosecution do not even spend a few minutes to consider calmly whether it is in anybody's interest to prosecute such socially maladjusted victims. I would have thought that there was enough of strong crime in the society which needed to be looked after by the police, the prosecution and the courts rather than such like cases. But no attention is paid to this aspect and things continue in the same unsatisfactory manner.

As I said before, it is not necessary to detail facts in each case. I am taking a few instances just as an illustration to show how mindless this prosecution is.

(Space does not permit our mentioning these cases in our Newsletter.)

From a brief resume of these cases, it is quite clear that there is a total non-application of mind when starting prosecution under section 309 I.P.C. A mindless mechanical procedure is continued in which neither the prosecution nor unfortunately the trial courts seem to apply their minds. To allow such prosecution to drag on for years when the victim has had enough of misery and when the accused also belong to the poorer section of the society is to add further insult to the injury and that too at the hands of the courts. In my view, the continutation of these prosecution under section 309 I.P.C. will only result in bringing the image of courts into disrepute. No person who believes in rule of law and the role of courts as a vital instrument of social change as I do, can permit such a situation to continue. Even though section 309 I.P.C. may be on the Statute Book, I feel it is time when courts must refuse to prosecute these victims of social circumstances. The backlog and the arrears in courts are already so much that the courts do not have to further get clogged up with such useless and unjustified prosecutions under section 309 I.P.C.

I would in the circumstances, in exercise of my inherent powers under section 482 of Cr. P.C. and to secure the ends of justice, quash the pending prosecution in all these cases and direct the acquittal of each of the accused with immediate effect in each of the said cases. The bail bonds given by them and also the surety bonds will stand discharged.

ANNUAL GENERAL MEETING

The Annual General Meeting of the Society was held on 13th December, 1985, in the Committee Room of the Indian Merchant's Chamber, Bombay. The Chairman, Mr. M. R. Masani, referred to the year 1985 as a good year for the Society because of the wide publicity and interest Prof. Varde's Bill has aroused in the whole of Maharashtra and because of the historic judgement of the Delhi High Court recommending the deletion of Section 309 of the Indian Penal Code.

The Annual Report of the Society was approved and the audited statement of the accounts presented by the Honorary Treasurer was approved and adopted. It was resolved that M/s Sharp and Tannan, who have been auditing the Society's accounts for the past years, should be thanked and requested to do so for 1985-86 also.

The following were declared elected as members of the Executive Committee for the year 1986: Mr. F. P. Antia, Mrs. Ishwar Bahl, Dr. B. N. Colabawalla, Dr. R. H. Dastur, Mr. Cyrus Guzder, Mr. S. E. Hirjibehdin, Mr. B. K. Karanjia, Mrs. Dolly Masani, Mr. M. R. Masani, Mr. M. H. Modi,

NEWS FROM ABROAD

Mr. Masani, who is also President of the International Federation Of The Right To Die Societies, addressed in London on October 19, 1985, the Annual General Meeting of the Voluntary Euthanasia Society of England.

That Society had celebrated its Golden Jubilee earlier on 14th April 1985.

'Voluntary' is clearly a key word in the Society's title, for there are understandable fears amongst the elderly, who might feel their life is a burden to others, that their life will not be preserved as long as they wish. The safeguards which the Society recognises as very important should prevent hasty and unnecessary euthanasia. Caution must obviously be used since people's feelings are often so mixed-indeed, it is not uncommon for people to hold two contradictory desires simultaneously.

In 1934 Dr. Killick Millard, who was President of the Society of Medical Officers of Health, gave an address on the subject of euthanasia and found he received so much support that he determined to form the Society. He quickly gained the support of distinguished men such as Julian Huxley, Havelock Ellis, George Trevelyan and H. G. Wells. And within two years a Voluntary Euthanasia Bill was discussed in the House of Lords. A Bill has since been proposed three times in the Lords and once in the Commons, often with very rational debate, but never with a majority support. At present soundings in Parliament have led the Society to believe that a Bill would not be passed.

If legislation has not yet been accomplished the Society has been successful in two ways—voluntary euthanasia societies have mushroomed in many parts of the world and public opinion is moving in the direction of the Society's views. From Australia to Colombia, from Denmark to Japan, from the Indian Society for the Right to Die with Dignity to Hemlock in California, the idea of voluntary euthanasia is now being discussed across the world. The famous South African heart surgeon, Dr. Christian Barnard, spoke on the subject at the fifth International Conference of Right to Die Societies in France last year. In Holland, although the legal position is complex penal laws no longer apply to a doctor who "observing the precautions laid down by the Supreme Court, assists his patient to receive the immediate painless death that is his considered wish".

Dr. Admiraal, a well-known Dutch anaesthetist, has written a pamphlet **Justifiable Euthanasia: A Manual for the Medical Professions.** At the UK VES's fiftieth anniversary in London he described the approach and techniques which he uses.

As a preliminary to its fiftieth anniversary celebrations, the Society commisioned N.O.P. to carry out a survey. The main question asked was: 'Some people say that the law should allow adults to receive medical help to an immediate peaceful death if they suffer from an incurable physical illness that is intolerable to them, provided they previously requested such help in writing. Please tell me whether you agree or disagree with this? The proportion agreeing was 72 per cent and 34 per cent agreed "strongly". This is a change from the last such survey in 1976, when 69 per cent agreed. The biggest change has been in the number of "Don't Knows" who have declined from 14 per cent to 8 per cent. All the major religious groups show a majority in favour, with 75 per cent of Anglicans and even 54 per cent of Catholics favouring euthanasia. 89 per cent of atheists are in favour. The general public appears to be ahead of Parliament and the laity to be ahead of their leader in this matter. How much Parliamentary legislation could muster the support of 74 per cent of the country?

(Extract from V.E.S. publication)

An occasional bulletin published for its members by The Society For the Right To Die With Dignity, 4th Floor, Maneckji Wadia, Bldg., 127, Mahatma Gandhi Road, Bombay 400 023 & Printed by G. G. Pathare at Popular Press (Bom.) Pvt. Ltd., 35C, Tardeo Rd., Bombay-400 034.

Mrs. Roda Mistry, M.P., Mrs. Shoba Nehru, Mr. A. N. Parakh, Dr. (Mrs.) J. M. Wagle, Dr. M. C. Wasta.

The following Office Bearers were elected for 1986 by the new Executive Committee:

Chairman: Mr. M. R. Masani

Vice-Chairmen: Dr. B. N. Colabawalla, Mr. F. P. Antia

Honorary Secretaries: Dr. (Mrs.) J. M. Wagle, Mrs. Iswar Bahl

Honorary Treasurers: Mrs. Dolly Masani, Mr. S. E. Hirjibehdin

Co-opted to the Executive Committee: Mr. V. R. Limaye, Dr. M. C. Modi, Mr. S. P. Jain, Mrs. Namu Varadachari

On preparations for the World Conference in November 1986, the Chairman Mr. M. R. Masani informed the meeting that efforts were on to invite Ms. Katharine Hepburn to be the keynote speaker. An invitation handbook was being sent to all affiliated societies.

WIDE RESPONSE TO PROF. VARDE'S BILL

Prof. Varde's Bill has evoked very wide response throughout Maharashtra and at district level. Members may have seen for themselves in various daily Newspapers and periodicals the tremendous interest which the Bill has generated among the public. In fact, for the first time in the history of Maharashtra Legislature, a Bill has been circulated by the Government of Maharashtra for eliciting public opinion, the only other Bill being the one on old buildings which had hardly interested the public.

In the Bulletin of the Indian Medical Association of August 1985 (Volumn XIV:3) a call has been given to doctors to support the Bill. "The present Bill falls far short of the Declaration of Venice adopted by the World Medical Association of 1983 . . . ." "The Bill is only applicable to those who wish to use it. There is no compulsion of whatever nature. The doctors should welcome this Bill and tell the Legislators that the Bill should be passed."

The Society has mailed over 9000 copies of an appeal signed by the Chairman which contains Prof. Varde's Bill and the statement of objects and reasons, the draft Declaration and Special Power of Attorney and a draft letter addressed to the Government of Maharashtra.

The printing of the Appeal and mailing of the copies was possible because of financial help and assistance received from Mr. Cyrus Guzder, Mr. S. L. Kirloskar, Mr. N. H. Khurodi, Mr. J. N. Marshall, Dr. N. H. Wadia, Mr. A. H. Tobaccowalla and Mr. S. E. Hirjibehdin, to whom we are grateful.

The Chairman Mr. Masani, appeared in a T.V. discussion programme under the title 'Talking It Over' on the Bill along with Prof. Varde on 14th September, 1985.

The Chairman presided over a talk on Prof. Varde's Bill arranged by the Indian Institute of Public Administration at the Mantralaya on 11th December, 1985 at which Prof. S. S. Varde lucidly explained the Bill. A significant aspect was that the invitees numbering over forty persons made useful suggestions!

In a letter to the Editor **The Times of India** of 7th November 1985, Mr. Masani contradicted a statement made earlier by Mr. George Menezes in the issue of October 24th that the appeal sent out by the Society gave no choice to the respondents to disagree.

By another letter to **The Times of India** of 1st January 1986, the Chairman, Mr. M. R. Masani quoted an extract from Dr. D. J. Jussawalla's letter in which Dr. D. J. Jussawalla has fully endorsed the statement signed by eighteen eminent doctors and contradicted the false statement of Dr. L. H. Hiranandani who in an earlier letter to **The Times of India** of December 14, 1985 had claimed that Dr. D. J. Jussawalla was opposed to Prof. Varde's Bill.

In response to a request by The International Conference — Health Policy: Ethics and Human Values under the auspices of The Indian Council of Medical Research, the Chairman wrote an article on the subject "The Right to Live and The Right to Die" suggested by them as a background document for the Conference.

On 3rd January, 1986 Prof. Varde and Mr. Masani called on His Grace the Archbishop of Bombay, Dr. Simon Pimenta to discuss the pros and cons of Prof. Varde's Bill. Others who joined the discussion were Doctors Chico Vaz and Eustace DeSouza and Monsignor A. Cordeiro. This was a purely informal discussion without any commitment on either side.

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 8 APRIL 1985

HISTORIC JUDGEMENT OF DELHI HIGH COURT

On March 31, a Division Bench of the Delhi High Court consisting of Mr. Justice Rajinder Sachar and Mr. Justice Mallik Sharief-ud-Din put their foot down and refused to punish a young man who had attempted as far back as October 5, 1981 to commit suicide, despite Section 309 of the Indian Penal Code which makes such an attempt punishable.

In an outspoken judgement which all decent Indian citizens will acclaim, the Delhi High Court held that Section 309 of the IPC is an anachronism unworthy of a humane society like ours. The High Court went on to observe that many penal offences were the offshoot of an "unjust" society. "So long as society refuses to face this reality, its coercive machinery will invoke the provisions like, Section 309 IPC which has no right to remain on the Statute Book".

The Court said that "the young man (Sanjay Kumar Bhatia) who tried to commit suicide because of 'over emotionalism' would have escaped human punishment if he had succeeded in taking his life but was now being hounded by the police, because the attempt failed."

The Society for the Right to Die with Dignity has drafted a Bill entitled the Criminal Law Amendment (Repeal of Section 309 of Indian Penal Code, 1860) Bill which is designed to remove from the statute book the blot on it referred to by the Delhi High Court. The Society is encouraged by the Delhi High Court judgement to forward a copy of the Bill to the Law Ministry of the Government of India and every Member of Parliament urging immediate repeal of this provision which has remained unamended in the Statute Book since the days of Lord Macaulay.

We are happy that the *Times of India* in their 'Current Topics' item entitled 'Barbaric Absurdity' has on April 4, 1985, wholeheartedly welcomed the Delhi High Court judgement. The *Times of India* wrote: "A person who attempts to commit suicide is a person suffering severe stress; he or she is not a criminal to be condemned and punished. One does not have to go to the extent of supporting the right to commit suicide (Arthur Koestler who took his own life was a strong advocate of such "freedom") to recognise that more counselling and support to those who wish to commit suicide is what is needed not jail sentences. In fact the general trend throughout the world is more and more to emphasise the importance of rehabilitation rather than punishment even for genuine criminals. Thus sentences are becoming shorter and parole easier. It is high time that such a liberal and just attitude was taken with regard to the question of suicide. A serious re-evaluation of the legality of euthanasia (mercy-killing) should also take place. Laws, after all, must also evolve in accordance with the changing norms and values of our society."

ACTIVITIES OF THE SOCIETY

The first meeting of the Planning Group for the World Conference of the Societies for the Right to Die slated from 21st to 24th November 1986 in Bombay was held on January 15, 1985. As a first step, letters from the Chairman have gone out to members of the International Federation requesting them to circulate the information about the International Conference among their members. Suggestions from our own members about a keynote speaker on the occasion will be welcome.

WORLD CONGRESS ON LAW AND MEDICINE

The Chairman, Mr. M. R. Masani, was invited to speak at the World Congress on Law and Medicine held in New Delhi from 22nd to 25th February 1985. Mr. Masani attended the Conference in a dual capacity—as President of the World Federation of Right to Die Societies and as Chairman of our own Society. A precis of the talk follows:

"The Meaning of Life and Death and Voluntary Euthanasia"

Mr. Masani mentioned, that life and death have now become relative terms since, in exactly similar conditions where a person suffers from brain death, he would be considered dead in the U.S.A. and the U.K. but, so long as he is breathing even with the aid of a respirator, he will be considered alive in India.

Mr. Masani gave some information about the International Federation of Right-To-Die Societies, of which he is President, and about the Society for the Right to Die with Dignity in India which is affiliated to the International Federation. Both organisations believe in voluntary euthanasia, but not mercy killing.

In so far as the terminally ill are concerned, the battle has almost been won, since in most of the civilised world, doctors withdrew life sustaining treatment in such cases without incurring any penalty. The Declaration of Lisbon in 1981 and the Declaration of Venice in 1983 of the World Medical Association accept passive euthanasia in such cases as legitimate.

Unfortunately in India, the law is brutal and retrograde and doctors are still in danger of persecution and prosecution in such cases. The Society for the Right to Die with Dignity had therefore promoted in the Maharashtra State Legislature a Bill protecting medical men from criminal and civil liability, as is the case in some 22 States of the U.S.A. It is hoped that the Bill will be circulated for a year when it comes up for discussion in the next few months.

Where, however, active euthanasia is concerned, it is still considered murder in almost all countries of the world. In recent years, Dr. Christiaan Barnard. and Dr. Pieter Admiraal in the Netherlands and some other doctors expressed the view at the last World Conference of Societies for the Right to Die in Nice last September that active euthanasia should also be considered legitimate in suitable cases. There was a definite trend at the Conference to move from support for passive euthanasia to support for active euthanasia for terminally ill patients.

Mr. Masani pleaded that the use of the word "suicide", which is a loaded word, should be avoided. There was no reason why those who were not terminally ill should not also have the right to choose between life and death. The law in most civilised countries allows suicide, but not abetment of suicide. In India, however, even an attempt at suicide is still an offence under the Indian Penal Code.

Fortunately, Hindu religious tradition is on the side of euthanasia. Saints like Dyaneshwar and Tukaram had been lauded for ending their own lives. In our own times, Acharya Vinoba Bhave, Gandhiji's last surviving apostle, also fasted to death. Mahatma Gandhi welcomed death as a friend: "I do not want to die of a creeping paralysis of my faculties—a defeated man."

Mr. Masani questioned the view that all life is sacred. If so, why do we kill wild animals, snakes and even cockroaches? Why capital punishment? Why the right to self-defence? Why do our countries maintain armed forces to kill invaders? In his view, only the "good life" is sacred.

As a Patron of the Liberal International, Mr. Masani said that to him the fundamental human right was the right to choose. That was the message of the play: **Whose Life Is It Anyway?**

In so far as young people are concerned, he himself adopted the view voiced by Voltaire that, even if one abhors somebody's opinion, one must be prepared to lay one's life for his or her right to express it. Young people have the right to choose, but he would plead with them that the right should not be used by them in a hurry.

As a student of history, Mr. Masani looked at euthanasia as one more step towards human freedom following on contraception and abortion which have now been accepted as legal both in the West and in India. He ended by quoting with approval a couplet by the English poet. William Ernest Henley:

"I am the master of my fate,
I am the captain of my soul."

physicians, if we are hospitalised, to be left alone for the necessary time.

In the case where we have gone beyond the threshold of lucidity, we carry on our person a statement of our wishes, in which we express our rejection of uncontrollable suffering and degradation and in which we authorise that the liberating act be performed: that is euthanasia, active or passive.

You are going to exclaim: "Who can prove to you 100% that the decline is irreversible?"

In fact, the moment of irreversible decline is difficult to determine. It is, therefore, up to me to choose either to struggle with the help of my doctors and the support of those who love me, to squeeze out of life a few last drops of human warmth, or to give up the fight. Perhaps too soon? Perhaps in error? Perhaps.

If, in spite of the pleadings of society, some of us abuse alcohol, that slow form of suicide, which carries with it the destruction of an entire family, does that mean that nobody should ever take a drink?

If, in spite of constant warnings, some of us pass another car on a curve, provoking the death of another human being on the highway by their suicidal carelessness, must everyone be refused the use of automobiles?

Every kind of liberty is accompanied by the possibility of human deadly errors which we can limit by all sorts of precautions without hoping to reduce them to zero.

This margin of liberty in the face of good and evil, I would say of better and of worse, is our human uniqueness, which we have gained by struggle on the long march for millions of years from animal to man. Religious people call it "the soul", atheists "the brain"; but it is the same responsibility, the same dignity asserted by everyone. The final liberty is the liberty to make a mistake.

In the same way that I ask my physicians to help me to bring to the world the children that I have decided to lead to adulthood, aware of the responsibility, of the honour, of the incomparable joys of this choice, of those same doctors I ask help to bring my life to a close, to pass to my children a flame which is not a caricature but rather the conclusion of my life as I have lived it. My serene departure will protect them from their own anguish; as Jean Rostant said, "To die will be my last act of generosity."

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THE FINAL LIBERTY

by Paula Caucanas-Pisier

(Mme. Caucanas-Pisier is Secretary-Treasurer of the International Federation of the Right-To-Die Societies. She was responsible for the great success of the last World Conference in Nice in September 1984. She works from Paris.)

Many tragic events took place during the year of 1984; two of them, particularly dreadful, could have been certainly avoided: a 55 years old teacher killed his mother of 76 who suffered from an incurable disease and implored him since several months to put a term to her sufferings. All the inhabitants of the village came to the trial to bear witness in favour of the teacher: the physician of the family, the school principal, the pupils and old pupils and their families. Everybody, even the public prosecutor, had tears in their eyes. The accused, who had always led an examplary life, was discharged—but only after ten months of imprisonment.

A second case, more or less similar, occurred recently: a man of 67 years, suffering from a very painful and incurable cancer in his spinal cord, implored his son to abbreviate his martyrdom: Roland N. killed his father. He was imprisoned and released as soon as the autopsy confirmed that his father suffered from an incurable disease, but the accusation of parricide is maintained.

These two "murders" in France induce us to redouble our efforts to clarify the purpose of our association: 500.000 persons in the world claim the right to put a term to their lives if necessary, the right to take this decision without implying the responsibility of anyone else.

Believers and non-believers alike, we wish that no other person however competent, however loving he might be, be substituted for the patient himself in deciding on his treatment and the stopping of that treatment.

We do not agree that anyone can perform euthanasia on us without our consent, either out of pity or because we have become a burden. Neither do we accept that our lives be prolonged as decrepit relics without our consent, out of a supposed "respect for life". Is that clear?

We love life above all: beautiful, our own, irreplaceable, as we have fashioned it, with its surmounted obstacles, this life lived for the joy of loving, of sharing, of transmitting to those for whom we are responsible, our children, the duty, the pride of being responsible for and master of our own lives; not as domestic animals, manipulated, number, force-fed in order to finish our days at the slaughterhouse.

When we consult our membership list, we are struck by the number of members who, throughout their lives, have participated voluntarily in both religious and lay movements to promote social solidarity, particularly aid to the sick and the dying, because we are committed to all that can help human beings to live in a dignified manner until their very last moments. (We support with ardour all research in the world on the subject of pain which raises our hope for medications that will do away with pain without hastening the moment of death).

But aid to the dying, which is an obligation of society does not invalidate the right which we demand for our deaths. The letters in our membership files also prove that, contrary to what we are accused of, our members are not afraid of suffering—at least no more than anybody is. They are not "cowards, easily frightened, wanting to avoid the least suffering": they have experienced, in some cases, atrocious forms of pain for many months or years, and they need not learn lessons of courage from anyone, having paid dearly for their right to decide when too much is too much.

Of course, none of us disapprove of the zeal of our physicians who want to heal their patients! The best proof is many of us, impressed by the miracles of modern medicine, have made gifts of our eyes or our entire bodies in order to help prolong the lives of others who want to live. How many depressed patients perhaps owe to us their recovery: we help them to realise, to admit that perhaps their obsession with suicide might be pathological, and be curable with psycnological and medical aid. The trust they put in us—as apparently they believe in us more than in others—helps them to gain new heart and to take treatment.

On the other hand, once again, we believe in the right to stop the fight when we decide to do so, when our own suffering in our own judgement has become insurmountable and degrading and the decline of our mental faculties is apparently irreversible. If we are lucid at that moment, we do not wish to put the responsibility on to any other person for that final act. All we need is a prescription and the approval of our

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 5 MARCH 1984

NEXT WORLD CONFERENCE

The next World Conference of the Societies for the Right to Die with Dignity is slated to be held from 20th to 23rd September, 1984, in Nice in France. Among the eminent personalities who are expected to be present to address the Conference is the world famous heart transplant surgeon, Dr. Christien Barnard.

Mrs. Paula Caucanas Pisier, Vice-President, Association pour le Droit de Mourir dans la Dignité in Paris, is in charge of the arrangements for the Conference which will start on Thursday, 20th September, and continue till Sunday, 23rd September.

Incidentally, Mr. M. R. Masani, Chairman of our Society and the Vice-President of the World Federation, will take over the Presidentship of the World Federation till 1986 when the World Conference will be held in Bombay.

DR. ARTHUR PASSES AWAY

We are sorry to learn from the British press that Dr. Leonard Arthur, the British pediatrician, has passed away. It will be recalled that he was the hero and central figure in a murder trial that attracted widespread notice last year. Dr. Arthur had, in response to the wishes of the parents of a newly-born monster infant, allowed the child to die for lack of nourishment. For this act of kindness, some busybody reported him to the Director of Public Prosecutions who found himself constrained to put Dr. Arthur up for trial on a charge of murder. At the trial, Dr. Arthur pleaded "not guilty". Several eminent pediatricians from throughout Britain testified as defence witnesses that, in his position, they would have done the same. The jury had no difficulty in returning a verdict of "not guilty", which was loudly applauded.

CARDINAL CHOOSES EUTHANASIA

Our earlier Newsletters recorded the manner of death of Acharya Vinoba Bhave and Arthur Koestler and now the Voluntary Euthanasia Society of Scotland reports that Cardinal Benelli, Archbishop of Florence and an outstanding active member of the Pro-Life Movement in Italy, who was put on life support after a heart attack, when told that his condition was hopeless, requested cessation of life support and to be taken home. The doctors eventually agreed. Fr. John Mahoney, a distinguished theologian, who was interviewed on the B.B.C. Sunday morning programme of religious news entitled "Sunday", made several points, viz.:

(1) In such circumstances it is perfectly permissible not to prolong life,
(2) This does not necessarily apply in all circumstances,
(3) There is a clear distinction between active and passive euthanasia, and
(4) The fact that the patient in this case, and not the doctor, made the decision is important.

Fr. Mahoney said, "Of course the difference in this case is that it was Cardinal Benelli himself who made that decision and asked the doctor to implement it. Those who have read or seen the play or movie *Whose Life Is It Anyway?* will recall that it is the patient and not the doctor who has the right to decide in such circumstances."

U.S. COURTS' JUDGEMENTS

Two judgements from the U.S. Courts have become available recently. In one, the U.S. Supreme Court has supported the wishes of the parents of "Baby Jane Doe" to withhold medical treatment.

As it happened, our Chairman, Mr. M. R. Masani, has commented on this judgement in *The Statesman* of 15th January, 1984:

"It is good that the U.S. Supreme Court refused on December 12, 1983, to order surgeons to operate on 'Baby Jane Doe', the nine-week-old infant with multiple birth defects, whose case has aroused a nation-wide controversy in the U.S.A."

Baby Jane, whose real name is a secret, was born with an abnormally small head and brain, water in the brain and spina bifida, which means an exposed spine. Surgery, her parents, were told, would give her a chance to live till twenty, but during those twenty years she would be in great pain, paralysed

and epileptic. The parents, themselves Catholics, quite rightly decided against surgery and took the child away from hospital. They said they would have her treated at home with love and little pain.

There was a busybody belonging to a "right-to-live" group, who had nothing to do with the child or the parents, who rushed to court to appoint a lawyer as the baby's guardian and to order surgery. On the other hand, the American Civil Liberties Union intervened on behalf of the parents under the First Amendment's privacy rights of citizens.

An Appeal Court very wisely rejected the busybody's intervention and decided that the parents were the best persons to decide the baby's fate. This was just as well because the child's father said that they could take the baby away from his hands only over his dead body. The Federal Judge, who refused to intervene, fined the "busybody" $500 for causing harassment to the parents and the court.

The "right-to-live" group, however, thought they had not done enough damage. So they managed to contrive an appeal to the Supreme Court of the U.S.A. The Supreme Court has rejected that appeal and the poor little child is now protected from those who would have preferred to consign her to twenty years of pain and horror as a result of their plea that life is sacred! Some people have a funny way of showing their concern for human life.

Another judgement is that of the Supreme Court of California which has more recently rejected a request made by a victim of cerebral palsy. Mrs. Elizabeth Bouvia, to be allowed to starve to death in a hospital under medical supervision.

The poignancy of the case is that Elizabeth Bouvia's life has never been her own for all of the twenty years that she has been a quadriplegic. She is totally dependent on others to feed and clothe her and even help her to perform her bodily functions. With every passing day, her body grows more crippled with arthritis, the pains get worse and she suffers increasingly from involuntary spasms.

Readers who have seen the play or film *Whose Life Is It Anyway?* will recall that the hero, Ken, only demands the right to be discharged from the hospital so that he can go home and die. This wish of his was granted by the judge who decided between him and the doctor who objected to discharging Ken. At no stage had Ken claimed that he could starve to death in a hospital. It is only after the judgement that Dr. Emerson offered the facilities of the hospital to Ken. In Mrs. Bouvia's case, however, she refused to leave the hospital and insisted that the hospital allows her to starve unto death under their aegis. This the hospital has refused to do, and the Supreme Court of California, while giving her the right to choose between life and death, has declined to order the hospital to respond to her wishes, with the unfortunate result that she is being forcibly fed in hospital.

That it is possible to sympathise with the lady's situation without endorsing her request is well brought out in an article by Mr. Derek Humphry, President of Hemlock Society in California, who writes:

"The Hemlock Society's position can only be intellectual because we know merely what we read of the case. Final judgements can only be made by Mrs. Bouvia or those very close to her.

It seems to us that mistakes were made from the start. She checked herself into the psychiatric wing of a hospital which would be bound to thwart her suicide. She gave interviews and sought attorneys.

In the world euthanasia movement we have seen similar cases over the years. When developed as has Mrs. Bouvia's, they always ended unsatisfactorily. The courts, for all their willingness to do right, have an appalling record of failure when involved in death and dying cases. Karen Ann Quinlan, for instance, is alive eight years after that celebrated court case.

Publicity in such cases is self-defeating for the individual. He or she becomes so closely observed and criticised that even the kindest, most law-abiding helper is at risk.

Mrs. Bouvia told the *Los Angeles Times* (1-3-84): 'I deplore the media circus it has become... I have gotten lost in all this'.

Hemlock's view in similar cases is that a person terminally ill or severely handicapped and deteriorating has the individual right to end it all, after careful consideration of the circumstances and options.

But it is a very private action, certainly inappropriate at this stage in a hospital because both current law and medical ethics forbid assistance. Hemlock believes that if you have a loved one or a close friend who is willing to help upon request, if needed, then that is your business.

The integrity of the decision, planning and absolute discretion are the only way to justified euthanasia."

LIVING WILL

May we appeal to our members to make a Declaration in the nature of a Living Will and give a Power of Attorney sworn before a Notary Public to their executors in the forms supplied to them by the Society?

In case any member has not received these forms, will he or she kindly write to the Society and get them?

ACTIVITIES OF THE SOCIETY

ANNUAL GENERAL MEETING

The Annual General Meeting of the Society was held on 7th December, 1983, in the Indian Merchants' Chamber Committee Room, Bombay.

The Annual Report, which was circulated to all members, was approved.

Mr. A. N. Parakh, Honorary Treasurer, presented the audited Statement of Accounts for the year 1982-83 which was adopted after discussion. It was decided that M/s. Sharp & Tannan who had audited the accounts gratis may be requested to do so for the year 1983-84 also and a letter of appreciation and thanks be sent to them. The Chairman informed the members that a letter of thanks had already been sent to the firm appreciating their services to the Society.

The following members were declared elected to be members of the Executive Committee for the year 1984: Mr. M. R. Masani, Mr. F. P. Antia, Mr. T. J. Godiwalla, Mr. A. N. Parakh, Mrs. Dolly Masani, Dr. R. H. Dastur, Dr. B. N. Colabawalla, Dr. M. C. Watsa, Mr. Cyrus Guzder, Mr. M. H. Mody, Mr. B. K. Karanjia, Mr. S. E. Hirjibedin, Mr. Jal J. Ollia, Dr. M. C. Mody and Dr. (Mrs.) J. M. Wagle.

The Chairman regretted that the number of members had declined through non-payment of their subscription despite the enrolment of new members. He appealed to the members to make greater efforts to bring in members and suggested that each member should bring in at least ten new members as had been done by Mr. Jal J. Ollia.

It was suggested that the Society and its objectives should be made known to the public through the publicity media by articles and letters in various newspapers, particularly in the regional languages. It was also suggested that articles which could invite a discussion on the subject of voluntary euthanasia should be published in medical journals in order to enlist the backing and support of the medical profession.

The Chairman then placed before the members the proposal received from Mr. V. R. Limaye for striking down Section 309 of the IPC and his generous offer of Rs. 5000 to file a test case in court. The Chairman explained that, according to legal opinion obtained in this matter, it was not possible to test the validity of Section 309 in the abstract. It can only be done by someone who is actually prosecuted for the offence of attempted suicide.

Regarding the Bill for the Protection of Physicians and Surgeons, the Chairman informed the members that legal experts who were consulted in the matter were of the view that it was possible to introduce the Bill with modifications in the Maharashtra Legislature. It was decided that a delegation of members should call on the Chief Minister of Maharashtra and/or the Health Minister in connection with the introduction of the Bill in the Assembly.

OFFICE-BEARERS FOR 1984

The newly elected Executive Committee met immediately after the Annual General Meeting concluded.

It was unanimously decided that Mr. M. R. Masani will continue to be the Chairman. Mr. F. P. Antia and Mr. T. J. Godiwalla were elected as Vice-Chairmen. Mr. A. N. Parakh was elected to continue as the Honorary Treasurer, and Mrs. Namu Varadhachari (co-opted) as the Joint Honorary Treasurer.

The following members were co-opted: Mrs. Namu Varadhachari, Mr. S. P. Jain and Mr. V. R. Limaye.

ANNUAL REPORT

Extracts from the Annual Report from 1st December 1982 to 30th November 1983:

"In March 1983, Newsletter No. 3 was published and sent to members, covering Acharya Vinoba Bhave's voluntary termination of his life, the meetings and press conferences addressed by the Chairman and articles written by him.

On 30th April 1983, the Society organised a Seminar in Bombay on 'The Limits and Implications of Voluntary Euthanasia'. The Seminar evoked a good response and its proceedings have since been published.

In August 1983, the Society published its first booklet entitled 'The Right To Die With Dignity', which covered the proceedings of the International Conference of the Societies for 'The Right To Die' which met in Melbourne, Australia, from 22nd to 25th August 1982, and the proceedings of the Seminar organised by the Society.

On 1st September 1983, the Society sponsored an All India Premiere of a beautiful and touching film *Whose Life Is It Anyway?* released by Metro Goldwyn Mayer. It was graced by His Excellency the Governor of Maharashtra, Air Chief Marshal I. H. Latif, and Mrs. Bilkees Latif, by their presence. The Premiere was a great success. Thanks are due to the devoted efforts of Mrs. Dolly Masani and her Sub-Committee, set up for the occasion, for the success of the function. The management of Sterling Theatre, under popular pressure, revived the showing of the film after it was initially withdrawn."

IN A COMA FOR TEN YEARS

Here is a heart-rending case of a poor fireman of Ahmedabad lying in a coma, nothing but a pitiable "vegetable", for almost 10 years—repeat YEARS not months! It is reported that doctors attending on him had long ago given up hope of his regaining consciousness, but they are only trying to maintain his circulatory and respiratory system by feeding him through a nasal tube.

There must be hundreds of thousands of such pitiable cases in our country

unable to choose between life and death. Even granting that such patients in a coma have no feeling, what about the feelings of their near and dear ones who are unable not only to bear the sight of these unfortunate "vegetables" but are also unable to bear the heavy medical expenses? This shows how useful it is for us all to sign the DECLARATION and SPECIAL POWER OF ATTORNEY on the Forms provided by this Society to its members.

Courtesy: PTI, Bombay—Ahmedabad.

TRIBUTE TO DR. M. C. MODI

We are happy to see in the *Reader's Digest* of August 1983, a tribute to Dr. M. C. Modi, a member of our Executive Committee. In the course of the article, Mr. Arvind Kala writes:

> "At 66, Modi still works like a man possessed, scheduling camps in such quick succession that he cures some one thousand people every month. In one marathon session at Tirupati temple, he operated on 833 patients in just one day. In all, he has held more than 2,000 camps and operated on over 500,000 eye patients. Yet, amazingly, Modi feels that he is not doing enough, and drives thousands of kilometres a year, over bumpy mud tracks, to make sure news of his eye camps reaches cataract patients in interior villages."

HOSPICES IN INDIA

A glimmer of hope for the abandoned and deserted terminally ill is taking shape in the establishment of a hospice in Bangalore with the assistance of HELPAGE (India). In Western countries, a hospice is not rare. Nonetheless, it is indeed gratifying that the idea has germinated here for providing a home away from home for the terminally ill who have either nobody to care for them or to look after them adequately.

The hospice in Bangalore will provide not only medical and nursing facilities but also cater to the emotional, spiritual, physical and psychological needs of the inmates with voluntary services for companionship which should help fill a big emotional void for the unfortunate patients. The terminally ill will, at long last, have a place to repose and pass away in a dignified way.

We are glad to learn that a similar move is afoot in Bombay and we hope that the efforts of those concerned will result before long in this great city having a hospice.

GUJARAT STUDENT'S SUCCESS

We are glad to read that Mr. Ketan Vanjara of V. J. Vaniiya Mahavidyalaya, Anand, won the first runner-up prize of Rs. 151 in the course of the final round of the ninth *Times of India* public speaking contest held in the Gujarat University senate hall in Ahmedabad. Mr. Vanjara chose as his subject "The Right To Die". Obviously the student world is waking up to the importance of this problem.

An occasional bulletin published for its members by The Society For the Right To Die With Dignity, 4th Floor, Maneckji Wadia, Bldg., 127, Mahatma Gandhi Road, Bombay 400 023 & Printed by G. G. Pathare at Popular Press (Bom.) Pvt. Ltd., 35C, Tardeo Rd., Bombay-400 034.

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 4 **DECEMBER 1983**

ARTHUR KOESTLER DIES WITH DIGNITY

In our last Newsletter No. 3 of March 1983, we had reported on the voluntary termination of his life by Acharya Vinoba Bhave. The next celebrity to take this step was the internationally famous writer, Arthur Koestler who, along with his wife Cynthia, put an end to his life in London on 3rd March 1983. Arthur Koestler, who was 77, was suffering from leukaemia and Parkinson's disease. He resorted to voluntary euthanasia when he felt that, if he delayed taking the step, he would cease to be in a position to exercise his faculties. Cynthia Koestler, who was 59, insisted on accompanying her husband whom she had nursed with great devotion. She felt she could not live without him because she had been his secretary, his colleague, his collaborator, his companion and his wife for several decades.

When the police entered the room where they ended their lives, they found them sitting side by side. As the police put it, the atmosphere was one of peace and calm.

Arthur Koestler was Vice-President of the Voluntary Euthanasia Society (earlier called EXIT). He had contributed the preface to 'A Guide To Self Deliverance' published by the Society. In his preface, Arthur Koestler had written: "Before we were born we were all dead, and our post-mortem condition is no more frightening than the prenatal twilight. Only the process of transition, of getting unborn makes cowards of us all. The whole concept of death as a condition would be more acceptable if dying would be less horrendous and squalid. Thus euthanasia is more than the administration of a lethal analgesic. It is a means of reconciling man with his destiny."

On 7th April, 1983, a memorial meeting was held in London. Mr. Hugh Casson, President of the Royal Academy, was in the chair. Among the speakers on the occasion who paid their tributes were Mr. David Astor, the Hungarian writer George Mikes, Mr. Brian Inglis, Prof. Mauris Cranston and Prof. Helger Hyden.

It may be recalled that, in his message to our Chairman, Mr. M. R. Masani, on the establishment of our Society, Arthur Koestler had written:

> "Dear Minoo,
> Just a line to thank you for your kind birthday letter. We are all getting on. I am glad to hear that you are starting EXIT in India. It will be a long and hard way until charity and commonsense will do their work. With best wishes to you and all mutual friends.
>
> Yours ever,
> Arthur"

BRITISH HIGH COURT JUDGEMENT

In April 1983, the Voluntary Euthanasia Society (formerly EXIT) in the U.K. scored a notable triumph when a British judge refused to ban 'A Guide To Self Deliverance' published by the Society.

The judge, Sir Harry Woolf, said the publishers were respectable people acting out of genuine and strongly held beliefs. According to the police, more than 8000 copies of the book had been sold since it was printed in July 1981. According to them there was an indication that 15 persons had ended their lives with the guidance of the book. But the judge said he would not impose a blanket ban. If the authorities wanted to prove there was abetment to suicide, it would be for a judge and jury to pass judgement on a particular case.

REPORT BY THE U.S. PRESIDENT'S COMMISSION:

The most recent and final study by the U.S. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research has resulted in a report entitled "Deciding To Forego Life-Sustaining Treatment."

Of primary importance in the Commission's Report is the recognition of the fundamental right of the individual to refuse medical treatment, including life sustaining procedures. To support and protect this

right, the Commisison has made several recommendations. Among them:

*Efforts by health care provides to enhance a patient's decision making abilities and to promote understanding of treatment options.

*Consideration by State Courts and legislatures of providing an advance directive by the individual to designate a proxy and/or give instructions to determine terminal care measures in the event of the patient's incompetency; use of a durable Power of Attorney as workable mechanism.

*Adoption of explicit and publicly available policies by health care professionals and institutions on decision-making for incompetent patients.

*Improvement of medically beneficial options and "respectful, responsive and competent care" for dying patients who choose to forego life sustaining therapy.

*Determination of care for permanently unconscious patients by their families, with no requirement beyond "basic nursing care to ensure dignified and respectful treatment of the patient."

*Requirement that hospitals have explicit policies governing orders not to resuscitate in order to obtain accreditation.

JAPANESE GROUP'S BILL FOR EUTHANASIA:

More than 10,000 people have signed a petition calling for legalized euthanasia, and a group supporting a draft bill that would provide "death with dignity" plans to present the petition to the National Diet later this month.

The Japan Euthanasia Association spent the summer canvassing signatures in support of the legalisation.

The draft bill, which was announced in 1979 and was prepared by a group of doctors, lawyers and scholars, allows anyone with a terminal illness to refuse medication or treatment that would prolong life. If two or more doctors certify the terminal illness, the patient's doctor would be authorized to take appropriate action without fear of criminal prosecution.

SURVEYS OF PUBLIC OPINION:

Information regarding Surveys of Public Opinion have recently come to us from Japan. One was sponsored by the **Mainichi** newspaper in Tokyo which published the results on 11th October 1982. The result was an overwhelming majority of "Yes", which was beyond expectation.

Samples: 5468 adults selected at random.

Question 1. Assuming that a patient is in the last stages of an incurable and painful disease like terminal cancer, do you approve that his or her doctor practices only a palliative treatment against pain exclusively, as the result of which the time of his or her death might be advanced ?

Answer: Yes—83% No—14% Unidentified—3%

Question 2. If one of your family fell into such a state and he or she asked you to let him or her die to be freed from pain, how do you deal with it?

Answer:

(a) Ask the doctor to accept the request of the patient: 29%
(b) Object to any treatment to advance death: 8%
(c) Leave it to the decision of the doctor: 62%
(d) Unidentified: 1%

As to the unconscious vegetative patient with no prospect of recovery, do you approve of proceeding with the treatment only to prolong life or to withdraw the life prolonging treatment and expect his or her natural death?

Answer:

(a) proceeding with the life prolonging treatment: 27%
(b) withdraw the life prolonging treatment: 69%
(c) unidentified: 4%

Sydenham College—Bombay:

Another opinion poll was conducted in the month of August 1983 in Bombay by the Commerce Workshop of the Sydenham College of Commerce. Here again there was overwhelming support for Euthanasia and its legalisation in India.

Question 1. Do you believe in the practice of Euthanasia in principle?

(YES/NO)

Question 2. Do you think Euthanasia should be legalised in India?

(YES/NO)

Results	**Total**	**Yes**	**No**	**Undecided**
Question I	308	229	79	
Percentage	100%	74%	26%	
Question II	308	195	110	3
Percentage	100%	63%	36%	1%

In the course of the discusion that followed, there was a consensus in favour of acceptance of an adult and sane person's right to choose between life and death. There was agreement that Section 309 should be removed from the Indian Penal Code.

At the same time there was a plea made by some of the participants that persons who wished to terminate their lives should be extended all sympathy and help as it was felt that many of them would benefit from such help and advice.

PREMIERE

The Society sponsored the All India Premiere of a beautiful and touching film then about to be released in India entitled "Whose Life Is It Anyway?" The Premiere took place at the Sterling Theatre in Bombay on 1st September, 1983, at 9.30 p.m. in the distinguished presence of His Excellency the Governor of Maharashtra, Air Chief Marshal I. H. Latif, and Mrs. Bilkees Latif. In his message on the occasion the Governor observed:

> "Whether a person should be given the right to die in a manner and at a time he chooses is debatable. However, whatever be the merits of the proposition the public needs to be enlightened on this very controversial issue and its implications. I am sure the screening of the film "Whose Life Is It Anyway?" on this subject will serve this purpose."

PUBLICATION OF BOOKLET

A 40 page booklet on "The Right To Die With Dignity" has been published by the Society priced at Rs. 5 per copy. It covers some basic information about our Society, the proceedings of the International Conference of the Societies For The Right To Die which met in Melbourne, Australia, from 22nd to 25th August 1982 and of the Seminar on "Implications and Limits of Voluntary Euthanasia" organised by the Society in Bombay on 30th April 1983.

CHAIRMAN'S TALKS AND INTERVIEWS

Our Chairman, Mr. M. R. Masani, gave a talk on All India Radio on 28th March, 1983.

In its issue of May 1983, **'Gentleman'** reported at length an interview between our Chairman and Dr. Praful Desai, Director of the Tata Memorial Hospital and one of the country's most eminent cancer surgeons who often has to deal with terminally ill patients.

The Chairman gave a talk to the members of the Rotary Club (North) in Bombay at Juhu on 18th May, 1983.

The Chairman gave a talk to the staff and students of the Sydenham College of Commerce in Bombay on 29th August 1983 on "The Right To Die With Dignity."

The Chairman gave a talk to the ladies of Indus International on "The Right To Die with Dignity" on 8th September, 1983. Eighteen copies of the Society's booklet were sold on the spot at the end of the talk.

REVISED BILL FOR THE PROTCTION OF PHYSICIANS AND SURGEONS:

In the light of interesting literature received in regard to similar legislation from Australia, U.K. and U.S.A. and suggestions received from members, the Chairman and Dr. B. N. Colabawalla carefully revised our own Draft Bill on the Protection of Physicians and Surgeons and prepared a revised draft.

REMINDER

A. G. M. on 7th December 1983, at 6-15 p.m.

The Annual General Meeting will be held on Wednesday, December 7, at 6-15 p.m. at the Indian Merchants Chamber (Committee Room, II Floor) Opposite Churchgate Station, Bombay.

Notice and Agenda have already been mailed to all members.

Please make it a point to be present.

GANDHIJI ON DEATH

Quotation from the book entitled **The Sayings of Mahatma Gandhi:**

> "Death is our friend, the truest of friends. He delivers us from agony. I do not want to die of a creeping paralysis of my faculties—a defeated man."

An occasional bulletin published for its members by The Society For the Right To Die With Dignity, 4th Floor, Maneckji Wadia, Bldg., 127, Mahatma Gandhi Road, Bombay 400 023 & Printed by G. G. Pathare at Popular Press (Bom.) Pvt. Ltd., 35C, Tardeo Rd., Bombay-400 034.

ACTIVITIES OF THE SOCIETY

SEMINAR

The Society organised a Seminar on "The Limits and Implications of Voluntary Euthanasia" in Bombay on April 30, 1983. There were two sessions, the first concerned with those who are terminally ill or injured and the second with others.

Dr. B. N. Colabawalla chaired the first session and opened the discussion, while Mr. M. R. Masani took the chair and opened the discussion at the second session.

SESSION I: Dr. Colabawalla explained that the basic objectives and implications of the draft Bill for the "Protection of the Physicians and Surgeons (Criminal and Civil Immunity)" were:

(a) to allow a person suffering from terminal illness the right to call upon his physician to withdraw treatment which is merely sustaining life but cannot cure him.

(b) to allow a patient in sound mind to make such a declaration for a future contingency.

(c) to afford protection to physicians and surgeons under the law for carrying out the behest of the patient.

He emphasised that the Bill did not advocate "Mercy Killing", but merely passive voluntary euthanasia, i.e., permitting death to occur in specific cases of terminal illness where irreversible physiological status had been reached. He illustrated this by a few examples—particularly of brain death. He discussed the ethical code to preserve life in relation to the quality of life that is preserved. Medical technology today often unfortunately postpones the event of death rather than prolongs life.

Dr. Colabawalla posed many questions regarding the actual implementation of the Bill, e.g., what is terminal illness? How is one certain? What about considerations involving the family?

In the prolonged discussion that followed, some interesting points were raised and suggestions made by the participants. There was unanimity that "brain death" needed to be recognised by the law in India which at present lagged behind medical science and the civilised world.

The Chairman, Dr. Colabawalla, then attempted to answer some of the queries raised. About communication he said that was a matter of judgement by the doctor of the patient's psychology. Regarding judgement of the terminal state, obviously safeguards will be needed, such as by an independent medical opinion. Similarly, to ascertain "sound mind", perhaps psychiatric evaluation may be called for. Dr. Colabawalla stated it is always difficult to evaluate motives by the family, but in case of any doubt the doctor should act in his discretion. As for leaving the matter between the patient, his family and the doctor, Dr. Colabawalla emphasised that even then—and all the more so—does not the doctor need the protection of the law from any future action against him? The consensus on brain death as a terminal event was valid and should be a strong index for withdrawing life support.

SESSION II: Mr. Masani introduced and explained the Draft Bill for removing Section 309 (making attempt at suicide a crime) from the Indian Penal Code.

The object of the Bill is a limited and modest one—to bring the law in line with the law in Britain since 1961.

It is not intended to glorify 'suicide', but it is an acceptance of the right of every man and woman in sound mind to choose between life and death.

Mr. Masani then dealt with and countered objections that had been raised elsewhere, such as religious injunctions, whether a person who desired to terminate his life was sane, and whether all life is not sacred.

He pointed out that the operative word in "voluntary euthanasia" is 'voluntary' and that all that is contemplated is only permissive and optional.

Acceptance of the right to choose between life and death does not involve approval of suicide. Mr. Masani quoted as an example Voltaire's remark: "I abhor your opinion, but I shall lay down my life in defence of your right to express it." That was the spirit in which the Society approaches this problem.

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 2 NOVEMBER 1982.

Since the last Newsletter was issued in November 1981, our Chairman has addressed a series of meetings including one to the 'D' Ward doctors at Jaslok Hospital in Bombay in November 1981. On 8th February 1982 he was a guest speaker at the International Congress of Community Psychiatrists. Mr. Masani has also contributed several articles to the press including one to the **Panel Practitioner**, the organ of the medical profession, another to the **Hindustan Times** in New Delhi, and the latest one in the Illustrated Weekly of India of 8th August, 1982.

When Parliament was in session earlier this year, copies of the membership form and the first newsletter were sent to all members of the Lok Sabha.

Circulars were sent out by the office of the Society to six hundred doctors in India informing them about the Society and the kind of work it is doing.

INTERNATIONAL CONFERENCE

The International Conference of Societies For The Right To Die (which meets every two years) met in Melbourne, Australia, from the 22nd to the 25th August. Of the twentyseven member societies in different parts of the world, those who were present included three from Australia, three from the United States, two from New Zealand and one each from England, Scotland, Germany, France, Canada and Japan. Our own Society was granted affiliation at the Melbourne meeting and is now a full-fledged member of the World Fedreation.

Among those who participated in the conference was our Chairman. Mr. Masani was elected Vice-President of the World Federation, which means that he is President-designate from its next Conference in 1984 till 1986. Mr. Masani's tentative invitation to the World Federation to meet in Bombay in 1986 evoked an enthusiastic response.

The Conference was a success if measured in terms of its impact on the press, radio, television and public opinion in Australia. Our Australian colleagues were also happy with the response evoked by the attendance and quality of the discussions of the public seminar they had organized.

LEGISLATION

In the belief that the time has now come to consider the lines on which amendments in the law should be promoted by the Society, two draft Bills have been prepared for purposes of discussion. Copies of these bills have been circulated to members of the Executive Committee of the Society and also to the World Federation of Right To Die Societies inviting comment.

The first Bill is to remove from the Indian Penal Code the section that makes it an offence to commit suicide. This would bring the law in India in line with that in Britain since 1961.

The second Bill is to give immunity from civil and criminal liability to physicians and surgeons who withdraw life sustaining treatment from patients who are terminally ill and who have made a written declaration making a request to this effect. This amendment would bring the law in line with that in thirteen States in the United States of America where Right To Die Bills have been adopted.

MEMBERSHIP SUBSCRIPTION

Members of the Society whose annual subscription lapsed in June 1982 have been sent reminders to renew their subscriptions and these subscriptions are now coming in. Those members who have not renewed their membership are requested to be good enough to send in their subscriptions. It can easily be understood that our Society needs the moral and material support that membership of the Society gives. Hence this request to all members not to let their subscriptions lapse.

"WHOSE LIFE IS IT ANYWAY?"

Early this year a proposal was mooted that the Society should sponsor the internationally acclaimed play "Whose Life Is It Anyway?" by Brian Clark. Hosi Vasunia Productions were approached

and negotiations were finalised by end of February to produce this very entertaining and thought-provoking play in Bombay.

In March, a Play Sub-Committee was appointed, to take care of all issues relating to the staging and promotion of the play, under the chairmanship of Mrs. Dolly Masani.

A Souvenir Programme was brought out on the occasion and the play opened on 3rd July at the Patkar Hall and 4th July at the Sophia-Bhabha Auditorium. The success of the play was immediate and till the end of October there have been 20 performances.

The Society has benefitted from this production in two ways, financially, though that was not the primary reason for the sponsoring of the play and, secondly, in furthering the aims of the Society to large audiences by encouraging discussion of the problem. The play has made the public aware of the issues raised in it and the necessity to amend the existing law to make it more compassionate. It has brought us many many sympathisers, but unfortunately not many members.

The producers, who frankly admit that they did not expect the tremendous enthusiasm from the public regarding this production, are very happy for doing so well. The credit for the sucess of the play must go to the players and to Vijay Crishna, the Director, Homi Daruvala, who plays Ken Harrison, is an outstanding actor and the part of the tetraplegic fits him like a glove. The critics with one voice have acclaimed this performance of the talented young actor.

Efforts are being made to take the production to Poona, Calcutta, Delhi and Madras. Any help from members in these efforts will be greatly appreciated.

REVIEW

GOOD LIFE, GOOD DEATH – A Doctor's Case for Euthanasia and Suicide
by Christiaan Barnard

In the introduction to his book "Good Life, Good Death" (1980: Prentice-Hall), Christiaan Barnard says he feels society is ready to take a giant step towards a better understanding of the dignity of death .. and the attainment of that dignity, if necessary, through euthanasia and suicide. This makes heartening reading for all of us who are trying to persuade individuals and our legislature that such a "giant step" is urgently necessary. .....

He quotes Dr. Joseph Fletcher, who, at a Euthanasia Conference in New York in 1974, described eight possible approaches by a doctor to the care of a dying patient. These range from doing everything humanly possible to keep the body processes going, through stopping treatment at the patient's request, or leaving an overdose with the patient so he can take his own life by the use of drugs on the doctor's own authority. Passive euthanasia is when a doctor could take action but deliberately refrains from doing so. Dr. Barnard's own mother was 97 when she had a third stroke and developed pneumonia. He ordered that she could not receive antibiotics. When death is brought about by a deliberate act rather than by deliberately not acting, we call it active euthanasia. Passive euthanasia is legal but active euthanasia, though more merciful it shortens suffering, is classed as murder. .....

In Dr. Barnard's opinion there is no ethical distinction between the two forms of euthanasia. He describes watching a patient slowly suffocating to death from lung cancer and being unable to respond to the plea for help in his desperate eyes. It was at this time that he and his brother, also a doctor, agreed to help each other if either of them was in a similar situation.

It we were all doctors we could make pacts like this and risk prosecution in order to help our nearest and dearest. As it is, we must continue our struggle to change the law so that we can all receive such help when we need it, and no-one need fear prosecution for such a humane act.

Unfortunately Dr. Barnard's book does not discuss how we shall bring this about. Even so, he is a powerful advocate of voluntary euthanasia and rational suicide and his book is welcome support for our arguments.

Jean Davies

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 16 **DECEMBER 1992**

(FOR PRIVATE CIRCULATION TO MEMBERS ONLY)

Editor's Note : This issue of the Newsletter is entirely devoted to the Report of the 9th International Conference of the World Federation of Right To Die Societies held at Kyoto, Japan, 23-26 October, 1992 submitted by the Chairman, **Dr. B. N. Colabawalla**, who attended the same as our official Delegate.

REPORT OF THE 9th INTERNATIONAL CONFERENCE OF THE WORLD FEDERATION OF RIGHT TO DIE SOCIETIES HELD AT KYOTO, JAPAN, 23-26 OCTOBER, 1992 BY **DR. B. N. COLABAWALLA**, *CHAIRMAN*

It is obligatory for me to preface this Report by expressing my gratitude to the Executive Committee for nominating me as the official Delegate to the conference.

The other and perhaps the greater debt of gratitude is due to the numerous well wishers of the Society who very generously contributed to make this visit possible. Their help made it possible to the extent that the Society itself has not suffered any financial loss on account of this sponsorship.

A word about Japan may not be out of place. Though it is not fair to judge within a short period of seven days restricted to Kyoto, certain characteristics nevertheless are evident. The most striking feature is the efficiency, discipline and a sense of aesthetics evident in every sphere. The people were generally very courteous. But there are two factors which are a source of discomfort to visitors namely the language problem and the high cost of everything in the country. None-the-less my stay was very enjoyable and educative.

THE CONFERENCE : The hosts were the Japan Society for Dying With Dignity. They had spared no efforts to make it a successful conference and our thanks should go to every member of the Society. The venue was at the International Conference Centre in Kyoto—probably the best of such Centres I have seen in the World, with delightful ambience and beautiful garden all around. The facilities at the centre were also excellent.

BUSINESS SESSIONS of the Conference were restricted to the official delegates of whom there were 22, from 16 countries:

Elections to the Board of Directors to the World Federation resulted as under :

President	:	**Ms. Helga Kuhse** (Australia)
Vice -President	:	**Dr. Ayeke Smook** (Netherland)
Secretary	:	**Ms. Clementia Uribe** (Colombia)
Treasurer	:	**Mr. Hugh Wynne** (Scotland)
Newsletter Editor	:	**Mr. Derek Humphry** (U S A)
Directors at large	:	**Ms. Yvon Kenis** (Canada)
		Mr. Meinrad Schair (Switzerland)
		Ms. Jean Davies (England) - Immediate Past President
		Mr. George Saba (Japan)
		Mr. Anne Marie Dourlen-Rollier (France)

Bye Laws :

A motion for permitting member Society to vote by proxy, if it was not represented by a delegate at the Conference was adopted by 21 votes in favour and nil against.

Suggestions had been received for change in Bye Laws. A Sub-committee comprising of Ms. Helga Kuhse, Mr. Malcolm Hurwitt and Ms. Anne-Marie Dourlen Rollier, with Mr. Sydney Rosoff as adviser was constituted to study changes in Bye Laws. I have submitted the following for consideration by the Committee :

i) Changes in Membership Fees was discussed. I submitted that for smaller Societies such as ours, it would be disadvantage as we barely meet our routine and day to day expenditure. To burden members of the Society any further would be a self defeating objective. The Committee should bear that in mind.

ii) There was a suggestion that larger Societies should have greater number of voting delegates. I along with some other delegates felt this was undemocratic as such each Society is per se a member of the Federation and should have one vote.

iii) I stressed that all communications including financial statement should be sent to each Member Society.

OPEN SESSIONS : The theme of the Coference was "the Living Will".
A number of excellent expositions on the topic were delivered embracing the ethical, philosophical and practical aspects, along with the issue of lagalising Living Will. An analysis of the variety of Living Will documents was also offered. It would be difficult to offer details, but some points which are of interest are outlined below:

1. **The approach in Japan was based on some factors.**
   a) There are as yet no laws to enforce the concept of Dying with Dignity.
   b) Article 35 of the penal code states that an act done in accordance with the laws or in pursuit of lawful business is not punishable. The view therefore taken is that as long as the doctor acts in pursuance of the patients will with competent medical treatment, there are no grounds for punishment.
   c) In Japan the decision making in medical care of severely ill patient or terminally ill ones is usually done my members of the family in consultation with patient and doctor. This is due to the Japanese culture of family system as opposed to the individualism in U.S.A.

      The Nagoya High Court in deciding a case brought before it concluded that provided six requirements listed were all met, it would be possible to affirm the admissibility of euthanasia.

   They are :
   1. The patient's condition must be terminal one with no hope of recovery and death imminent.
   2. The patient is being forced to endure unbearable pain.
   3. Euthanasia must have the purpose of alleviating the patient's suffering.
   4. Euthanasia can be undertaken only on the request or with the permission of the patient.
   5. A doctor must perform the task.
   6. The method must be clinically ethical.

2. **An analysis of the Living Wills around the World revealed :**
   a. Living Wills in most countries deal with passive euthanasia.
   b. Only in a minority do they provide for active euthanasia also in cases of irremediable disease or illness or P. V. S.
   c. Most Wills carry the Power of Attorney.
   d. Majority of respondents indicated that no standard health care facility policy existed (a point of importance for us in India)
   e. At present the focus of most Societies was on education and promulgation of Living Wills.
   f. Varicnces include age at which validity is possible . type of conditions covered, witnessing requirements, and how the directive has to be put into effect.
   g. In atleast one Society, it is stipulated that the Directive be written by hand.
   h. Whether such Living Wills need to be revalidated from time to time was left open .
   i. Clauses for thanking the medical professionals and institutions for complying and absolving all concerned of any responsibility was advocated in some documents.
   j. Will should be witnessed by a doctor.

3. During the course of discussions it was evident that many considered the Living Will merely to effect passive euthanasia as being inadequate. They felt that the Living will should be in two parts viz

   a) Refusal of treatment and

   b) Request for euthanasia. Either of them may be left as an option to the patient . It was stressed that **request for euthanasia was not illegal** but administering it was.

   Some further additional clauses in some documents such as

   i) Request for referral to another doctor if the first one had conscientions objection and

   ii) Release from duty of secrecy.

Approaches to the Living Will : 3 approaches were enumerated:

i) Recognition by Law.

ii) Recognition by Health Care facility .

iii) Personal decision between patient and physician.

Rosoff made some interesting observations:
First of all he does not like to use the word euthanasia as it has no practical meaning. We must be concerned with the process of dying and the patient - physician relationship in that, He wanted to differentiate between

a. Right to be left alone in terminal illness.

b. Physician Aid in dying.

c. Physician assisted suicide (e.g. handing over drugs etc. for patient to use on his own).

He did not favour (c). But he pointed out that (a) is merely not enough as there would be conditions of irreversibility in which the process of dying can be painfully prolonged. Hence the need for (b).

Derek Humphry stressed that physician Aid in dying is only for terminal cases, not for instances like aged people, handicapped etc. Physician aid in dying is needed for cases of terminal illness not on life supports. The process is purely voluntary for doctors, patients and institutions. The Hemlock Society have produced a document in the nature of a personal communication to physician requesting aid-in-dying.

Legalising Living Wills:

a. Only 4 countries have legalised Living Wills: U.S.A., Canada, Australia and Denmark.

b. Although it may not be legally binding, it may have some moral persuasion if need arises.

c. Narita : Legislation must change with morality. To what do we attach greater priority — morality or legislation? Certainly to morality . That is why courts often give direction on issues so that legislation can be bought forth , though the Court has no legislative function.

Puhier - Our fight should not be for legalising euthanasia but for legalising Living Will which includes euthanasia. People have to be educated on "Death". In the law of suicide we must strive to exempt doctors from criminal offence for abetting.

It seems that our stress should not be so much on euthanasia as on the Right to Die, based on principles of humanism, self- determination, autonomy, choice for the individual , dignity and rights.

As for any Bill we propose, we will have to carefully revise the original Bill by Prof. Varde. I have a copy of the proposed law in U.K. and have been promised copies from some other countries also.

The Conference has given me many ideas on organisational and other aspects, which after putting forward at the Executive Committee, the Members will be kept informed and their help will obviously be needed to implement any programme.

World Federation Membership			Population of Country (Aproximates in '000s)
AUSTRALIA	4 Societies	5,783	16,745,000
BELGIUM	2 Societies	3,360	9,938,000
BRITAIN (England & Scotland only included)	2 Societies	12,990	51,128,000
CANADA (2 provisional)	4 Societies	8,397	26,525,000
COLOMBIA	1 Society	6,300	31,819,000
DENMARK	1 Society	30,000	5,120,000
FRANCE	1 Society	25,000	56,173,000
INDIA	1 Society	395	853,372,000
ISRAEL	1 Society	900	4,580,000
JAPAN	1 Society	38,000	23,456,000
LUXEMBOURG	1 Society	555	383,000
NETHERLANDS	1 Society	55,000	14,751,000
NEW ZEALAND	2 Societies	13,000	3,378,000
SOUTH AFRICA	1 Society	23,000	35,248,000
SPAIN	1 Society	524	39,332,000
SWEDEN	1 Society	4,500	8,339,000
SWITZERLAND	2 Societies	55,500	6,520,000
U.S.A.	3 Societies	229,000	249,235,000
TOTAL :	30 Societies	512,204 Members	

Population Source : United Natian Population Fnd., The State of the World Population 1990. John W. Wright , General Editor.
"The Universal Almanac 1992 ".

QUOTABLE QUOTES :

"It makes a great deal of difference whether a man is lengthening his life or his death. But if the body is useless for service, why should one not free the struggling soul?.
Perhaps one ought to do this a little before the debit is due, lest, when it falls due, he may be unable to perform the act" - --- Seneca.

"Death is a most assured haven, never to be feared, and often to be sougth"
----- Sir Thomas More ---- Utopia (published in 1516)

"We are . . . . . willing to impose death but unwilling to permit it; we will justify humanly contrived death when it violates the human dignity of its victims, but we condemn it when it is our intelligent voluntary decision"
---- Fletcher (referring to double standard in Society)

SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

Affiliated to the World Federation of The Right to Die Societies

Maneckji Wadia Building, 4th Floor,
127, Mahatma Gandhi Road, Fort, Bombay-400 023.

NEWSLETTER No.17 **MARCH 1994**

(FOR PRIVATE CIRCULATION FOR MEMBERS ONLY)

FROM THE CHAIRMAN'S DESK :

The anguished face of Mr. Minoo Masani, from whom I took over the mantle of the Chairman and also a brief 'good luck to you' is still fresh in memory. I could see the difficult task ahead in his last words as a chairman. I realise now that the work that was to be mine was much more difficult than I thought it would be . . . Yet, I am glad that it has not been totally dismal. The membership has increased, the booklets on Living Will and Right to Die with Dignity are now available for distribution. A multiauthored book on this topic has been planned. Yet, I pause and think is that enough? The task ahead is to transform the social attitude towards death with dignity. This requires efforts on a mass scale. Any such endeavour would need a great deal of manpower, finance, committment and ideas. Increasing members of media persons are seeking interviews in context of proposed article on the topic.

It is at this point that I have to strike a note of disappointment. The apathy of majority of our members for one reason or another, leads to their not contributing their mite towards the objectives of the Society. I feel the potential is vast and we have to join hands actively. It is only then that the "Right to Die with Dignity" will be ours.

Dr. B. N. Colabawalla
Chairman

THINK THAT YOU CAN DO AS MEMBERS :

When I took over the mantle of Jt.Hon. Secretary, Dr. Colabawalla said rather cryptically "Good luck to you". Today I can well realise why. It is becoming an uphill task for all of us as colleagues in the Executive Committee and I would like to put before you an agende for thinking as to what each of us as members can do to realise the objectives of the Society.

Here then is the agenda for you!

1. Take greater interest in the Society's working by offering suggestions, comments or criticism on any particular activity.
2. Help to expand the membership by talking to friends nad having small group discussions on the objectives.
3. Whenever possible try and obtain donations for the Society.
4. Write articles in local newspapers and journals.
5. Forward to the office of the Society any article in the news media which pertain to the issues of Right to Die and Voluntary Euthanasia.
6. Obtain the published booklets from the office of the Society and offer your comments.
7. Offer your suggestions on what the proposed book should contain.
8. Make a beginning by attending the A. G. M. and offering your ideas.
9. I earnestly request you to help us by being active in the work of the society.

Dr. Nagraj Huilgol
Jt.Hon.Secretary

SOCIETY NEWS :

The booklet on "Living Will" & "Your Right to Dignified Death" have now been printed. Members can obtain copies from the Office of the Society. There is no charge for the same, but any voluntary contributions will be gratefully acknowledged. Each booklet has cost the Society Rs.5/-

It is with regrets we had to accept the resignation of our Honorary Treasurer Mr. Homi Sethna. He requested to be released because of many other pressing activities on his hand. We thank him for his services.

Mr. V.S.Nesargi of the British Council has been co-opted as Hon. Treasurer.

Dr. Nagraj Huilgol (Nanavati Hospital, Bombay) has been co-opted as Jt.Hon.Secretary.

Our chairman Dr. B. N. Colabawalla, has been invited by organisers of the 10th World Congress of Medical Law to be held in August 1994 at Jerusalam. He has been requested to deliver a paper on "Right to Die Movement and Voluntary Euthanasia".

An article "Have we the Right to Die with Dignity" by Dr. B. N. Colabawalla, was published in the Bombay Samachar, with its vernacular translation.

Dr. B. N. Colabawalla, addressed members of the Rotary Clubs and the Indus Society on the subject.

WORLD FEDERATION NEWS :

The 10th International Conference of the World Federation of Right to Die Societies has been scheduled for September 1994 at Bath, England. Preliminary forms have been sent to those interested may please write to the office of the Society.

NEWS REPORTS :

Our Jt.Hon.Secretary Dr. Nagraj Huilgol, has written an interesting letter in the Afternoon Despatch and Courier of June 16,1993. As it is of interest in context of our ancient philosophy, it is reproduced herewith!

An interesting article labelled "The Death Debate Comes Home" by P. Smith (pen name) was printed in the Sunday Magazine of Indian Express (July 11, 1992). Although late, it was brought to the notice of theEditor only recently. It expresses the pros and cons of the debate on Living Will and Euthanasia in India.

The British Medical Association, now encourages the use of "Advanced Directives" or "Living Will" in which patient's indicate the sort of non-heroic medical care which they would like to receive should they become incapacitated and unable to communicate.

16.6.1993

The Editor,
Afternoon Despatch & Courier,
Afternoon House,
6, Nanabhoy Lane, Fort, Bombay - 400 001.

The Right to Die with Dignity

Euthanasia which means an easy painless death, is always discussed in the backdrop of Western attitudes. It is, however, important to know which India of yore thought of euthanasia, as there is hardly any deliberations from the Indian Point of view. As a preface it must be said that the Indian ethos underscores celebration of life and affirms the supremacy of the soul. The mortal body is a carrier of the soul, which should sustain and nurture the soul to attain its objectives during its course on this earth.

It is in this spirit that Vedic and post-vedic literature dealt with life and death. It has been always considered that the right to die in accordance to dharma is a basic right to life in the Indian ethos. Bhishma, is the towering personality who comes to mind immediately. He, lying on a bed of arrows on the battlefield, not only willed his death, but also the day and the time. Kunti, Gandhari and Dhritarashtra similarly terminated their lives during "Vanaprastha", when they realised that the purpose of their existance was complete. Even more pertinent to discussion would be the example of Sharabhanga in the "Ramayana". Sharabhanga, when totally maimed bodily committed self immolation in the presence of Rama to end his life.

The "Puranas" recommends that those who suffer from an incurable disease or total incapicitation should relinquish life. This is termed as "mahaprasthana". It has also been recommended that such a death should not be considered as suicide. The post death rites following willed death or Iccha Maran are similar to natural death.

It is essential first to change the Indian Panel Code so that the right to die under prescribed circumstances be made legal. It is assisted death or assisted euthanasia which raises legal and moral objections. It should not be difficult to evolve a consensus to determine the circumstances under which an individual has the right to determine his last supper.

The Society for the Right to Die with Dignity under the stewardship of Mr. Minoo Masani, Dr. Colabawalla and Prof. Varde, has done pioneering work in India. We will soon be coming out with booklets explaining euthanasia, the living will and other related topics which can be obtained on request.

Dr. Nagraj G. Huilgol,
Nanavati Hospital MRC,
S.V. Road, Vile Parle (West),
Bombay - 400 056.

LIVING GOOD DEATHS :

Andrew Hill, of the Unitarian Church.

Excerpts From a talk at St. Mark's Castle Terrace on 24th January 1992.

Everyone's Right :

I believe a good death is everyone's right.

I believe that a good death is not seperate from life, nor opposed to life, but a part of life itself.

I believe that someone's life, including their death, is a part of the interdependent whole such that anyone's death diminishes me.

I shudder at the ignorance of educated people as to what euthanasia is about.

Three position statements :

First of all, I belive that the right to a gentle, painless and dignified death after a full life is the unfulfilled right of :

Every dying from starvation child in Somalia and other famine racked places on earth.

Every rifle shot, building crushed victim or warring nationalisms in Bosnia and other war torn places on the globe.

Every road accident, smoke filled, stress related victim of first world consumerism and the tentacles with which it now reaches deep into the second and third worlds.

All the people, who do not get good deaths, as well as people at the natural end of long lives, are entitled by the right to deaths which are gentle, painless and dignified. Every death which is not a good death is a cause for concern.

(Reproduced by courtesy of the Editor, V E S S Newsletter, September 1993)

An extract " Sanctity and Autonomy" by C.G.Docker :-

In St. Thomas day, suicidal martydom had again become common among the Albigensians or Cathars. He developed the idea that suicide was a sin.

Unfortunately, all this is of little help to the modern day sincere Christian, especially Roman Catholics, who may have only the voices and conscience and reason as friends. One liberating school of Roman Catholic thought which is still considered acceptable is that of probabilism. This teaches that, on a debated issue, it is acceptable for the person concern to act from a position that enjoyed solid probability of being correct even though he or she is aware that the more rigorous opinion was held to be more probable. This invokes common sense on such issues that do not have an irrefutable heritage.

It might be of interest to note the finely balanced judgement of a modern day Roman Catholic professor of ethics, Dr. Russel McIntyre, who came close to a personal confession of his understanding of the truth when he wrote, " My conservative nature

requires that I cling fast to the sanctity of life principle, given to us in trust by a loving God. But I must also recognise that this gift, and the sacredness which accompanies it, also have limit; i.e. there comes a point in time when the gift is withdrawn and with that action the sacredness diminishes. For me, this Biblical distinction applies to life and death. The Spirit of God is given to create life; it is also withdrawn as life loses its vitality, its entelechy... My more moderate nature forces me to recognise that under the rubric of care excruciating and intractable pain is also destructive to the sanctity of life".

(Reproduced by courtesy of the Editor, V E S S Newsletter, September 1993)

On the Book Shelf

LET ME DIE BEFORE I WAKE *DEREK HUMPHRY*	$10/-
THE RIGHT TO DIE *DEREK HUMPHRY & ANN WICKETT*	$10/-
DEALING CREATIVELY WITH DEATH *ERNEST MORGAN*	$12/-
FINAL CHOICE : TO LIVE OR TO DIE IN AN AGE OF MEDICAL TECHNOLOGY *GEORGE M. BRUNELL*	$ 27.50
IS THIS THE DAY *VILMA HOFLINHBENY*	$ 8/-
A LETTER TO MY PHYSICIAN CONCERNING MY DECISION ABOUT PHYSICIAN AID IN DYING	$ 1.50

These books are available from :

THE HEMLOCK SOCIETY
P.O. BOX 11830
EUGENE OR 97440-4030,
U.S.A.

THE SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

Maneckji Wadia Building, 4th Floor,
127, Mahatma Gandhi Road,
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SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY

NEWSLETTER NO. 2 NOVEMBER 1982.

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The second Bill is to give immunity from civil and criminal liability to physicians and surgeons who withdraw life sustaining treatment from patients who are terminally ill and who have made a written declaration making a request to this effect. This amendment would bring the law in line with that in thirteen States in the United States of America where Right To Die Bills have been adopted.

MEMBERSHIP SUBSCRIPTION

Members of the Society whose annual subscription lapsed in June 1982 have been sent reminders to renew their subscriptions and these subscriptions are now coming in. Those members who have not renewed their membership are requested to be good enough to send in their subscriptions. It can easily be understood that our Society needs the moral and material support that membership of the Society gives. Hence this request to all members not to let their subscriptions lapse.

"WHOSE LIFE IS IT ANYWAY?"

Early this year a proposal was mooted that the Society should sponsor the internationally acclaimed play "Whose Life Is It Anyway?" by Brian Clark. Hosi Vasunia Productions were approached

and negotiations were finalised by end of February to produce this very entertaining and thought-provoking play in Bombay.

In March, a Play Sub-Committee was appointed, to take care of all issues relating to the staging and promotion of the play, under the chairmanship of Mrs. Dolly Masani.

A Souvenir Programme was brought out on the occasion and the play opened on 3rd July at the Patkar Hall and 4th July at the Sophia-Bhabha Auditorium. The success of the play was immediate and till the end of October there have been 20 performances.

The Society has benefitted from this production in two ways, financially, though that was not the primary reason for the sponsoring of the play and, secondly, in furthering the aims of the Society to large audiences by encouraging discussion of the problem. The play has made the public aware of the issues raised in it and the necessity to amend the existing law to make it more compassionate. It has brought us many many sympathisers, but unfortunately not many members.

The producers, who frankly admit that they did not expect the tremendous enthusiasm from the public regarding this production, are very happy for doing so well. The credit for the sucess of the play must go to the players and to Vijay Crishna, the Director, Homi Daruvala, who plays Ken Harrison, is an outstanding actor and the part of the tetraplegic fits him like a glove. The critics with one voice have acclaimed this performance of the talented young actor.

Efforts are being made to take the production to Poona, Calcutta, Delhi and Madras. Any help from members in these efforts will be greatly appreciated.

REVIEW

GOOD LIFE, GOOD DEATH - A Doctor's Case for Euthanasia and Suicide
by Christiaan Barnard

In the introduction to his book "Good Life, Good Death" (1980: Prentice-Hall), Christiaan Barnard says he feels society is ready to take a giant step towards a better understanding of the dignity of death .. and the attainment of that dignity, if necessary, through euthanasia and suicide. This makes heartening reading for all of us who are trying to persuade individuals and our legislature that such a "giant step" is urgently necessary. .....

He quotes Dr. Joseph Fletcher, who, at a Euthanasia Conference in New York in 1974, described eight possible approaches by a doctor to the care of a dying patient. These range from doing everything humanly possible to keep the body processes going, through stopping treatment at the patient's request, or leaving an overdose with the patient so he can take his own life by the use of drugs on the doctor's own authority. Passive euthanasia is when a doctor could take action but deliberately refrains from doing so. Dr. Barnard's own mother was 97 when she had a third stroke and developed pneumonia. He ordered that she could not receive antibiotics. When death is brought about by a deliberate act rather than by deliberately not acting, we call it active euthanasia. Passive euthanasia is legal but active euthanasia, though more merciful it shortens suffering, is classed as murder. .....

In Dr. Barnard's opinion there is no ethical distinction between the two forms of euthanasia. He describes watching a patient slowly suffocating to death from lung cancer and being unable to respond to the plea for help in his desperate eyes. It was at this time that he and his brother, also a doctor, agreed to help each other if either of them was in a similar situation.

It we were all doctors we could make pacts like this and risk prosecution in order to help our nearest and dearest. As it is, we must continue our struggle to change the law so that we can all receive such help when we need it, and no-one need fear prosecution for such a humane act.

Unfortunately Dr. Barnard's book does not discuss how we shall bring this about. Even so, he is a powerful advocate of voluntary euthanasia and rational suicide and his book is welcome support for our arguments.

Jean Davies