

MERCY KILLING

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ABSTRACT

Throughout the history, this question has occupied the human mind that whether a person has the right to intervene in his/her own and others' natural lives? If there is such a right, how must we determine its scope and its terms and conditions?

As well as problems such as:

- Is our action toward easy dying is an instance of suicide?
- Is helping others in assisted dying a type of murder?
- What are the conditions to distinguish between intentional murder and suicide with mercy killing?
- Do reasons for moral prohibition of murder apply to mercy killing?

The most comprehensive and most acceptable method of addressing this problem is the moral approach. Various forms of mercy killing are topics in medical ethics and in this text, while fully explaining the case, we mention the arguments offered by proponents and opponents and review them and finally, we develop an answer from the perspective of Islamic Sharia and ethics and religious jurisprudence.

Keywords: mercy killing, active and passive euthanasia, proponents and opponents, applied ethics

INTRODUCTION

New and diverse developments and paradigms of contemporary times, particularly the final decades of the twentieth century, along with the resulting complexity, have posed new questions and plentiful and important challenges to the ethics that demand an applied approach to ethics more than ever. A major task of science of ethics and moral philosophers is reconciliation of moral criteria, and engineering and designing appropriate responses to the raised issues with respect to the challenging nature of the new ethical problems. In the applied ethics scope, handling new issues in biomedical ethics is an important and sometimes vital task. Topics such as cloning, brain death, mercy killing, etc. are some of the issues studied by the applied ethics science and answers have been provided for them. Euthanasia or mercy killing is among these cases.

STATEMENT OF THE PROBLEM

Mercy killing (euthanasia) or assisted dying is a new topic in applied ethics that has attracted the interest of religious scientists of the world as well as scientific and cultural circles. In this article, we are going to review its different dimensions as well as terms and conditions including its voluntary and involuntary nature and arguments offered by proponents and opponents.

Hypotheses:

- 1-An essential topic of medical science is research into assisted dying.
- 2-Proponents and opponents agree on helping the patient. But they disagree on the type of help that is the continuity of life or assisting to discontinue it (even in the case of stopping assistance to set up euthanasia conditions).
- 3-Ethical, social, economic, and cultural issues and problems are remarkable in both side of the dispute.

TERMINOLOGY OF EUTHANASIA

Euthanasia comes from Greek: *εὐθανασία*; “good death”: *εὖ*, eu; “well” or “good” – *θάνατος*, thanatos; “death” or *thanasia* in ancient Greece mythology meaning the goddess of death or simply death.

In English to Persian dictionaries, euthanasia means mercy killing, an easy death without pain, which is the practice of intentionally ending a human or animal life in order to relieve pain and suffering. It is clear that such meanings do not help much in understanding the concept of euthanasia and to solve the related problems.

HISTORICAL BACKGROUND

Mercy killing has a long history. It was practiced in various forms in primitive tribes and communities. An example is treatment of the disabled elderly in Eskimo communities. Perhaps the preference of drinking hemlock from the cup by Socrates could be such a behavior as well.

Also, the Greek philosopher Epicurus committed a type of euthanasia when he was disappointed of treatment of his disease. Today, euthanasia is practiced in the Western societies. For example, there are associations in Europe and the United States that teach euthanasia practices and some countries such as the Netherlands and Uruguay have legalized it. [1]

Definition and essential elements of mercy killing

Euthanasia or assisted dying is any kind of arrangement leading to death or refusing support for the continuation of life.

In the beginning, euthanasia was not related to medical issues and medical ethics and treatment of the patients and traditionally was used in cases of comfortable death, i.e. a person could die within a very short time without pain and suffering.

Nowadays, this term has changed direction and entered the medical science as one of the most important debates in the medical ethics. Can the medical staff be involved in the death of patients in such a way that the intervention of the doctor or lack of action causes the death of the patients in cases of severe disease?

This problem raised the topic of euthanasia as *mercy killing* or granting death to a patient with much suffering and pain. That is, intervention of a doctor in accelerating the death of the patient. In other words, euthanasia is cutting short the duration of pain and suffering of a patient with incurable disease which according to current medical knowledge there is no hope to cure and recover him.

Now the main question in this debate is that: what is the method of dealing with euthanasia from the perspective of Islamic jurisprudence and ethics? Basically, with regard to the fresh nature of this topic in medical settings as well as presenting a new debate in the sphere of moral issues, what is the answer of the religion of Islam to the above questions?

And, finally, whether Islamic Sharia law is capable to respond to cases of this nature that arise with the advancement of technology and changes in some of the new requirements and human conducts?

Before addressing and analysis of the above question from the perspective of the religious jurisprudence and ethics, we proceed to examine the typology and the different forms of euthanasia.

MATERIAL AND METHODS

Typology of Euthanasia

Euthanasia is divided into 3 types of voluntary, involuntarily and unwanted.

In the first case, the person asks for euthanasia, and in the second case the person is unable to comment on it. For example, an elderly person who has completely lost his/her mind or a baby.

Unwanted euthanasia is where the person is willing to continue living and has an interest in life.

Another division that is influential in the field of ethics, is classification of euthanasia based on active, passive, and indirect types.

In active euthanasia, the doctor or another person ends a patient's life based on pity or similar motivations. In the passive type, he or she stops a useless treatment and to try in vain to keep alive the incurable patient.

Indirect euthanasia is suggesting suicide to the patient, e.g. intentionally placing narcotics on the bedside and to emphasize that taking too much of those drugs may cause death, so this kind of euthanasia is based on deception. [2]

The other method is usually a classification based on active and passive euthanasia.

Active euthanasia is when we actively deny life intentionally to someone with taking action accordingly. Active euthanasia is when with the intervention of the doctor, the patient under pain and suffering is killed by injection of a lethal drug. If the illness is in critical conditions and the doctors think medical treatment is impossible and death is conclusive, to grant the patient a relaxed and comfortable death, they cut short the remaining time to death with a lethal drug injection. That is, they expedite death, or in a state of anesthesia, administer a high dose and strike the patient unconscious in a way that he/she would not return again. In active euthanasia, the practice

is intentional in essence. Here the disease does not cause the death of a person, but in fact someone else causes the death.

In the passive euthanasia, the doctor does not interfere in the treatment of a person, that is, when someone has an incurable disease, he/she takes no action to treat the patient, so the patient goes through the final stage and dies, or cuts off the patient's medication and equipment to let him/her die. [3]

There are 4 cases to determine who decides about active or passive euthanasia practice:

1- Voluntary active euthanasia: The patient makes the decision and because of pain and suffering and since there is no hope for a cure asks the physician to murder him/her.

2- Voluntary passive euthanasia: In this type, the patient denies treatment to him/herself to expedite his/her demise. Some say in Voluntary passive euthanasia, the patient who is dying decides about how to spend the remaining time to death, in fact the patient does not choose death, but how to live life during the time he/she is alive.[4]

3- Involuntary active euthanasia: In this case, the patient does not have the ability to make decisions and lives a vegetable-like life or brain-death conditions, so others decide about it. The physician or the patient's family or medical team in this case may use drug injection or other medication to end the life.

4-Involuntary passive euthanasia: It is like the above case with the difference that in this case, the patient may usually live in a vegetable-like state lacking pain and suffering, but treatment is not possible and will ultimately die. Therefore, they decide to discontinue any care and deprive the patient of food and medicine and allow him/her to die.

RESULT AND DISCUSSION

Comparison Between Active and Passive Mercy Killing

The distinction between (liberating) active and passive euthanasia is very important in the medical ethics. It is believed that at least in some cases, suspending the patient's treatment and allowing the patient to die might be advisable. But it is not permitted to do things that immediately cause a patient's death. Apparently, this doctrine was accepted by most doctors and approved in American Medical Association Council representatives' statement on the fourth of December 1973.

The intentional termination of the life of a person - liberating murder- is against the goals of medical profession and American Medical Association's medical procedures. The decision to halt the deployment of extra tools and equipment to keep alive someone's body where definite evidence confirms his/her biological death should be taken by the patient or 1st-degree relatives. Medical tips and advice and judgment should be offered free of charge to the patient or 1st-degree relatives.

A solid argument can be provided against this doctrine. For example, there are patients with incurable cancer and great pain and suffering without relief who are sure that they will not live after a few more days even if the current treatment continues, so according to the severity of intolerable pain do not want to live the last few days. Hence, they ask the physician to end their life and the relatives agree with that. Suppose the doctor, based on the above conventional doctrine agrees with stopping the treatment. His/her justification to do so is that the patient is suffering unbearable pain and will die soon anyway. Hence, as a result, prolonging such an endless pain and suffering would be a mistake. But the point that if this doctor just stops the treatment of such disease and perhaps the patient would have a longer life and therefore, experience more pain and suffering unlike when a lethal injection may immediately kill the patient off. The result is that: the preferred passive liberating murder, i.e. acceptance of a way that leads to more pain and suffering and not less pain and suffering, is against human motivations that have caused the initial decision about cutting short the longer life of such a patient.

Killing vs. letting die- One reason that many people think there is an important moral difference between liberating active murder (to kill) and liberating passive murder (giving permission to die) is that they believe killing is morally worse than permission to die. But is it so? Is killing in itself worse than giving permission to die? It is clear that the mere difference between killing or allowing to die on its own, does not cause a moral difference. If a physician for human reasons allows a patient to die, he/she is of the same moral status of giving a lethal injection to the patient for human reasons. If his/her decision is incorrect - for example, if a patient's specific disease is in fact curable- no matter how that decision was implemented, it is still wrong just the same and if the physician's decision was right, the method of implementation in itself is not important.

AMA'S PROCEDURE

The AMA's statement defines the main problem very well: the main problem is intentional ending of the life of a human being by another human being. But this statement, after specifying the problem and prohibiting the

liberating murder, denies the point that refraining from the patient's treatment is the intentional termination of a life. It is here that the error occurred. Because if in such circumstances, refraining from disease treatment is not "intentional ending of life of a human being by another human being" then what is it? It is clear that it is exactly the same, and if not, this statement has no meaning.

REVIEW AND CRITICISM

Was said that allowing to die is as bad as killing. The result is that: passive euthanasia is no better than active euthanasia. But what could be the reasons of the opposite side. One of the most famous reasons is as follows:

The important difference between active and passive liberating murder is that in the passive liberating murder, the physician does not take any action that leads to the death of the patient. The doctor does nothing, and the patient dies because of the illness. But in active liberating murder, the physician is involved in patient's death. The physician kills the patient. The doctor who injects a lethal drug to cancer patient causes the death of the patient, while if he/she only stops the treatment, cancer will kill the patient.

Here, it is necessary to clarify the point. The saying that in the passive liberating murder the physician does nothing is inaccurate, because the physician does a very important task: the physician lets the patient die. "Allowing someone to die" is certainly different than some other things, i.e. allowing someone to die is a kind of action that can be taken by not doing some specific tasks. For example, someone may not give the drug to a patient to allow him/her to die. In the moral sense, this is a kind of action. The decision to let a patient die is like the decision to kill him and can be morally evaluated and condemned. It can be evaluated as wise or silly, compassionate or insane, or right or wrong.

If a physician with intent allow a patient afflicted with an incurable disease to die, the physician should be surely blamed for such deed. Exactly the same as if the physician kills a patient for no reason, the physician deserves punishment. If this is correct, he/she cannot use inaction in defense. Because the physician has allowed the patient to die, which this is a very critical thing to do. Determination of the cause of death can be very important from the legal perspective. Because the cause of death can determine the criminal offences of the physician. But we cannot use this to show the moral difference between active and passive liberating murder. The reason why causing death to a human being is bad, is that the death is a great evil and it is really so. But if we say that the liberating murder - even its passive type- is necessary in specific cases, that means in such a case the evil of death is less than continuation of the patient's life. If this is true, the common reason that we must not cause a person to die will not be easily applicable any more. [5]

ARGUMENTS OF PROPONENTS OF EUTHANASIA

Proponents of euthanasia mention some reasons for their opinion or action as follows.

1- If someone is terminally ill and is suffering too much, in some cases it is in his/her favor to die.

If death is to the benefit of anyone, so is suicide. As a result, if a person is terminally ill from which it suffers heavily, suicide is in his/her favor.

2- This can be realized according to these conditions:

(A) It shall not infringe the rights of people, and no one is led to deviation;

(B) It shall not affect the society badly.

Action performed according to the above two conditions and not in conflict with the interests of others cannot be morally bad. So, suicide in these situations is not morally bad.

Therefore, assisted murder is morally bad only when committing suicide by that person is morally bad, or it is in conflict with the interests of others and assistance in that action is a violation of ethical requirements that the person owes to others.

Perhaps there are good circumstances in which assisted suicide or voluntary and active euthanasia does not violate any of the requirements that the person owes to others. As a result, with the fulfilment of the above requirements, assisted suicide in voluntary and active euthanasia is not morally wrong.

According to the above reasoning, also we may argue in favor of the voluntary passive euthanasia that it is not so that from the moral perspective, active and voluntary euthanasia *per se* and inherently is incorrect.

The moral judgment of intentional killing of a person is the same as intentional abandonment to die. The only difference between active voluntary euthanasia and passive voluntary euthanasia is that the former is killing and the latter is allowing to die.

Therefore, passive voluntary euthanasia is also morally wrong. [6]

3- Hume, Mill and Schopenhauer believe that suicide is a personal matter and related to individuals. Schopenhauer even says that no one in the world has something larger and higher than his life available. They say that life is the most personal asset of human being, it does not relate to ethical and legal issues.

Schopenhauer says if you want to adopt a law against suicide, when a person has committed suicide, there is no other person that the law will apply to or can be punished. [7]

4- Some other proponents of euthanasia and suicide with the collaboration of the doctor say it is true that our task is to heal, but when there is no possibility of the patient's healing and the pain does not go away with medication, prolonging life is imposing a hellish life to the person, so we must accept his/her request as a reasonable argument and allow him/her to die. They believe that assisted suicide in collaboration with the physician, if its aim is maintaining human dignity and based on an agreement, may not be acceptable in traditional terms, but the fact of the matter is that the highest aim is ethics and we have presented a gift of dignified death because if we administer analgesic medication with a higher dose, the pain may be somewhat less but perpetuation of this situation gradually leads the patient to a state of numbness and vegetable-like life and the quality of patient's life will be reduced drastically and we should also regularly use these drugs because analgesic drugs do not cure the disease and the pain still lingers on. So proponents of euthanasia suggest that to maintain the dignity of the human being when a cure is not possible, active involvement is required. [8]

5-Some of the proponents of euthanasia have raised the issue of the economy, i.e. keeping patients alive who despite the enormous pain and suffering soon will die anyway is nothing but financial resources' waste and extravagance and spending them in a way that is not beneficial. So it is better to prevent financial losses and by killing the patient, this cost could be applied somewhere else appropriately.

6- Others believe that the physician, by killing patients with incurable diseases liberates relatives and acquaintances and saves the patient from suffering and agony. Even with the claim that the practice of euthanasia could save an active hospital bed to be occupied by another patient who is still young and able to work, they argue this is a humanitarian action and justify their comments accordingly, so the physician based on goodwill and pity and in accordance with the real interests of the patient and relatives and the community practices euthanasia. On the one hand, the incurable patient is saved from tolerating unbearable pain, and on the other hand, relatives and nurses of the patient are saved from challenges and ordeals of nursing and mental torture and torment.

7- Also, some believe that human beings have authority over themselves and own their bodies and continue life as long as it is enjoyable, but if life becomes bitter and unpleasant and the person is in misery, he/she has the right to end it and depart to Neverland. [9]

ARGUMENTS OF EUTHANASIA OPPONENTS

1- From the standpoint of Kant, correct ethical deeds are those that are morally right for everyone as a general rule with general application. From this viewpoint, the motivation of suicide and any similar motivation is in conflict with general ethical principles. In this perspective, every human life is sacred and the persons should respect the holiness of their lives.

2- Some also reject all kinds of suicide and euthanasia, and argue that even if this problem is not immoral, its validity is in no way verifiable by rational reasoning. A tendency to suicide and euthanasia is a negative emotional reaction in people and a sign of moral problem. Because the human life has an inherent value, suicide or euthanasia even in spite of hardships and suffering in life is wrong. If we demonstrate to those who volunteer for suicide that living with the same conditions is worth living, we may change their opinion.

3- The other reason to reject mercy killing is that such acts that seem personal, are not a personal individual behavior. These actions in any situation will create destructive moral losses in the society.

4- The other reason is "slippery slope" argument. According to this argument, if this kind of death is authorized, it will have a snowball effect and mass killing without the consent of the people will follow. In the event of a breakdown of the different types of euthanasia and stating the criteria for applying it in some cases, again distinguishing the allowed cases from unauthorized ones will be very difficult. A mad but witty doctor can misuse such exemptions to commit murder. [10]

5- Some of the religious people also believe that life is a divine gift in our hands and the original owner is God. Therefore, we do not have the right to destroy it. The same entity who has given life to us will take it away at an appropriate time.

6- If euthanasia becomes legal, gradually doctors and nurses view euthanasia as one their duties and based on their tastes, present death to the patients.

7- If euthanasia becomes legal, gradually the families will also ease the pain and suffering of their patient who is in hard and unpleasant situation, and kill him.

8- In case of social acceptance of euthanasia, on the contrary, the value and reputation of the doctor drops and they cannot be trusted.

9- If euthanasia becomes legal, we may hardly distinguish between patient's death through malpractice and euthanasia. So, perhaps patients die because of medical mistakes and the medical team, to save face and escape from the reprimand and punishment, pretend that it was euthanasia.

On the other hand, gradually this will be a pretext to escape a sense of accountability, seriousness and precision and necessary and sufficient care by the physician.

10- In the case of widespread euthanasia, from a psychological perspective, it can be a factor so the patients who despite pain and suffering can tolerate the situation, feel the heavy gaze of others and realize they are annoying others and finally accept euthanasia. In fact, pressures in the environment and even sometimes mistaken and unfavorable impressions of behavior of relatives by the patient, makes the patient feel sick and tired of being alive and accept death.

CRITICISM OF OPINIONS OF PROPONENTS AND OPPONENTS

What is the meaning of "dying is in her/his favor"? Who will determine such benefit? The medical team, the family, or ...? Does the slippery slope argument provide a setting to commit crimes? Although there are conditions for the realization, but they are not comprehensive and sufficient. How after murdering a person, one may examine that the right of another person is not violated or there is not a bad effect on the society? The next question is about the quantitative and qualitative matters and how to detect ethical requirements of the individual toward others and how it may be violated.

Some people like Schopenhauer have pointed out from the legal perspective that the victim's punishment is not possible, while if the person think about the immortal life and that death and suicide does not save one from pain and suffering but it will change shape and can be intensified may prevent suicide and it will have an *a priori* effect not *a posteriori* effect which is punishment after death. In addition to this:

- On the basis of the divine world-view, God is the creator and owner of the world and human beings. Hence the right to life is a godsend gift to man. Since based on obvious ethical principles intervention in the rights and property of someone without consent is not permitted, except for cases in which the Lord has given permission, one cannot endanger or destroy one's life or other people's lives.
- Abundant and irrefutable experiences indicate that many patients who lost their hope to live have improved suddenly in such a way that all doctors were surprised.
- Regardless of unusual healing cases, practical experience and impressive scientific advances have shown that many of the previously incurable diseases can be treated. Indeed, how can we be sure that today's incurable diseases will not be treated in the future, even near future? The existence of such possibility although a weak one cannot be ignored because the likely case, i.e. continuing life perhaps better and more enjoyable than before the disease, is very strong, important and valuable. Hence, mercy killing cannot be allowed even on the basis materialistic views.

Some criticize opponents because in cases of brain death and vegetable-like life, only the auxiliary facilities and tools show the existence of vegetable-like life and in fact, the continuation of life is artificial and unreal and imposes misery on the patient who is in an indecisive situation and it is essential to distinguish between the natural death of patient and the continuity of vegetable-like life imposed after the death. Although the possibility of return even through extraordinary and supernatural means is never unlikely.

MERCY KILLING FROM THE PERSPECTIVE OF ETHICS

From the perspective of ethics, perfection and happiness of human beings depend on the worldly behavior and thought and the practice. That is, the criterion of human happiness or misfortune is his/her eternal suffering or pleasure and that is also the fruit of worldly life.

Islam warned human beings that life is not limited to the worldly suffering and pleasure, but there is an eternal life together with the proper pleasure and suffering that must be taken into account in this comparison and assessment. [11]

Also, the human life is all pain and suffering but after it, endless blessing and fun await him/her, this kind of the life has a real value and the temporary pain and suffering seems acceptable.

The interpretation of the Quran is that after a tough life, there will be ease and comfort. The human suffering and painful life, if it is not mixed with wail and whimper and ingratitude and suicide, will have a sweet pleasant result, and in the same way may lead to more bitter and painful result.

So, suicide or asking to be killed by others is a wrong request and contrary to the practice of religion and the truth of life and philosophy of life. Also, assisting it by others is despicable and wrong. In the Quran we read: “no pious person may murder another pious person” (Nesa/92). Elsewhere, it says the murder of a human being is equal to killing all humans and to revive him/her is equal to reviving all the people: “any person who kills a person except for the sake of retribution or punishment for corruption on the Earth, is like he/she has killed all the people and anyone who revives a person is like he/she has revived all the people. (Maedeh/32).

In the above verse, killing a person is equal to killing all humans and reviving a person is equal to reviving all the people.

Allameh Tabatabaei in *Almizan Interpretation* writes about the above verse as such:

The above verse points to the unique human truth in all the people and a person or all the people equally manifest that truth. So, anyone violates the humanity in one person, in fact, has violated the humanity in all the people.

Therefore, a human being in terms of the truth in him/her and to die or to live is also related to that truth, is not different than other individuals and carries the same truth that all people have on their own and this makes it necessary that the murder of a person is like the murder of mankind and on the contrary, reviving a person is like revival of all the people. [12]

Obviously, helping a person whose life is in danger because of disease or accident is a type of human revival and the rewards go to the people involved in the treatment. On the contrary, whenever there is an attempt to destroy the life of somebody and endanger the life of a person, the agent is called a murderer and must wait for the worldly and afterlife punishment.

It is clear that the basic task of the doctor is restoring the health of patients based on science and knowledge and experience and expertise and integrity in faith and practice. The physician and the medical staff as a whole, according to their tasks definition, must have the greatest sense of responsibility for the health and survival of the patient. Hence, their relationship with the patient should be based on the responsibility and all-round effort and action for the patient's recovery. Perhaps, some patients may die due to progressive disease and severity of the disorders or the lack of the necessary facilities and the like in spite of medical efforts. In this case, the physician and other agents are not responsible and they may not be blamed.

But there is no doubt that if the patient dies due to neglect and recklessness or interruption or carelessness in treatment or wrong treatment, he/she is responsible for the death of the patient, let alone that he/she may deliberately assist the dying process.

The Prophet said: “anyone practices medical science without the expertise will be liable.” [13]

MERCY KILLING FROM THE PERSPECTIVE OF RELIGIONS

Some people by citing that God is our owner and Lord, have resorted to religious arguments. St. Aquinas and St. Augustine believed that suicide violated the will of the Lord. But David Hume strongly opposed this view. (We explained it in the arguments of proponents of euthanasia).

- From the Catholic viewpoint, euthanasia is absolutely prohibited. Also, the usual patient should not be cut off. But ceasing unusual care is not so. They say cutting off the artificial lung system is an active euthanasia case and equal to cutting off the usual care. [14]

-Also, Islam does not permit manslaughter, except for divine punishment and retribution cases and the dignity of life is so emphasized that killing a person is equal to killing all humans. (Maedeh/32) Also, Muslim scholars say all forms of euthanasia (mercy killing) are forbidden. [15]

From the perspective of Islam, if the patient is faithful to religion, tolerating pain and suffering and patience in the face of it will cause remission of sins and purification of soul and leniency in punishment or increasing ratings of achieving afterlife blessings, and if the person is not faithful, perhaps pain and suffering make him/her to regret his/her past life and repent and leave the world in faith.

The Messenger of God said:

“I wonder when a faithful person cannot stand disease. If he knew what blessings are in disease, certainly wanted to be ill endlessly until he meets his Lord.” [16]

He also said: “When the servant is worshipping and gets ill, it will be said to his guardian angel to record his worship practice the same as he did when he was healthy until he recovers or dies from the disease.”

This is so important that it is not only very beneficial for the patient, but the nurses and visitors also have a share in this benefit.

Imam Sadeq said: “Anyone who pays a visit to a patient, seventy thousand angels escort him and ask for his forgiveness until he returns to his home.” [17]

With respect to these cases, do the patient’s doctor or others have the right to deprive the patient from such enormous grace and benefit? And in that case, do they not commit sin and crime?

The argument that in euthanasia our goal is to help the patient and ease his/her pain and suffering is not a comprehensive argument. Since first, as we said earlier, his/her pain and suffering is beneficial for both the patient and others who are related to the sick. Secondly, life and pain and suffering or the comfort of human beings is not only limited within the scope of material world. Does relieving the patient from pain and suffering in this world guarantee the convenience of the person in doomsday?

In addition, instead of killing the person, why not try to ease the patient’s pain by reliance and recourse to God and prayer? This is definitely feasible, since there is also such claim in narrations and verses and science has admitted this fact.

MERCY KILLING FROM THE PERSPECTIVE OF RELIGIOUS JURISPRUDENCE

In Islamic jurisprudence, helping a person to carry out any forbidden matter including suicide and euthanasia (mercy killing) under the pretext of sympathy and cooperation and assistance and so on is forbidden and legally it is a crime.

This subject has been mentioned from religious jurisprudence viewpoint in *Fatwas* by Grand Ayatollahs.

Ayatollah Behjat said: “As long as the person’s killing is not authorized from the religious jurisprudence viewpoint, he is obligated to save his own life in any circumstances. Anyone capable of saving his life must do so and the real comfort is for the soul which is viewed from the world and the hereafter’s perspective.” [18]

Ayatollah Nouri Hamedani said: “Suicide by any means in any situation is forbidden.”

Involvement in the killing of a person who has the so-called *dignified soul* is forbidden in any way and in any of the possible forms and might raise retribution and sometimes deserves *Tazir* (punishment) and the religious judge based on religious jurisprudence may decide on the case, but as we said earlier, involvement in the death of *dignified soul* is not permitted in any way. [19]

Also, Ayatollah Makarem Shirazi said:

“Without a doubt, suicide in any form and assisted killing in any form and any way, whether by the person or the physician and whether to ease pain and suffering, or because it is an overhead for the community or for being ruthless and oppressive or for any other reason is prohibited in Islam, and it is mentioned in some of the verses of Quran and Islamic narrations.

Common sense also confirms that this practice is obscene. Moreover, opening this doorway may cause anyone to find any excuse to commit suicide or profiteering physicians help to kill people or the people who want to remove someone from the scene resort to the excuse that the person had asked for it or suffered from various pains or was an oppressor in their view and killing the person has stopped his/her cruelty. [20]

CONCLUSION

Euthanasia or mercy killing according to the definition is cutting short the pain and suffering of a terminally ill patient and where the medical knowledge to that date has no hope to cure him. Euthanasia in all its forms, whether active, passive and indirect, as well as voluntary and involuntary, is forbidden from the Islamic religious viewpoint and the divine world-view.

The voluntary euthanasia is suicide and involuntary euthanasia is manslaughter and in both cases it is a crime and deserves punishment.

Since the religion of Islam firstly does not limit the human life to material world and worldly life. Secondly, it does not acknowledge anything more important about human being than his/her pious life, in no circumstances and under no excuses allows the life of a person be taken from him, unless where the life of a person may

endanger the lives of others. So, everything that relates to humans, and positively or negatively is involved in the guidance and health of the human body, spirit, and wisdom, in every sphere and scope, undoubtedly has concise or detailed answers in the religion. As the Quran has stated:

“And we descended upon you this book that explains everything and a guidance and mercy and blessing for Muslims.” [21]

REFERENCES

- Gregory A. Pence, *Classic cases in medical ethics*, translated by Pejman Habibi, P. 135.
Eslami, Mohammad Taghi et al. *Applied ethics (new challenges and explorations in the applied ethics)*.
Karami, Khodabakhsh. *Euthanasia easy and comfortable death*, p. 18.
Karami, Khodabakhsh. *Euthanasia easy and comfortable death*, p. 22.
James Rachels “Active and Passive euthanasia” in *Metaethics, Normative Ethics and Applied Ethics*, Tomes Pieser, 2000.
Quoted from the book “*Philosophy of ethics, articles on normative ethics, applied ethics and meta-ethics*”, translated by Dr. Mahmod Fathali.
163-179: Michael Tooley. *Ibid.*, quoted from *Applied ethics*, pp. 168-169.
Karami, Khodabakhsh. *Ibid.*, P. 45.
Karami, Khodabakhsh. *Ibid.*, P. 57.
Dibae, Amir. *Abstract of medical ethics and laws*, P. 235.
Eslami, Mohammad Taghi et al. *Ibid.*, pp. 170-172.
Mesbah Yazdi, Mohammad Taghi, *Morality in the Quran*.
Almizan Interpretation, vol. 5, p. 481.
Medical narrations, vol. 1, p. 68.
Gregory A. Pence, *Classic cases in medical ethics*, translated by Pejman Habibi, P. 161, (Quoted in *Applied ethics*).
Amini, Ebrahim. *Euthanasia or mercy killing*, *Collection of medical ethics* vol. 5, p. 3.
Mustadrak Alvsayl, vol. 2, p. 56.
Wasaelolshie, vol. 17, p. 283.
Karami, Khodabakhsh. *Euthanasia easy and comfortable death*, p. 217.
Karami, Khodabakhsh. *Euthanasia easy and comfortable death*, p. 217.
Ibid., P. 216
Nahl / 89.

References & studies

- Holy Quran.
Eslami, Mohammad Taghi et al. *Applied ethics, new challenges and explorations in the applied ethics*, Islamic Culture and Sciences Institute.
Amini, Ebrahim. *Euthanasia or mercy killing*, *Collection of medical ethics articles*, vol.5, Soroush Publ.
Dibae, Amir. *Abstract of medical ethics and laws*, Maaref Publ.
Tabatabai, Seyed Mohammad Hossein (summer of 1987). *Almizan Interpretation*, vol.5, translated by Hojjati Kermani, Mohammad Javad & Grami Ghomi, Mohammad Ali, 3rd. ed., Scientific & Intellectual Foundation of Allameh Tabatabaei Publ.
Fathali, Mahmod. *Philosophy of ethics, Articles on normative ethics, applied ethics and meta-ethics*, Maaref Publ.
Professional ethics quarterly, Islamic Propaganda Office.
Karami, Khodabakhsh. *Euthanasia and easy and comfortable death*, Institute of Culture and Education.
Mohammadi Reyshahri, Mohammad (2007). *Medical narrations encyclopaedia*, translated by Saberi, Hossein, 8th ed., Qom: Darolhadith.
Mohammadi Reyshahri, Mohammad (2005). *Mizanolhekma*, translated by Sheikhi, Hamidreza, 5th ed., Qom: Darolhadith.
Mesbah Yazdi, Mohammad Taghi (summer of 2002). *Ethics in Quran, research and writing*: Eskandari, Mohammad Hossein, 5th ed., Qom: Educational and Research Institute of Imam Khomeini.
Classic cases in medical ethics, translated by Pejman Habibi, Senobar publ.
The New England Journal of Medicine (January 9th 1975). vol. 292, no .2