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Euthanasia And Medical Ethics In Nigeria

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ABSTRACT

Issues in euthanasia have become one of the debatable topics in the present situation, one of the reasons being the fear of lingering between life and death in an unbearable and painful condition. With the advent of science and technology in the field of medicine, the physician can always dictate terms in curing the diseases, which were once considered to be fatal. This implication has eroded the line between life and death where people are of the firm conviction that with the help of a physician we can always dictate death to wait for some more time. This advance in technology has bridged the dividing line between life and death where the transition from life to death can be sustained by artificial machines. One important consequence of this advancement in science and technology resulting in sustaining death, posed a serious question among the physicians, lawyers, ethicists and society in settling the line that separates life and death. For instance, the physicians desire to frame some definitions of death so that they can protect themselves legally and allow them to perform certain medical procedures like organ transplantation, so that they can ease their conscience in dealing with death. The ethical debate on Euthanasia thus creates interest in the researcher to study about the topic in detail. The research work is be based on the data collected from libraries, journals, magazines, newspaper, law report, seminars, and conferences. The researcher has also reviewed few articles in which it has been observed that the authors have analyzed the differences of arguments in and against euthanasia to portray its progressiveness.

Keywords: Medical Ethics; Euthanasia; Ethics; Nigeria.

INTRODUCTION

Philosophy has been loosely defined as a reflective enterprise with the propensity of confronting realities in the universe of being and proffering solution to those issues. Philosophy is a second order discipline which makes it possible to cross to the first order discipline and carry out investigations about their conclusions as to determine whether or not there are errors in those conclusions. As a second order discipline, it does not recognize any existing intellectual boundaries, as every field of study provides it with a raw datum for its philosophical investigation. Be that as it may, Euthanasia and medical ethics in Nigeria falls within the

province of philosophy of medicine. The task of this work is to explore and interrogate the application of euthanasia and to see if it is in line with the morality governing the practice of medicine in Nigeria. Indeed, every profession is governed by a litany of codes and conduct. The codes empower the practitioners to recognize their limits of operation so as not to earn the wrath of the professional body to which it belongs.Medical Profession as good and attractive as it is involves lives and whole lots of risk-both on the side of patient and medical personnel requiring a careful display of medical guidance. In Nigeria, plethora of cases abound on the carelessness of medical Professionals and other health workers by not being properly guided by the ethics regulating their conducts and affairs thereby resulting to loss of lives, wastages of resources, pain and agony on the part of families and communities, stigmatization and the rest.

Euthanasia loosely means mercy killing. It is also defined to be the art of terminating the life of a person who has been sick for a very long time without any hope of surviving the sickness. It can be defined as the request by the sick to help end his life so as to put an end to long suffering, agony and pain. The concern of this work is further to determine whether it is right or justify to terminate one's life; whether a medical expert or practitioner is justified to carry out the request of a sick person to end his life, whether a medical personnel is empowered by the code of conduct to carry out the request of a sick person under his watch and of at the time of the request by the sick person, if he still has rationality to determine if he was right and justified to make such request.

WHAT IS EUTHANASIA?

Relying on the authority of Olen & Barry as cited by Andrew F. Uduigwomen (2013), the case of Karen Ann Quinlan has properly done more than any other in recent decades to draw public attention to the legality and morality of euthanasia, a term which loosely refers to bringing about a good death for a person who is suffering from an incurable or terminal disease (p. 1). Karen Ann Quinlan had suffered years of an incurable disease which had resulted in dwindling financial resources of the family, brought sorrow and misery to the family members, and she was practically kept on life support to see if her life could be resuscitated. The situation of Karen Quinlan was quite unpleasant giving to the fact that real life has departed from her, rejection, dejection and isolation had become her lot. For her, the meaninglessness of life has actually be made known. Realizing the agony, pain and state of hopelessness to which Karen was, Joseph Quinlan- her father having taken the place of a legal consultant and counselor elected to remove the life sustaining respirator upon approval by the Supreme Court of New Jersey. It was observed that Karen Ann Quinlan lived for about ten (10) years later having died in June 11th, 1985. It must be stated clearly that the logic behind the practice of euthanasia either by consent or without consent (voluntary) is to achieve a good death for a person who is suffering for an incurable or terminal disease, who has suffered too long in the sickness and has suffered too long in the sickness and has become vegetable. By the application of this principle, the sick person has a perpetual rest. The family's negative mindset and condemnation and/or interpretative opinions of the genealogy of the sickness will reduce if not abated.

Euthanasia could be seen to be alien to Africa particularly, Nigeria having originated in the United States of America. Africa and of course, Nigeria value human lives. Human lives are so precious and sacred that to waste it intentionally or unintentionally is seen as a taboo, sacrilege and crime of monumental degree. Mercy-killing for good death poses a great danger to moral pedigree.

EUTHANASIA IN AFRICAN PERSPECTIVE

The idea and/or conception of good death (mercy-killing) for one who has suffered from sorrow to sorrow, pain to pain, agony to agony in the course of an incurable disease or terminal disease may be totally a bad idea. The agony and pain are not restricted to the sick alone, but affect the family members directly or indirectly or both. It is a well appreciated fact that life, no matter how it may be viewed has an existential status and therefore, should be valued. Also, due to the precious standing and valuing degree of life, no one life is more precious and valued than the other. With the above premise, the protection and consequent preservation of live 'A' should not as a matter of fact, pose grave danger to the life of 'B'. The implication of the above premise seeks to justify the case of euthanasia. But this situation gives humanity another significant puzzle of inability to know when a life will cease to be. Loosely speaking, life is not equivalent to a product or goods manufactured by a manufacturer who has in the course of his/her manufacturing included the expiring date of the product so manufactured, because, life is not goods manufactured by a person or group of persons, humanity is completely estopped from terminating it or playing with it without caution, including the life of an individual itself. The sacred nature and preservation of life necessitates the prevention of suicide which is taking one's own life. The life one lives or holds is not to oneself alone, but to oneself and the society, when a life is lost either by reason of euthanasia, or suicide, armed banditry, accident or by other means lawful and unlawful, the society is empirically denied the existential values of that life.

Africans are a people that are deeply rooted in culture and religion. They are of the opinion that they are products of a supernatural entity, who created them and all that there are. With this, they believe in the sacred nature of life, holding the belief not to terminate life irrespective of the situation. With this, the idea of euthanasia remains an alien concept which is not to be allowed in African jurisdiction. In the African perspective, life is a composite of physical, spiritual and mental. Most time, the attempt to embark on euthanasia is when there is observable failure on spiritual or mental aspect of life that is the time the holder may begin to loss hope of survival. A conscious life is a life that is in a state of living. The consciousness in him or her implies the likelihood of survival. On the other hand, unconsciousness is a state of not been able to recollect or articulate well. In this case, it becomes probability as to know whether the life will be or not. It becomes dangerous to terminate a life that may regain consciousness and live for the remaining part of his/her assigned years on earth.

MORAL AND LEGAL DIMENSIONS OF EUTHANASIA

From the view of William Morris, euthanasia means "the action of killing an individual for reasons considered to be merciful" (p. 469). It is also observed that council on Ethical and Judicial Affairs, subsumed under the American Medical Association for determining legal and ethical issues in biomedical related cases has defined Euthanasia to mean: The act of bringing about the death of a hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy… The term euthanasia will signify the medical administration of a lethal agent to a patient's of a lethal agent to a patient's intolerable and incurable suffering (p. 223). With the definition from a medical council, it well suggests that euthanasia, where practiced must be inconformity with the appropriate medical regulatory rules. Emeka C. Ekeke (2010) citing Wolhandler defines euthanasia to be "the act or practice of painlessly putting to death persons suffering from incurable conditions of diseases" (p. 363). Ekeke (2010) proceeds by stating the positions of Adams and Dzurgba (2005) independently as "Unwanted medical treatment or to

have on going care withdrawn even though the patient will die if treatment is terminated (2021); the killing of the sick, badly injured or very old in order to stop them from suffering (p. 57).

A detailed and cursory analysis of the various opinions x-rayed above leave one in utter suspense as to the justification of mercy killing. Can there be mercy, pity and or care in taking one's life even if it is by the person consent? Can there be any form of happiness or joy derivable in helping someone to die or to commit suicide? The confusion in this question has made some analysts reflecting on this to attempt to make a distinction between euthanasia and other allied killings. Resting on the above premise, Glanville Williams views euthanasia to mean "assisted suicide or a killing by another for humanitarian reasons and by merciful means, generally with the consent of the person killed, in which case, it is referred to specifically as voluntary euthanasia.Indeed, a medical practitioner who in total and complete exhibition of his expertise of a peculiar case, may draw conclusion that such suffering life has no utility and better terminated voluntarily or involuntarily. With all rationality, both the medical personnel and the patient do not have the authority to commit murder or suicide going by the provision of the law. Using Nigeria as a case study, the law provides right to life, implying that no one has right to terminate any person's life except in some special circumstances approved by the law. For the purpose of clarity, the section of the law is reproduced:

> Section 33 (1) Evey, person has a right to life, and no one shall be deprived intentionally of his life, save in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria. Section 33 (2) A person shall not be regarded as having, being Deprived of his life in contravention of this section, if he dies as a result of the use to such extent and such circumstances as are permitted by law, of such force as is reasonably necessary. Section 33 (2) (a) For the defence of any person from unlawful violence or for the defence of property; Section 33 (2) (b) in order to effect a lawful arrest or to prevent the escape of a person lawfully detained; or Section 33 (c) for the purpose of suppressing a riot, insurrection or mutiny.

In the above constitutional provision, there was no place where assisted suicide or euthanasia was mentioned that one is justified by law to take up such action. The law is the ground norm that governs the society of beings. The implication here is that euthanasia as a principle/practice that accords good death to a suffering patient does not have or enjoy constitutional protection, this makes the action illegal. It is a known fact that medical practice is governed by its ethics and legal code, this legal code is subsumed and subservient to the constitution and where the constitution does not approve of the practice, it becomes a risk on the part of whoever that is practicing euthanasia in the Nigerian context. So, apart from the moral dimension of euthanasia, its legal dimension condemns it completely. To further elucidate on the moral implication of this act of mercy-killing, Ekeke (2010) citing Gary E. Crum his well-articulated work "Dying well: Death and life in the 90s" contends that ethical issue about abortion is simpler than the complex issue of euthanasia. For Crum, according to Ekeke (2010), euthanasia could be accepted in critical situation. He says:

> As for pain control that might end my life a little sooner, or which might give me a less than complete consciousness in order to avoid great suffering, I would accept that based on the verse; Give strong drink unto him that is ready to perish, and wine unto those that be of heavy heart' (Proverbs 3:6 KJV) (p. 173).

However, it has been discovered from the point of view of law that the practice of euthanasia is not supported by the legal code, and therefore should not be practiced. But how can this argument or position be reconciled with the freedom of choice of a person? Does it mean that one will continue to suffer perpetually on account of terminal sickness? If it convincingly proven to the sick that his situation cannot be bettered, nothing stops him from electing to enjoy peace of mind by having a good death. The contention above enjoys the

support of Harris who argues that "to deny people the power of choice over their own destiny is to treat them as incompetent to run their lives and is thus to make their lives subordinate to our purposes for their lives rather than treat their lives as their own" (p. 80).

It may interest you to know that Harris is not alone in this type of reasoning, for there are Christians of the Baptist faith who held the view that euthanasia should be applied in some extreme cases or conditions where recovering is almost impossible. Responding to this line of argument by Christians and non-Christians in support of euthanasia, Simon and Christopher Danes (2004) churned out three arguments. On the one hand, "it would work against the relationship of trust between doctor and a patient" (p. 152). In a doctor-patient relationship, a fiduciary understanding of trust and confidentiality supposedly exist between the two. The doctor under no circumstance of coercion and otherwise, should divulge the medical condition of his patient to the third party without his consent. Again, the duty of a medical doctor is to save life and not to terminate it, for to do such is to go contrary to their contractual relationship. On the second hand, relying on any alleged legal document signed which purportedly conveyed consent by the sick may be wrong. This premised on the fact that the sick who perhaps signed by coercion and pressure, might have signed without understanding the nature and implication of what he signed. His (patient) state of mind as at the time he signed may not be the type that could make him understand what he actually wanted. On the third hand, "it could be the thin edge of the wedge". By this, there is a conspiracy or connivance of a young person with a medical expert to terminate the life of an old person who has been sick for a long period. This all goes to determine that people have the capacity to determine who should die and live. No matter what the strength and weakness of euthanasia may be, it does not behoove on humanity to determine what life is to live and the one to die. It also, does not behoove on humanity to determine which death is good and bad. And there is nothing merciful in withdrawing care for an aged person who is terminally ill in order to help him die. If humanity treasures and values life as expected, it becomes morally condemnable to indulge in the practice of euthanasia especially in the African context.

STRANDS OF EUTHANASIA

Conversely, euthanasia has been categorized into two main strands namely voluntary/involuntary euthanasia and passive/active euthanasia.

Voluntary Euthanasia: This is the type of death of a person with his full consent. By this, the fellow who is sick willingly gives his consent that euthanasia be carried on him either by writing or orally in the presence of third parties, family members, guardians and sometimes, his attorney. Lebaron (1970) contends that voluntary euthanasia is a kind of death which is performed by another with the consent, may be in writing as in the case of a living will or advance directive. Ekeke (2010) citing the Council of Ethical and Judicial Affairs (CEJA) sees voluntary euthanasia as that which is provided to a competent person on his or her informed request (p. 2230). An act of voluntary euthanasia may be by way of consistent refusal of food, consistent and inconsistent demand that support machines be switched off, and also, refusal on continuous medical treatment. Laying credence to the above, Uduigwomen (2013) adds up to the literature on voluntary euthanasia when he contends that:

> When a person instructs his family not to permit the use of artificial life-supporting system if he should become unconscious, or suffers brain damage and being unable to speak for himself or requests that he should be given a lethal injection in the event that he suffers third degree burns over most part of his body. Thus in voluntary euthanasia, the one who is to die consents to die (p. 21).

The philosophy behind yielding to euthanasia is predicated on the assumption that one has unabated control over his life and has the capacity to determine the time, venue and process by which he will end the said life. This assumption is in conformity with absolute freedom to the self.

Involuntary Euthanasia: On the other hand, when death results of a sick person or an incurably sick person by the help of another of sound mind without the consent of him that is to die, such an act is called involuntary euthanasia. It will be different and of different legal and moral interpretations if the said death occurs as a result of negligence, error on the part of medical expert or mistake, but where it is an intentional and conscious administration of a killer-drug, withdrawal of life-support, denial/refusal to administer required drug and/or any act that is intended to end the life of the sick person without his consent is called involuntary euthanasia.

Lebaron (1970) defines it as "death performed by another without the consent of the person being killed" (p. 4). On the part of Uduigwomen (2013), on involuntary euthanasia, "the one who is to die does not take the decision about death. The decision may be taken by his family, his friends or the physician himself" (p. 21). Those that favour involuntary euthanasia strengthened their argument relying on the fact that a sick person that suffers brain damage may not be in a position to take decision as to what is good or bad for him at a particular time. It may be necessary that an external person may have to decide for him at that material time especially where the person to decide is not acting on malice or prejudice. This is not far from the point of view of Immanuel Kant.

However, one ceases to be where decisions surrounding his existence and life generally are to be made externally by another person without him approving the decisions.

Passive Euthanasia: This in scholarly circle means no less than letting a patient die by removing the patient from all artificially induced life support systems like feeding tubes, respirators etc. it also, includes withdrawing from medical treatments that could aid in the sustenance of the life of the patient. In this type of euthanasia, the doctor or medical expert-in charge of the person's health is not directly involved in the termination of the person's life.

Active Euthanasia: On the other hand, active euthanasia involves direct approach and/or step to terminate a patient's life through lethal injection capable of resulting to the death of the patient. In this case, the medical expert or physician is responsible directly in the death of the patient. From the moral, religious and legal point of view, it will be necessary that either passive or active situation, physicians should not involve themselves in the death of a patient even if it is established that the patient will die. It will be necessary and inconformity with medical ethics to continue to render medical care to the patient until he dies naturally on his own. It will not be palatable; in fact, it is against good conscience and morality that one is linked to the death of the other. Even though, certain deaths have occurred where the person to die have given consent on grounds of security, such voluntary death is not synonymous to euthanasia. Euthanasia is a product of continuous suffering of a terminal ill health.

Arguments in Support of Euthanasia

(1) One of the arguments of the proponents and defenders of euthanasia is that the practice is intended to end the long suffering of a patient. The patient is not suffering alone; his family, friends and associates are affected in one way or the other due to the health situation of the patient. The sickness takes large junk of the family's resources, it stations family members at a place which also affects their productive and economic lives. In this context, euthanasia becomes appropriate to give rest to a troubling soul, allow other family

members to have a peace of mind and, also concentrate on their social and economic wellbeing which have been hampered consequent upon the terminal health condition of the patient.

(2) Euthanasia confers on the individual the freedom and right to make a choice. To decide to live and to choose to die under an unprintable health condition. Considering the pains, agony one is undergoing as a result of sickness that will eventually end in death, it will be most unfair and unjusticeable to deny the patient the right to choose to die. In the aforesaid circumstance, euthanasia whether voluntary or otherwise becomes appropriate.

Arguments Against Euthanasia

(1) By all standards, the practice of euthanasia cannot be evidently and empirically justified. Human life is sacred and dignity of human life is realized when preserved and protected. Killing by euthanasia lays no valuable regard on the sanctity of human life from the religious point of view, the practice of euthanasia renders faith meaningless.

(2) Euthanasia no doubt, cheapens the value of human life. Life does not lie on he that lives alone, but is a composite of him, family members and other inter-connected factors. The traditional African man places value on both the living and the dead. How the death of a person occurs matters to the living. It matters to the family members because of the belief in reincarnation. The circumstance of one's death may affect his next coming (reincarnation).

(3) There is always a punishment that flows to him that terminates voluntarily or involuntarily the life of another person. Sometimes, it leads to a generational curse where a person or medical practitioner aids in the death of one whom God in all wisdom has not elected to take or terminate. This ugly phenomenon may affect the society as a whole.

(4) The practice of euthanasia seems to project the proficiency of science and technology as against faith and reliance in what God can do in challenging circumstances. It plays down on faith.

MEDICAL ETHICS IN NIGERIA

In Nigeria, medical profession is under the ministry of Health. The regulation of the activities of medical profession is under the Medical and Dental Council of Nigeria (MDCN) established in 1963. As stated earlier, the task of MDCN is to regulate, and oversee the operation of the medical and dental workers and other allied health stakeholders such as the Alternative Medicine Practitioners, to see if they align themselves with the available regulatory provisions. In order to achieve this feat, its code of conduct or ethic of operation remains their bible. The mission and vision of the MDCN are intertwine, connoting, sameness of philosophy. For instance, it is the mission of MDCN "to regulate the practice of medicine, Dentistry and Alternative Medicine in the most efficient manner that safeguards best health delivery for Nigerians". On the other hand, the vision is "to be the foremost professional regulatory body in Nigeria" the mission and vision being carefully x-rayed will clearly articulate what the ethics of the profession would entail.

The regulatory body MDCN regulates the activities of Nigerian Medical Association (NMA), the Nigerian Dental Association and the Alternative Medicine Practitioners which are independent units in pursuit of their interest within the umbrella of MDCN. Among the issues handled by the MDCN are to receive complaints against medical doctors; to determine the status of doctors and to determine whether or not a certain acclaimed medical doctor is a quack or not. These avowed responsibilities undertaken by them help in strengthening their mission and vision respectively.

Complaints received from the public are carefully examined in their merits and where discovered that a certain medical doctor that was complained against is capable of the misconduct, punitive measures such as closure of the clinic, withdrawal of operating license for a certain period may be given to serve as a deterrent to other would-be violators of medical codes. However, we have also, observed that parochial and primordial sensibilities orchestrated by the leadership of the regulatory body may prevent the fall of sledge hammer on erring officers (Ikegbu 2006; Ikegbu 2012; Ikegbu & Akpan 2018; Ikegbu & Bassey 2019). This attitude has not allowed medical profession to flourish in comparison with other developing and underdeveloped parts of the world where health service delivery is given priority attention. Indeed, conspiracy of silence, and phenomenon of concealment have eaten deep into the fabric of the leadership class and had disallowed effective application of appropriate punishment in cases of obvious negligence, accident, passive euthanasia and involuntary euthanasia (Ikegbu, E. A., & Diana-Abasi 2017; Ikegbu, E. A., & Enyimba 2010). There were situations where medical doctors who are known health care givers conspire, either for the sake of monetary inducement, political patronage, massage of existing fraternity, appointment and promotion to violate an established code of conduct of a profession that he has sworn to uphold.

Confidentiality is one of the foremost ethics of a medical practitioner. By this, there is an existing fiduciary relationship of trust between a patient and a medical doctor. A patient discloses his/her medical condition to his/her physician, and his/her physician in line with ethic of confidentiality owes a patient a duty not to disclose the health situation to the third party without the patient's consent. The principle of confidentiality though a foreign content, applies in our jurisdiction. It means the same as Hypocratic Oath administered on medical practitioners at the point of entry into the profession. In the United States of America by HIP AA Laws, it is known as the Privacy Rule (Asira & Ogar, 2009). To what extent can people in their rationality both medical doctors and non-medical doctors, Christians, Moslems, Pagans, traditional worshippers and the likes respond to the thesis of confidentiality in matters of obvious clarity?

Indeed, the Patient-Physician privilege has a mischief that it intends to solve, but to whose advantage? In the legal profession for instance, a marriage contracted on point of fraud and illegality is bound to collapse-upon discovery. It is our law under the Matrimonial Causes Act that parties to contract statutory marriage must give full disclosure without reservation as it applies to health status of parties, existence of or otherwise of previous marriage and any other information that may be detrimental to the success of marital union. Where this is not clearly done, it may affect the union, which may lead to dissolution of the marriage. In most cases, medical practitioners in full knowledge of the implication have assisted in keeping to the unity of marriage for those that hold tenaciously with the ethics. Some whose interests are capable of been jeopardized have equally not headed to the oath of confidentiality. In practical terms, it takes high-level rationality, love and spirituality to condone a marriage entered or contracted by fraud. It is obvious here that medical personnel have assisted in the collapse of marriages and have also, helped in the misery, pain and agony of couples in marital union due to the fact that allegiance to the oath of the profession has to be sustained. Considering the growing implication, increased health risks on parties and societies at large, crippling economic disarray, disunity and discomfort, a good medical ethics should be inculcated on the body of health practitioners. Several killer-diseases are in the increase, the patients who are suffering these ailments may not be completely the cause, but may be as a result of poor awareness exercise, lack of adequate health facilities etc. where they are guaranteed, it may lead to untimely death. Allowing them to be fully integrated into the society with little precautionary and preventive measures will also lead to spread of the disease. This is where lots of medical education should be carried out to both the sick and the public.

Asira and Ogar (2009) related the case of the United Kingdom where its General Medical Council provides clear overall modern guidance in the form of its "Good medical practice statement". Other organization such as the medical protection society and a number of University departments, are often consulted by British doctors regarding issues relating to ethics (p. 6).

CONCLUSION

The task of this work is to x-ray the practice of Euthanasia and Medical Ethics in Nigeria and to ascertain whether there is full and comprehensive adherence to the code of conduct of the medical profession. From available literature, the work has exposed the audience with the reality that euthanasia which is mercy-killing or good death in spite of its growing concern on the need to end continuous long suffering of the sick does not seem to have moral and religious justifications. Human lives from the Christian or religious perspectives are sacred and should be accorded utmost dignity. Moreso, this part of the world, Nigeria and Africa value the sanctity of human lives and go forth to protect, preserve, nurture and free it from any form of harm. To spill blood or take away another's life is sacrilegious and a taboo which requires cleansing. The episode in Things Fall Apart written by Chinua Achebe exposed the audience deeper on how precious human lives were giving account of the inadvertent death of Ikemefuna by Okonkwo.

Euthanasia whether voluntary or involuntary seeks to end the long suffering of the sick through the help of a medical practitioner. A medical practitioner primarily is a healthcare giver and not a terminator of life no matter the circumstance.

However, it is found that the practice of euthanasia in most cases is not in consonance with the medical ethics guiding the practice of medicine in Nigeria, reason being that most medical practitioners work in contradistinction to their avowed professional disquisitions. They put their personal interest into contemplation and not the interest of the patient which is primary. In order to achieve their interior motives, they either conspire with the family of the patient or ill advice the patient to consent to the practice of euthanasia. This is possible where the physician has lot more to benefit directly or indirectly from the patient or his family, so compromising his professional ethic will not amount to anything provided he achieved his aim. Considering the socio-economic, cultural and religious implication of the practice of euthanasia, it is hereby recommended that;

(1) Euthanasia if it is the only available option, it should be solely carried out for the interest of the patient and not family, friends and associates and how they would feel about the situation.
(2) There should be enough education on the application of the practice of euthanasia to the society considering heterogeneous and cultural diversities in existence.
(3) The physician/medical practitioner who opts for euthanasia must have exhausted all therapeutic measures available to him in the circumstance so as to free himself from likelihood of bias, conspiracy and the likes.
(4) A modest articulation of euthanasia be added in our legal code granting room for its exercise – in cases of obvious absence of remedy. Other associated situational cases should be accorded legal backing.
(5) At all materials times, physicians should not compromise standard; should not allow interest to govern their sense of judgment, should act professionally and eliminate traces of parochialism and primordialism.

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