Death by choice: Is it worth it?

As doctors, we are all bound by the Hippocratic oath. Therefore, to think of allowing a patient to die, even though it may be their own choice, is a very difficult decision. Should it be called killing or mercy? There is no perfect answer to this question, and the debate is never-ending. Being a practicing oncologist, death is not new to me. Every day, I try to provide the best available treatment and hope to fend off impending death for as long as possible.

One day, a young married couple came to the oncology department; they were probably facing the greatest stress of their lives. I could see the big folder in their hands and the anxiety written all over the wife's face. Before I could question them, the beautiful young lady said, "We have been married for a year and a half, and I am six months pregnant. Recently my husband started experiencing headaches, for which we consulted a doctor. After carrying out some investigations, he told us that he suspected that there was an issue with my husband's brain."

I asked her to calm down, as she was pregnant, and told her to show me all the reports. While she hesitantly handed me the folder, she said, "It's probably all a mistake. He just had a headache. My husband is only 29 years old, so, how can they even say that word?" Yes, the word was "CANCER" which itself was dreadful to her ears, and was first met with denial, and then a lot of emotional upheaval.

Theirs was a happy family. Then one day, the husband had something as trivial as a headache, which led to brain surgery. Before they could process any of the information, their worst nightmare had come true. His post-operative histopathology was reported as a grade IV brain tumor (Glioblastoma Multiforme).

After reviewing all the reports, I said that word out loud, "Yes, it is cancer, but treatment options are available." There were tears of joy in their eyes. I explained to them the nature of these tumors and the chances of survival, with and without treatment. After processing all that I had said, they opted to proceed with treatment. I explained that the next step was radiation and oral chemotherapy. The discussion went well until we reached the subject of the cost of therapy. They had some difficulty arranging the finances but soon managed to start treatment appropriately. The husband tolerated the treatment well and the couple was happy again.

However, recognizing that his tumor was aggressive made me worried for the couple. I was very moved by the strength and resilience of his wife. I wished them luck and asked them to follow up regularly.

Six months after completing treatment, he developed a recurrence and was confined to bed. When they visited me this time, a child accompanied them. Upon learning of her husband's relapse, the wife was completely shattered, inconsolable, and cursed her destiny. I reassured her and explained the few available treatment options. Unfortunately, this time my efforts to give her hope, were in vain.

The only earning member in the family was her bedridden husband. She asked me in a somber voice, "Tell me doctor, how am I supposed to take care of my husband and baby, and search for a job?" I had no answers. Later on, she did manage to find a job to take care of the finances but managing her family was a herculean task. Despite all our efforts, her husband's condition deteriorated, and he was admitted to the intensive care unit (ICU). He quickly became unresponsive and was intubated and placed on a ventilator.

For a short while, she paid the hospital bills by borrowing money from friends and relatives. One day she visited me in the outpatient department, with a poker face and asked me, "Doctor, is there any hope for him? I can't bear to see him lying in bed like this, connected to all those tubes and bottles." She also stated that at the time of admission to the ICU, the critical care team had prognosticated that he might survive for only a few days, but it had now been over a month. "How long will he continue like this? Can we do something to give him peace? Please don't judge me, doctor, please help me," she pleaded.

I listened to her patiently, understanding her agony and her desire to untether herself and her husband from this misery, but I dared not utter the word, 'Euthanasia,' because of fear of the law and fear of humanity. Now the question arises, what exactly is euthanasia? It is a practice of ending the life of an individual suffering from a terminal illness or incurable disease. It is also called "Mercy Killing" or painlessly killing someone who has no chance of survival or who suffers from a terminal illness.

Euthanasia can be of two types; Active or Aggressive Euthanasia, which is intentional death caused by a direct intervention such as giving a lethal injection. It is quicker, but all forms of active euthanasia are illegal in India. The second type is Passive or Non-aggressive Euthanasia wherein death is caused by not providing essential care like discontinuing an artificial life support system. It is usually slower and more uncomfortable than active euthanasia.

In India, the debate on mercy killing gained prominence as a result of the Aruna Shanbaug case, in which the KEM hospital nurse had her plea for active euthanasia turned down by the Supreme Court. However, the court in its landmark judgment legalized passive euthanasia in India and laid down certain guidelines. According to these guidelines, passive euthanasia involves the withdrawal of treatment or food that would allow the patient to live.

The court judgment also made it clear that passive euthanasia would only be allowed in cases where the person was in a persistent vegetative state or terminally ill.

Now let us consider the case of my patient's wife. He had irreversible brain damage and had been comatose for the preceding three months; his family was unable to bear the medical expenses. They wanted him to live, but with at least some dignity and without pain. In his current state, nobody knew how long he would carry on. What would the right strategy be in such a situation?

I am not saying that euthanasia is the answer, but what would be an ethical and appropriate solution to such a situation? The debate on the pros and cons of euthanasia is unending, but my intention in sharing this case was to raise awareness about euthanasia and also to let people know that passive euthanasia is legal in India. I believe that although death is inevitable, it should be dignified.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

MANJARI SHAH, DISHA TIWARI¹

Department of Radiation Oncology, Jaypee Hospital, Noida, Delhi NCR, Uttar Pradesh, ¹Department of Medical Oncology, Indraprastha Apollo Hospital, Delhi, India

Address for correspondence: Dr. Manjari Shah, Department of Radiation Oncology, Jaypee Hospital, Noida, Delhi NCR, Uttar Pradesh, India. E-mail: manjarishah29@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online		
		Quick Response Code
Website:		
www.crstonline.com		目がが目
		78832
DOI:		1272364
10.4103/crst.crst 260 22		in the Do
10.4103/c1st.c1st_200_22		
How to cite this article: Shah M, Tiwari D. Death by choice: Is it worth it? Cancer Res Stat Treat 2022;5:623-4.		
Submitted: 31-Aug-2022 Revised: 19-Oct-2022		
Accepted: 07-Nov-2022	v-2022 Published: 10-Feb-2023	
© 2023 Cancer Research, Statistics, and Treatment Published by Wolters Kluwer - Medknow		