

AN ETHICAL EVALUATION OF THE RIGHTS OF THE PATIENT AS A VALUABLE GROUND FOR EUTHANASIA

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Abstract

Euthanasia, often referred to as mercy killing or physician-assisted death, remains one of the most contentious issues in contemporary bioethics, law, and medical practice. It raises profound moral questions concerning the sanctity of life, the autonomy of the individual, and the ethical responsibilities of healthcare providers. This paper critically evaluates euthanasia through the lens of patients' rights, particularly examining whether the right to life can be interpreted to include a right to die. Drawing on philosophical discourse, legal frameworks, and medical ethics, the study explores the historical evolution, conceptual distinctions, and ethical controversies surrounding euthanasia. Special attention is given to the Nigerian legal context, where euthanasia remains criminalized yet ethically debated. The paper argues that while euthanasia poses significant risks, particularly regarding abuse and coercion, the rights of competent patients to make informed decisions about their own lives, including the refusal of life-sustaining treatment, provide a compelling ethical basis for reconsidering its absolute prohibition. The study concludes by advocating for a cautious, regulated approach that balances autonomy with the protection of vulnerable populations.

Keywords: Euthanasia, Patient Autonomy, Right to Die, Bioethics, Nigeria, Human Rights

1.0 Introduction

The question of whether an individual possesses the moral or legal right to determine the timing and manner of their death remains one of the most enduring and controversial dilemmas in human history. It sits at the intersection of ethics, law, medicine, and religion, raising fundamental concerns about the value of human life, the limits of personal freedom, and the responsibilities of society toward the vulnerable. In contemporary times, this question has become increasingly urgent due to rapid advancements in medical science. While modern medicine has significantly prolonged human life and improved survival rates, it has also extended the process of dying, often resulting in prolonged physical suffering, psychological distress, loss of dignity, and a diminished quality of life for patients with terminal or incurable conditions.¹

Within this context, euthanasia has emerged as both a medical and ethical response to the problem of unbearable suffering. Broadly understood as the intentional ending of life to relieve pain or distress, euthanasia challenges deeply entrenched moral principles, particularly the doctrine of the sanctity of life, which holds that human life is inherently valuable and must be preserved irrespective of circumstances.² However, contemporary bioethical discourse has increasingly shifted toward a more patient-centered approach, emphasizing the principles of autonomy, dignity, and informed consent. This shift reflects a broader transformation in healthcare, where patients are no longer viewed merely as passive recipients of care but as active agents with rights and interests that must be respected.

Central to this evolving discourse is the question of whether the rights of patients, especially the right to autonomy or self-determination, can provide a morally and legally defensible foundation for euthanasia. Proponents argue that competent individuals should have the authority to make deeply personal decisions about their own lives, including the choice to end suffering through euthanasia. From this perspective, denying such a choice may constitute an infringement on personal liberty, bodily integrity, and human dignity. Conversely, critics contend that recognizing a right to die may undermine the fundamental right to life, expose vulnerable individuals to coercion, and erode the ethical foundations of medical practice.

The debate is further complicated by the distinction between different forms of euthanasia, such as active and passive euthanasia, as well as voluntary and non-voluntary cases, each of which raises unique ethical and legal concerns. Moreover, the issue is not merely theoretical; it has practical implications for healthcare providers,

lawmakers, and society at large, particularly in jurisdictions where legal frameworks remain unclear or underdeveloped.

In Nigeria, the legal and ethical status of euthanasia presents a particularly complex challenge. While the Constitution of the Federal Republic of Nigeria 1999 strongly protects the right to life and criminal law prohibits intentional killing, there is limited legal guidance on end-of-life decision-making, including the withdrawal of life-sustaining treatment. At the same time, Nigerian society is deeply influenced by religious and cultural values that emphasize the sanctity and inviolability of human life. This creates a tension between emerging global bioethical perspectives that prioritize autonomy and local normative frameworks that resist euthanasia.

Against this background, this paper undertakes a critical ethical evaluation of euthanasia by examining the extent to which the rights of the patient can serve as a valuable ground for its justification. It draws on philosophical analysis, human rights theory, and legal frameworks to interrogate the relationship between autonomy, dignity, and the right to life. Particular attention is given to the Nigerian context, where the absence of explicit legal provisions on euthanasia creates a normative gap that warrants scholarly examination.

Ultimately, the paper seeks to contribute to ongoing debates by clarifying the ethical foundations of euthanasia, identifying the limits of patient rights, and proposing a balanced approach that reconciles individual autonomy with the need to protect vulnerable populations and preserve the moral integrity of medical practice.

2.0 Conceptual and Historical Foundations of Euthanasia

The term euthanasia originates from the Greek *eu* (good) and *thanatos* (death), signifying a “good death.”³ Historically, it referred to a peaceful and painless death rather than the deliberate act of ending life.

Francis Bacon later redefined euthanasia within a medical context, emphasizing the physician’s duty to relieve suffering.⁴ However, modern interpretations have expanded the concept to include intentional life-ending actions, creating ethical ambiguities.

The twentieth century witnessed the misuse of euthanasia under eugenic ideologies, particularly in Nazi Germany, where it was used to justify the killing of vulnerable populations.⁵ This historical abuse continues to inform contemporary resistance to euthanasia.

3.0 Forms of Euthanasia

Euthanasia manifests in several forms:

3.1 Active Euthanasia

The deliberate act of ending life through direct intervention, such as lethal injection.⁶

3.2 Passive Euthanasia

The withdrawal or withholding of life-sustaining treatment, allowing natural death.⁷

3.3 Voluntary Euthanasia

Conducted with the informed consent of a competent patient.⁸

3.4 Involuntary and Non-Voluntary Euthanasia

These involve the absence of consent and are widely regarded as unethical and illegal.⁹

4.0 Ethical Problems in Relation to Human Rights

4.1 Right to Life vs Right to Die

The right to life is a cornerstone of international human rights law. However, whether it includes a right to die remains contested.¹⁰

4.2 Autonomy and Consent

Respect for autonomy supports the idea that individuals should control their own bodies. However, autonomy may be compromised by psychological distress or social pressure.¹¹

4.3 Protection of Vulnerable Populations

Legalizing euthanasia may disproportionately affect vulnerable groups.¹²

4.4 Medical Ethics

The principle of non-maleficence prohibits intentionally causing harm, raising questions about the role of physicians.¹³

4.5 Slippery Slope Argument

There is concern that legalization may lead to broader and potentially abusive applications.¹⁴

5.0 Nigeria-Focused Legal Analysis

5.1 Constitutional Framework

The **1999 Constitution of the Federal Republic of Nigeria** guarantees the right to life under Section 33(1), stating that no person shall be intentionally deprived of life.¹⁵

This provision forms the legal basis for the prohibition of euthanasia in Nigeria.

5.2 Criminal Law Position

Under Nigerian law: Euthanasia may be classified as **murder** or **manslaughter**. Thus, assisted suicide is criminalized. However, no distinction exists between compassionate and malicious killing.

Very important to note that the **Criminal Code Act** and **Penal Code** do not explicitly address euthanasia, thereby creating interpretive challenges.

5.3 Patient Autonomy in Nigerian Law

Nigerian law recognizes: The right to informed consent and the right to refuse treatment. However, it does not extend to active euthanasia.

5.4 Judicial Precedents

In *Pretty v. United Kingdom*, the court held that the right to life does not include a right to die, though autonomy is recognized.¹⁶

5.4 Ethical and Legal Implications

The Nigerian legal system reflects a **normative gap**, where: Autonomy is partially recognized while ‘End-of-life’ decisions remain unclear. This made medical practitioners to always face ethical uncertainty

6.0 Ethical Arguments for and Against Euthanasia

6.1 Arguments in Favour

Respect for autonomy: This argument is grounded in the principle that competent individuals have the moral and legal right to make decisions about their own lives, including how and when they die. It is rooted in the philosophical tradition of John Stuart Mill, autonomy emphasizes self-determination and freedom from external interference. In the context of euthanasia, proponents argue that: A mentally competent patient should be allowed to choose death when faced with unbearable suffering. They argue that denying this choice undermines personal liberty and bodily integrity. Modern bioethics, especially as articulated by Beauchamp and Childress, recognizes autonomy as a central principle in medical decision-making. Thus, euthanasia is viewed as an extension of informed consent and refusal of treatment.

Relief from Suffering: One of the strongest justifications for euthanasia is the need to alleviate intense and irremediable suffering. This includes both physical pain and psychological distress associated with terminal illness. Here, the key points include: Some medical conditions (e.g., advanced cancer, neurodegenerative diseases) produce pain that cannot always be adequately managed. The principle of beneficence in medicine obliges healthcare providers to act in the best interest of the patient, including relieving suffering. Thinkers like Peter Singer argue from a utilitarian perspective that reducing suffering maximizes overall well-being. Euthanasia, in this sense, is framed as a compassionate response to unavoidable human suffering.

Preservation of Dignity: Advocates argue that euthanasia helps preserve human dignity, especially in cases where illness leads to severe physical or mental deterioration. This argument emphasizes: Loss of bodily control, dependence on life-support, and degradation of personal identity can be seen as affronts to dignity. Patients may wish to avoid a prolonged dying process that strips them of their sense of self-worth. The concept of dignity is closely linked to autonomy and the ability to maintain control over one’s life narrative. Scholars such as Ronald Dworkin argue that respecting dignity includes honoring an individual’s deeply held values about how their life should end.

Quality of Life Considerations: This argument distinguishes between mere biological existence and a life that has meaningful quality. Core ideas include: When a patient’s quality of life falls below a level they consider acceptable, continuing life may no longer be beneficial. Conditions involving permanent unconsciousness, severe disability, or extreme pain may render life burdensome rather than valuable. Ethical reasoning here often intersects with utilitarianism and pragmatic medical ethics. Proponents argue that: Life should not be preserved at all costs, especially when it becomes devoid of purpose, awareness, or enjoyment. Medical technology should not prolong life in ways that extend suffering without reasonable hope of recovery.

6.2 Arguments Against

Sanctity of life: The sanctity of life argument holds that human life possesses intrinsic and inviolable value, irrespective of condition or quality. From this perspective, intentionally ending life, even to relieve suffering, violates a fundamental moral norm. As Daniel Callahan states, “the prohibition against taking innocent human life is the cornerstone of civilized moral order.”¹⁷ This view is often grounded in religious and natural law traditions, which maintain that life is not subject to individual disposal.

Risk of abuse: Critics argue that legalizing euthanasia creates opportunities for misuse and coercion, particularly among vulnerable groups such as the elderly, disabled, or economically disadvantaged. Leon Kass warns that “the line between voluntary and involuntary euthanasia may erode under social and economic pressures.”¹⁸ Concerns include: Subtle coercion by family or caregivers, financial incentives (reducing cost of care) and misdiagnosis or premature decisions.

Medical ethics concerns: Here, euthanasia is seen as incompatible with the traditional ethical obligations of medicine, especially the principles of non-maleficence (“do no harm”) and beneficence. According to Tom L.

Beauchamp and James F. Childress, “the intentional ending of life conflicts with the physician’s role as healer.”¹⁹ Allowing euthanasia may: Undermine trust in healthcare providers, blur the distinction between healing and killing and alter the moral identity of the medical profession

Slippery slope risks: The “slippery slope” argument suggests that permitting euthanasia in limited cases may lead to progressive expansion beyond initial safeguards. John Keown argues that “once the ban on intentional killing is relaxed, it becomes difficult to contain its application.”²⁰ Here, empirical concerns include expansion from: Terminal illness - chronic conditions, physical suffering - psychological suffering and voluntary - non-voluntary euthanasia.

7.0 Patients’ Rights as a Ground for Euthanasia

The rights of patients, particularly autonomy and dignity, provide a compelling argument for euthanasia. Patients experiencing unbearable suffering may reasonably seek control over their death. However, this right must be balanced with: Protection of vulnerable populations, Ethical integrity of medicine and Societal values

8.0 Comparative Perspective (Global Insight)

Countries such as the Netherlands, Belgium, and Canada have legalized euthanasia under strict conditions, including: Voluntary consent, Medical certification and Review mechanisms. These frameworks demonstrate that regulated euthanasia is possible but requires strong safeguards.

9.0 Discussion

The ethical evaluation of euthanasia reveals a tension between individual freedom and collective responsibility. While autonomy supports the right to die, societal obligations demand protection against abuse. A balanced approach requires: Legal safeguards, Ethical oversight and Public engagement

10.0 Conclusion

The ethical evaluation of euthanasia, particularly when grounded in the rights of the patient, reveals a deeply complex and often unresolved tension between individual autonomy and the collective commitment to the sanctity of life. This study has demonstrated that euthanasia cannot be reduced to a simplistic moral dichotomy; rather, it exists within a contested space shaped by legal norms, ethical principles, and human experience.

On one hand, the sanctity of life remains foundational within moral philosophy and legal systems, including Nigeria’s. The prohibition against intentional killing reflects a commitment to preserving human dignity and social order. The risks of abuse, coercion, and gradual erosion of safeguards further justify caution.

On the other hand, patient rights, particularly autonomy and dignity, present a compelling counterargument. Respecting competent individuals’ decisions about their own lives, especially in cases of extreme suffering, aligns with modern bioethical principles. Denying such autonomy may, in certain contexts, undermine personal liberty and human dignity.

The Nigerian legal framework reflects a normative ambiguity. While autonomy is partially recognized, end-of-life decisions remain unclear, creating uncertainty for patients and healthcare professionals. This highlights the need for clearer legal engagement with euthanasia.

This study does not advocate unrestricted legalization. Instead, it supports a carefully regulated framework that balances autonomy with protection. Such a framework must include strict safeguards, medical oversight, and legal clarity.

Ultimately, euthanasia challenges society to reconsider the meaning of dignity, suffering, and human rights. The path forward lies not in absolute prohibition or uncritical acceptance, but in a balanced approach that respects both individual freedom and collective responsibility.

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