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A Religious Response to the Paradox of Euthanasia and the Sanctity of Life

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Abstract

The sacredness that is attached to human life in both social and religious spheres forbids its termination at will; hence, the entrenchment of right to life in the constitutions and other legal documents of countries in the world. Given this, murder attracts capital punishment. In spite of this understanding, some lives are perceived to be miserable and are thus not worth living. This is what led to the idea of euthanasia or mercy killing, which has generated much controversy amongst scholars in different fields of study like law and medicine, with no agreement arrived at. However, peoples' disposition to euthanasia given religious teaching on the sanctity of life in the light of contemporary reality has not been significantly explored. Therefore, this paper examined euthanasia from a religious perspective, with emphasis on Christianity, Islam and African Traditional Religion. It was premised on prudential personalist ethics of B. M. Ashley, which holds that the 'ends' of human actions are always persons and the community of interrelated people responding to one another, and John Locke's natural rights theory. Oral interviews were conducted with twenty purposively selected respondents comprising 3 legal practitioners, 4 medical practitioners, 3 traditionalists, 4 Muslims and 6 Christians. Their responses were complemented with a content analysis of relevant academic materials. The paper established that life is sacred in every religious tradition. However, euthanasia could be the last resort in some respects.

Keywords: euthanasia, sanctity of life, prudential personalist ethics, natural rights, religion

Introduction

Issues pertaining to life and death are of serious concern to every segment of the society and at every level of human existence. The right to life is a most treasured fundamental human right. Consequently, the debate on whether or not there are logical justifications for the termination of lives that are supposedly miserable is rife. Both the proponents and antagonists are

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convinced about their stance; hence compromise or consensus remains elusive. This paper attempts a religious analysis of euthanasia with particular reference to Islam, Christianity and African Indigenous Religion given the sacredness that is attached to human life.

Theoretical Framework and Methodology

This study adopted two theories. The first is B. M. Ashley's prudential personalist ethics, which evaluates human goals and the means to these goals in terms of self-actualisation or fulfilment of the human person in community. It attempts to think in terms of consequences of any action for the good of the person and the community involved and also evaluates the consequences in terms of needs and purposes established by the constitution of the human person in its individual and communal dynamism (Onimhawo, 1999, p.21-22). The other theory is John Locke's theory of natural rights. These are basic rights which are derived from the law of nature and encompasses such things as life, liberty and property. The theory holds that the highest priority must be given to individual self-preservation and whatever is necessary to achieve the preservation of the individual. Locke does not simply advocate an egoistic self-preservation, but also admonishes people to consider others as their equals. For example, the right to life is applicable to every human being, but the preservation of others by not harming or killing them must also be taken into consideration. According to Locke "we are all the workmanship of one omnipotent, and infinitely wise maker. So, what further makes those rights natural is that we are all entitled to them since we do not own ourselves but are the property of God" (Daniel, 2016, para. 14). **Natural rights** are **rights** granted to all people by nature or God that cannot be denied or restricted by any government or individual (Bamikole, 2009: 89). Principal among them is **right to life**, which euthanasia contravenes (Emphasis mine).

Data for the study were collected through oral interviews and content analysis of academic materials on the subject matter. A total of twenty purposively selected respondents comprising 3 legal practitioners, 4 medical practitioners, 3 traditionalists, 4 Muslims and 6 Christians were interviewed with a view to knowing their opinions about euthanasia in the context of sanctity of life. Books, journal articles and other relevant materials complemented the responses of interview respondents.

Euthanasia: A Complex Concept

The word *euthanasia* originated from two Greek words: *eu* (good) and *thanatos* (death). It therefore means 'good death' or 'mercy killing'. It is an expression of the desire to help in bringing about the death of a patient by denying him or her treatments that could prolong his or her life but not reduce the pains of the condition or guarantee recovering from the ailment

(Echekwube, 1999, p.228). Euthanasia is also defined as an act of killing a hopelessly sick or injured person in a relatively painless way on account of mercy. The goal of euthanasia is to end, terminate, prevent or reduce the patient's suffering in order to preserve his or her integrity, dignity, honour and respect; and to recognise the patient's autonomy, consent and freewill (Dzurgba, 2005, p.57).

Various reasons have been advanced for euthanasia and they border on the quality of life, personhood, freedom of choice and economics (Kunhiyop, 2008, p.349). For instance, if a baby is born deformed and is likely to die sooner than later, such could lead to a decision of whether he or she should be kept alive or assisted to die. Some may want to argue that the life of such a baby is miserable *ab initio*; and, it will be magnanimous of relatives to choose the option of mercy killing. Another example is a man whose brain is damaged and has become vegetative with no hope of recovery. What about a woman who has a cancer of the chest and her condition is untreatable? She has become so thin and weak; and neither could she stand nor walk unaided. The illness will take about three months to kill her (Dzurgba, 2005, p.58-59). The argument of Joseph Fletcher is that it is fallacious to maintain that all life is valuable and to be maintained no matter the cost. He is emphatic that “deformed infants, comatose adults and those who have been severely maimed by accidents or disease may still be clinically alive, but neither they nor their families experience any joy, value or meaning in their lives. It is pointless to continue to spend money and resources to maintain a life that would be better terminated” (Kunhiyop, 2008, p.348).

On the issue of personhood, it has been argued that not every human being is a person. Proponents believe that if personhood is defined in terms of quality of life, achievements and economic contribution, deformed babies, comatose patients and mentally retarded people could not be seen as possessing the attributes of persons. Therefore, their lives must not be kept at all cost. The freedom individuals have concerning their lives is also a matter of concern in that in history there have always been debates on the right to live and the right to die. Perhaps those who commit suicide would have loved to be assisted to die. The economic reason for euthanasia is profound. If it has been clinically confirmed that a ninety-five-year-old man who is on life-support machine has five more weeks to live and his children spend about two hundred and fifty thousand naira on him daily, what advice can they be offered if they complain of inability to further foot the medical expenses? Kohl and Kurtz are in full support of euthanasia, which to them is beneficial. Their position is this:

We believe that reflective ethical consciousness has developed to a point that makes it possible for societies to work out a humane policy towards death

and dying. We deplore moral insensitivity and legal restriction that impede and oppose consideration of the ethical case for euthanasia. We appeal to an enlightened public opinion to transcend traditional taboos and move in the direction of a compassionate view toward needless suffering in dying. We reject theories that imply that human suffering is inevitable or that little can be done to improve the human condition. (Kohl and Kurtz, 1975, p.223).

Historical Origin of Euthanasia

Euthanasia evolved with time. Among the ancient Greek, though life was sacred, there was a limit to which it had meaning beyond which it would be considered to have outlived its relevance. In other words, not all lives must be preserved at all cost. In Sparta, deformed infants were to die according to the law of the land in order to prevent them from living unfulfilled and miserable lives.

In Athens, infanticide was not discouraged in situations of deformed or unhealthy babies. Philosophers such as Pythagoras, Socrates, Plato and Aristotle were in support of an earlier death in cases of incurable illness which led to excruciating and unbearable pains. Socrates, for instance, was said to have derided a doctor whose cures promoted the notion of 'lingering death' while he praised Aselepius, the god of healing, noting that he would not attempt to cure bodies ravaged by diseases as that would amount to lengthening good-for-nothing lives.

Also, in oriental cultures, some lives were considered to be miserable. Thus in China, Confucian ethics had always allowed voluntary death in the event of a hopeless disease. The same attitude was taken by Shintoism and Buddhism. In Japan the practice of hara-kiri, that is, ritual suicide by disembowelment with a sword when disgraced or under sentence, was prominent (Echekwube, 1999, p.232-234).

Types of Euthanasia

We can think of euthanasia in three broad ways; namely voluntary, involuntary and non-voluntary. Voluntary euthanasia occurs when a patient voluntarily requests that his life should be terminated. In this case, the patient has chosen to die either as a result of the pain he is experiencing or the trauma of the terminal illness. When a patient desires to die, there is a need to follow a process, which would certify the termination so as not to create any problem for the doctor. Marving Kohl and Paul Kurtz advise that individuals who may wish to die voluntarily must:

Sign a 'living will' when they are in good health, stating unequivocally the expectation that the right to die with dignity will be respected. The individual's regular physician should be informed of this will and be given a copy of it; and if the physician is not willing to comply, another, more sympathetic physician should be chosen. Family and close friends should have copies of the 'living will' or, in its absence, be aware of the individual's desire, in the event that at a terminal stage the person is incapable of communicating with others (Kohl and Kurtz, 1975, p.235)

Involuntary euthanasia takes place when, despite the patient's objection to dying by mercy killing, the patient is still killed. The patient's unwillingness to die may be premised on hope of miraculous healing.

There is non-voluntary euthanasia when the sick person is incapacitated and unable to express a wish as to whether or not the person wants to die. Such a patient could be in a state of coma or unconsciousness, and hence unable to decide.

Methods of Euthanasia

Euthanasia could be active or passive. Active euthanasia is the situation in which the patient is directly killed by administering drugs, which would quicken the patient's death. For example, the patient could be given a lethal injection or an overdose of drugs (Dzurgba, 2005, p.61). Air could be injected into the veins of the patient as a quick way of putting him or her to death. Also, a sufficient dose of barbiturates could be administered intravenously, intramuscularly or orally. This is expected to cause a coma and a depression of the respiratory system. When combined with a vascular and cardiac shock, it will lead to the patient's death. However, those who have been taking barbiturates for years may have developed considerable levels of tolerance to it. Another means is to administer a sufficient dose of ordinary insulin, which will cause a hypoglycaemic coma. In this case, death may not occur until after some hours or days. Curate-like drugs could be administered to a patient who is unconscious. Such will cause a complete paralysis of muscles, which will in turn result in respiratory standstill and death by anoxaemia in between five and ten minutes. The use of lethal dose of potassium chloride, morphine and dextropropoxyphen is also a quick way of ending the life of a patient considered irredeemable (Onimhawo, 1999, p.31-34).

Passive euthanasia as the name suggests, is the denial of every life-supporting equipment or drug to a patient so as to hasten the patient's death.

When this occurs, the patient is refused all forms of care in terms of feeding, administration of drugs and surgery that may sustain the patient's life. In medical parlance, this is referred to as 'watchful indifference' (Echekwube, 1999, p.28). The fundamental questions that arise at this juncture are: Is euthanasia synonymous with murder? Are medical personnel culpable in the matter of euthanasia? And what are the religious responses to the subject matter? A school of thought supports passive euthanasia as it could lead to a miraculous healing among religious people. Of course, there have been confirmed cases of those who were discharged from hospital not because they became well, but their conditions were considered irredeemable, and they were healed afterwards. This is a serious argument of the antagonists of euthanasia on religious grounds. Supporting passive euthanasia may be interrogated in the light of ethics of motive and consequences. The point is that withdrawal of medical attention is aimed at allowing the patient to die. Therefore, medical personnel do not deserve any accolade in the event of miraculous healing. Such praise would amount to the end justifying the means. This is the viewpoint of the deontologists (Ayantayo, 2009, p.31). However, it may be said that passive euthanasia is less inhuman than active euthanasia.

The sanctity of life

The phrase 'sanctity of life' connotes the sacredness, preciousness and saintliness attached to life. It means that life is an inalienable gift that must not be tampered with. It is accorded much respect in every facet of life. Life is simply the only thing every human being has in common, no matter the status, age, influence and affluence. Consequently, in the legal, medical and religious contexts, respect for human life is not trivialised. In the constitution of the Federal Republic of Nigeria (Federal Republic of Nigeria, 1999, p.35), for instance, the right to life is entrenched and for this reason, murder attracts capital punishment while manslaughter attracts imprisonment. In the medical profession, protection of lives by practitioners is mandatory. In the Hippocratic Oath, life is to be protected: sanctity of life is a fundamental element in religion.² Thus, life is understood as God's gift which must not be unlawfully taken by anybody. Lending credence to this claim, Ayantayo (2003, p.422) says that the value of a human life is on the basis of the value God placed on it as man is made in the image of God. This is also echoed in Paul Ramsey's view, which unequivocally affirms that the sanctity of life comes from God and not from man. So, the time life becomes human does not matter. For this reason, he supports the sanctity of life at every stage of development (Ramsey, 1970, p.9).

²Olusayo Wadzani, Senior Registrar in Neurology, Balogun Ibikunle Village Ibadan, interviewed 4 August, 2018.

What can be inferred from this discourse is the value that is placed on human life, which forbids it to be taken. This is summed up in the words of Kaiser, Jr. (1991, p.164) that “God alone is the giver and maintainer of life: therefore, he alone has the right to take it away.” The sixth commandment makes plain the fact that anyone who snuffs out someone else's life without possessing the authority of God to do so is a murderer. Therefore, the major argument against euthanasia is premised on the value of human life from the legal, religious and medical standpoints as expressed by majority of our interview respondents. For example, one of the lawyers interviewed, saw active euthanasia as a form of murder, which contravenes the right to life of an individual.

Religious Response to Euthanasia

This section discusses the stance of Islam, Christianity and African Indigenous Religion on mercy killing. Our analysis is premised on the teachings of these religions and information gathered from interview respondents.³

Islamic Context of Euthanasia

From many indications, Islam is not in support of euthanasia because of the sacredness that is attached to life as a gift from Allah. *Fatwas* are statements of great Muslim scholars such as Saudi Arabia's grand mufti, Shaikh Abdul Aziz bin Abdullah bin Baz. In one of his *fatwas*, he ruled that euthanasia or mercy killing in form of removing life-supporting apparatuses that are keeping alive a person inflicted with an incurable disease or under coma is un-Islamic. Also, the top jurisprudential authority of Saudi Arabia headed by Sheikh bin Baz affirmed that it was against Sharia to decide the death of an individual before the person is actually dead. In other words, no person's life can be taken away for any reason. Also, the popular Egyptian scholar Sheikh Yusuf al-Qaradawi, issued a *fatwa* equating euthanasia with murder, but allowing the withholding of treatment that is deemed useless (Aramesh and Shadi, 2007, p.35).

In the words of Dr. Muzzamil Siddiqi, former president of the Islamic Society of North America, "If the patient is on life support, it may be permissible, with due consideration and care, to decide to switch off the life-support machine and let nature take its own time." Also, Ayatollah Khomeini, leader of Islamic Republic of Iran, opined that euthanasia “in all form is forbidden (haram).” (Aramesh and Shadi, 2007, p.36). An interview respondent, who specialises in Islamic studies, lent credence to the claim that life is a gift from Allah and it must not be taken on unlawful grounds. Thus, a

³Peter Olusegun, legal practitioner, Oke Ado Ibadan, interviewed on 19 September, 2017.

⁴Adams Akewula, lecturer, University of Ibadan, interviewed on 30 September, 2017.

sick person, no matter how terrible the condition is, must be taken care of until he or she gives up the ghost.⁴ In the Islamic Code of Medical Ethics, Articles 61 and 62, which are devoted to Euthanasia and Physician-Assisted Death, state as follows:

Article Sixty-One:

Human life is sacred, and it should never be wasted except in the cases specified by shari'a and the law... A physician should not take an active part in terminating the life of a patient, even if it is at his or her guardian's request, and even if the reason is severe deformity; a hopeless, incurable disease; or severe, unbearable pain that cannot be alleviated by the usual pain killers. The physician should urge his patient to endure and remind him of the reward of those who tolerate their suffering. This particularly applies to the following cases of what is known as mercy killing: *a.* the deliberate killing of a person who voluntarily asks for his life to be ended; *b.* physician-assisted suicide; and *c.* the deliberate killing of newly born infants with deformities that may or may not threaten their lives.

Article Sixty-Two:

The following cases are examples of what is not covered by the term "mercy killing": *a.* the termination of a treatment when its continuation is confirmed, by the medical committee concerned, to be useless, and this includes artificial respirators, in as much as allowed by existing laws and regulations; *b.* declining to begin a treatment that is confirmed to be useless; and *c.* The intensified administration of a strong medication to stop a severe pain, although it is known that this medication might ultimately end the patient's life. (Aramesh and Shadi, 2007, p.37).

The following passages of the Qur'an could be used to decipher the categorical stance of Islam on murder, which is typified in euthanasia:

[4:93] And whoever kills a believer intentionally, his punishment is hell; he shall abide in it, and Allah will send His wrath on him and curse him and prepare for him a painful chastisement. [5:32] For this reason did We prescribe to the children of Israel that whoever slays a soul, unless it be for manslaughter or for mischief in

the land, it is as though he slew all men; and whoever keeps it alive, it is as though he kept alive all men; and certainly Our messengers came to them with clear arguments, but even after that many of them certainly act extravagantly in the land. [6:151] Say: Come I will recite what your Lord has forbidden to you, (remember) that you do not associate anything with Him and show kindness to your parents, and do not slay your children for (fear of) poverty, We provide for you and for them, and do not draw nigh to indecencies, those of them which are apparent and those which are concealed, and do not kill the soul which Allah has forbidden except for the requirements of justice; this He has enjoined you with that you may understand. (Alphabetical Index to the Holy Quran- para. 1,2 &4).

The position of Islam on murder is clear. Direct taking of life in any form for no reason is a prohibition (Adebayo, 2015, p.40). Corroborating this, a respondent said that the time an individual would die was God's prerogative; therefore, He must not be helped to discharge His duties.⁵ However, Aramesh and Shadi, observe that there are two instances that could be understood in terms of passive assistance in allowing a terminally ill patient to die and would be permissible by Islamic law. As claimed by them:

Administering analgesic agents that might shorten the patient's life, with the purpose of relieving the physical pain or mental distress, and withdrawing a futile treatment in the basis of informed consent (of the immediate family members who act on the professional advice of the physicians in charge of the case) allowing death to take its natural course. If a patient is medically presumed dead through what is known as brain death, switching off the life support may be permissible, with due consultation and care, especially when it is clear that the life support machine becomes of no use for the already-dead patient or in the case of organ and tissue donation for saving another persons' life which is a routine practice in Iran and some other Muslim countries. (Aramesh and Shadi, 2007, p.38).

Christian Standpoint

⁵Sarafadeen Oladejo, teacher, University of Ibadan, interviewed on 12 July, 2017.

The Bible does not make a categorical statement about euthanasia. The only issue that is addressed is murder. Hence, the sixth commandment states that “Thou shall not kill”. This suggests that murder of any kind is forbidden in Christianity (Shield, 2004, p.239). The commandment can stand in this discourse if it has been established that euthanasia is murder. Even if this is the case, it needs to be stated that there are divergent views in contemporary Christianity as the conservatives are totally opposed to it while the liberals are in support when they feel it has become expedient. There are some instances in the Bible that could be understood in the light of euthanasia or desire for it. Job, at a point during his travail, no longer saw any reason to continue living. He lamented that “Why is light given to those in misery, and life to the bitter soul, to those who long for death that does not come?” (Job 3:20-21).

Other incidents that are recorded in the Bible that could be cited as examples of willingness to die in order to avoid humiliation are those of Abimelech (Judges 9: 54) and Saul (I Samuel 31: 4). While the request of Abimelech was granted, Saul's armour bearer did not slay him, but Saul chose the option of suicide. Although, scientifically, euthanasia could be inferred from these cases, many Bible commentators identify them as suicides by troubled individuals who went against the will of God. The giving of special drugs to reduce the suffering of those about to be crucified in Roman Empire may not be completely thrown away from any discourse on euthanasia in the religious context. It was for this reason that Jesus was offered vinegar as recorded in Mark 15:23 (Kunyahop, 2008, p.350).

In Christian thought, since man is created in God's image, life is regarded as a precious gift from Him and He only can determine when to take it. It follows that economic, social, physical or mental reasons are not tenable grounds for ending someone's life. People may be using wrong yardstick if they think that the value of life of a human being must be judged only in terms of its usefulness or productivity. Obviously, life is more important because it exists than what it produces. Practical Christianity does not exclude suffering; therefore, deformity, illness and other unpalatable experiences may not completely be exterminated on this side of the divide. In spite of prosperity messages (Dada, 2004, p.100-102), which emphasise divine healing and all-round comfort, Christians still experience pain and such must not be understood as punishment from God. An interview respondent opined that euthanasia is evil no matter the condition of the person. She gave an example of a man whose baby was deformed but ignored the advice of people to stop spending money on him.⁶

The case of a renowned evangelist, Nick Vujicic, who has no legs or arms; but who is today making impact even more than many able-bodied men

⁶Ngozi Esther, student, Chapel of the Resurrection, University of Ibadan, interviewed on 1 September, 2017.

is worth mentioning. Nick Vujicic was born in 1982, in Melbourne, Australia. Without any medical explanation or warning, Nick came into the world with neither arms nor legs. Throughout his childhood, he dealt with the typical challenges of school and adolescence, such as bullying and self-esteem issues as well as depression and loneliness. He often questioned why he was different from all the other kids. As Nick grew up, he learned to deal with his disability and gradually accomplished more on his own.

As a motivational speaker, some of his inspirational quotes are “If you can't get a miracle, become one”. “If I fail, I try again, and again, and again. If YOU fail, are you going to try again? The human spirit can handle much worse than we realize. It matters HOW you are going to FINISH. Are you going to finish strong?” (Beaulac, 2016, para. 5.). A question that is pertinent to be asked is what if he had been killed by his parents when he was born deformed? It is likely that several destinies have been destroyed as a result of infanticide and euthanasia.

The controversy that euthanasia has generated may have led to the idea of relieving the suffering and pain experienced by people so as not to plead for death. This is the goal of the hospice movement, which is a Christian response to suffering. It is described by Fieser (2007, p.26) as middle ground approach. St. Christopher's Hospice was founded by Cicely Saunders, a researcher in pain control for advanced cancer patients in 1967. Since its establishment, it has gained support in Canada and the United States. The philosophy of hospice is that death is a natural phenomenon, which like birth can be made easier with professional help. Hospices provide comfort and pain relief to those enduring great pain. Such care, which can be provided in a patient's home or in a hospice building, enables people to die with dignity instead of resorting to euthanasia (Kunyhohop, 2008, p.351). According to the founder:

If you relieve a patient's pain, and if you can make him feel like a wanted person, which he is, then you are not going to be asked about euthanasia...I think euthanasia is an admission of defeat and totally negative approach. One should be working to see that it is not needed. A positive outlook to life is indispensable in the healing process. A patient's illness could worsen, arising from a depressed psychological state (Echekwube, 1999, p.241).

As earlier stated, the views of Christians about euthanasia are divergent, the reason being that there are many denominations with different backgrounds and traditions. Of course, apart from the Bible, there are other sources of

Christian Ethics (Kunyahop, 2008, p.9-14). Therefore, at this juncture, we shall state the views of some of them especially in Europe and America.

The Presbyterian Church in America in the 1988 position paper on 'heroic measures' states that 'Euthanasia' or 'mercy-killing' of a patient by a physician or by anyone else, including the patient himself (suicide) is murder. To withhold or to withdraw medical treatment does not constitute euthanasia and should not be placed into the same category with it (Death With Dignity Centre, n.d., para. 26). What can be inferred from the above is implicit support of passive euthanasia. The Methodist Church generally accepts the individual's freedom of conscience to determine the means and timing of death. Some regional conferences have endorsed the legalisation of physician-assisted dying.

Rowan Williams, a former Anglican Archbishop of Canterbury, stated that although 'There is a very strong compassionate case' for physician-assisted dying, the Anglican Church remains opposed to the practice (<http://euthanasia.procon.org>). The resolution passed at the 2010 Synod of the Diocese of Sydney by the Social Issue Executive affirms that "...all human life is precious in God's sight, and the Bible's clear prohibition of killing innocent human has positive effect of creating communities that love and care for others" At the General Synod of Australia in 2010, the following motion was passed: "This Synod affirms the sanctity of life; that life is God's gift and that our task is to protect, nurture and sustain life to the best of our ability (Sowanda, 2016, para.7). Jehovah's Witnesses believe that physician-assisted dying violates the sanctity of life and Christian conscience.

Worthy of note is the fact that pro-choice statements have been made by the United Church of Christ and the Methodist Church on the US West Coast. The Episcopalian (Anglican) and Presbyterian are amongst the most liberal, allowing at least individual decision-making in cases of active euthanasia (Ozemhoya, 2015, para 6-7)

In Catholic thought, life is regarded as sacred. Therefore, taking any innocent life is immoral and sinful. This principle is used to condemn euthanasia and abortion. The Church believes that:

No one needs or ought to suffer a long, painful death, and that the sick must be treated and the dying must be comforted. The dying and those suffering enormous pain from disease or injury can and should have as much painkiller medication as they can tolerate, as long as the medication isn't the cause of death. Modern medicine has created a plethora of chemicals to diminish or even remove pain, even if it means the patient loses consciousness. So giving someone morphine is permitted and encouraged, for example, but the dosage can't be large enough to be the direct cause of death (The Catholic Church and Euthanasia,

para. 2).

Probing further, it is discovered that the stance of the church is not categorical as there have been several pronouncements on euthanasia. While the sanctity of life is broadly emphasised as quoted above, there are instances to suggest that euthanasia is supported. For instance, Pope Pius XII in 1957 gave consent to what could be termed passive euthanasia and at the same opposed active euthanasia. He is quoted to have said that “patients were bound to take the necessary treatment for the preservation of life and health. Normally one is held to use only ordinary means - according to circumstances of person, places, times and cultures - that is to say, means that do not involve any grave burden for oneself or another”. He said further that withdrawal of medical attention was not to the form of “direct disposal of the life of the patient, nor euthanasia in any way” (Echekwube. 1999, p.237).

The position of Pope John Paul II in his encyclical is also complex. There is no denying the fact that he believed in the sanctity of life; however, there is some complexity in his declarations. In 1995 he pointed out that:

- There must be more respect for life, respect for life as it comes into existence and for handicapped, suffering and dying life.
- Unlimited individualism and autonomism threaten to turn into egotism. This threatens the foundation of human society in matters great and small. Freedom can be abused by a mentality of 'Whatever gives pleasure is permissible'. In the long run, this must not prove destructive, not only for human relationship and society, but also for the ongoing happiness of individuals themselves (Gill, 2014, p.488).

Reacting to the Pope's view, Hans Kung reads some paradoxes. For example, the Pope declared in the encyclical that 'Certainly the life of the body in its earthly state is not an absolute good for the believer, especially as he may be asked to give up his life for a greater good'. The traditional Catholic teaching is that a person must not use any *media extraordinaria* (inappropriate means) to prolong his or her life. The Pope was not opposed to taking measures to maintain life; for example, the use of ventilator or stopping such measure in situation of hopelessness. But the question is if passive help is allowed, why should switching off of a ventilator with fatal consequences be judged to be morally different from increasing a dose of morphine with fatal consequences as the two involve actions resulting in death? (Gill, 2014, p.490).

Kung is of the view that everything must be done to support suffering and dying men and women, especially through the efforts of the hospice movement. Life is both a gift from God and also a human responsibility (first, of parents, and second, of the person). Therefore, one cannot leave everything to God at the end of one's life. If human beings have a duty to be responsible throughout their life time, they should be able to give back their lives after a mature examination of their conscience. The issue of surrendering life in full

responsibility may sometimes be dependent on the help of others to do so (Gill, 2014, p.482). From the foregoing, one could decipher a respect for the dignity of life and at the same time an indifference to assisting a person to die peacefully when the need arises. Some contemporary Christians believe that a hopeless life could be painlessly terminated in the interest of the person and the person's family. An interviewee⁷ shared the experience of a Christian couple whose child could neither walk nor talk; and when the child eventually died, the parents felt relieved. He was not sure if anything was done to him directly or medical assistance was withdrawn. In the same vein, another respondent who pleaded anonymity claimed to have witnessed how at least three persons who suffered from epilepsy were poisoned while another one, a madman, was chained and starved to death.

The Perspective of African Indigenous Religion

Like Christianity and Islam, the sanctity of life is respected in traditional Africa; thus, deliberate murder is not allowed. Therefore, God, the owner of life should be allowed to decide when to take it. For this reason, whenever a person is terminally ill, nature will be allowed to take its course as the person is being treated (Onimhawo, 1999, p.84). Among the Yoruba, no life is believed to be completely useless. In spite of this standpoint, it must be stated that there are some practices that could be understood in terms of *euthanasia*. A Yoruba proverb says, *iku ya j'esin* meaning, "death is preferable to disgrace" or "it is better to die than to be put to shame". This philosophy has led to several deaths in form of subtle murder and suicide. In the past, deformed children that were regarded as evil spirits could be abandoned in forests, road sides or river banks for them to die on their own. In such cases, people were indirectly avoiding the responsibility of committing murder. Before the advent of Christianity, twins were serially killed in some parts of Nigeria until Mary Slessor, a missionary, put an end to it (Kunyahop, 2008, p.349).

Elderly people who had become comatose could be drowned, abandoned or poisoned with a view to ending their suffering. Apart from killing them directly, a rite could be performed to terminate their lives. This involved the use of a chick, red-necked lizard, snail and alligator pepper by a herbalist. This was common among the Yoruba of South-western Nigeria. Such a practice has not ended; however, civilization has stemmed its tide. Also, confessing witches could be poisoned by their relatives so as to save them from humiliation that would come from people in the community. Of course, in the era of jungle justice, identified witches were usually stoned to

⁷Oral interview with Daniel Omotayo

⁸Oral interview with Adekola Oluwawunsi, herbalist, University of Ibadan. 12 September, 2018.

death. An interview respondent was in full support of voluntary euthanasia and assisting an irreversibly comatose person to die to end his or her suffering.⁸

Passive euthanasia is in a way supported in *Osetura* of *Ifa* corpus. According to a story narrated by two respondents⁹, a Prince named *Irinsi* was born to *Olofin*. The king's son was lame, leprous and hunchbacked. For this reason, he was taken to the bush possibly to die on his own. Meanwhile, his father had offered a sacrifice that transformed into a python. This python took care of the prince for so many years by changing to human being whenever it was going to the hut where the prince was living. When the king died, the oracle was consulted according to tradition and it was revealed to them that the next king was the abandoned prince. The community went to him in the bush and informed him about the development. However, he declined because of his condition but his friend, the python-turned-man, asked the messengers to come back in another five days. The python drained the water in the pot and did not visit the Prince for days. This forced him to crawl about in search of water and in the process he was swallowed by the python. As he was being swallowed, the leprosy disappeared while his back and legs became straightened. The people were surprised to see him when they came back; he was then taken back to the village and was made king. The point this story has made is the fact that although the prince was not killed - active euthanasia-, he was taken to the bush to die - passive euthanasia. His miraculous healing should be understood as one of the arguments of religious people against euthanasia. The validity or logicity of the story is not our concern in this paper. Religion is mainly about belief and experience, which are personal to religious practitioners.

Another interview respondent opined that the Igbo people of South-eastern Nigeria see life as the gift and prerogative of God. Thus, life is precious and it is treated with an utter sense of sacredness. This explains why children are given such names as *Chinenyenwa* – it is God that gives children, *Chinenyeomumu* – God gives children/potency/fertility, *Chinwendu* – life belongs to God, and *Chinweike* – it is God who gives the strength that sustains life.¹⁰ What can be inferred from the above standpoint is that life is a special and sacred gift from God, which must be kept and respected as such.

The sacred sanction placed on human life is the justification of the appalling rejection or throwing into the evil forest or the practice of leaving unburied the corpse of any man who commits suicide. Indeed, suicide is perceived as a taboo and thus abhorrent in Igbo cultural belief and value

⁹Kayode Olaleye, lecturer and herbalist, and Eluwole Ifa Priest, University of Ibadan, interviewed on 12 October, 2017.

¹⁰Ani Mathew, Christian cleric of Igbo extraction, Immanuel College of Theology, Ibadan.

system. It is categorised as evil and ignoble death. Thus, preservation of *ndu* – life – in Igbo religious worldview is a cultural imperative as well as an inherently human attitude. Since life is seen as sacred, any willful dangerous attitude, action or intention against it is interpreted both as malevolent and as a taboo against humanity. Therefore, there is neither infirmity nor illness that could make euthanasia to become an option in Igbo culture. This position is affirmed by Nwankwo (2017, p.171-172) that:

The African man would want to die a good death and that being prompted by his god (*onwu chi*), not aided by any act of commission or omission by man... We have right to live, right to preserve, prolong and protect life and right to die; but we don't have right to kill or take life; because life is a gift from God, it is His property and He has the right to do anything He wants with life.

However, another respondent used an adage “*Nmebo emeboro ogaranya ka opgbugbu e gburu ya*” to explain the Igbo perspective on preservation of the integrity of life. This literally means that it is better to kill a man of integrity than to disgrace him. In this case, people who feel that their social integrity or personality is ridiculed by any situation or circumstance would prefer to take their physical lives in defence of their integrity. Some old people may proverbially tell their family members that any sickness that will reduce their integrity or put them in penury must not come their way. Instead, they prefer to die at the beginning of such ailment.¹¹ Another angle to this in Igbo society is that of double mind, which does not allow the sick person to commit suicide or be killed, because the person may survive the sickness. Given this scenario, a precious life will have been wasted if the person is killed prematurely. Conversely, if the illness remains incurable, the needless pain continues.

In rounding off this section, it is apt to say that the sanctity of life cuts across the three religions examined in this work; for this reason, murder, suicide, abortion and anything that could lead to death are forbidden. Consequently, majority of the interview respondents were of the view that life must not be taken for any reason, some opted for passive euthanasia while a negligible number supported active euthanasia. Their responses express the views of the liberals and conservatives (Fieser, 2017, p.24-26).

Conclusion

¹¹Chidi Opara, Christian cleric, University of Ibadan, interviewed on 24 September, 2018.

This paper has examined the apparent paradox of the sanctity of life and euthanasia in the context of religion, with emphasis on Islam, Christianity and African Traditional Religion. It is established that there are varied responses to the subject matter. People's opinions are usually based on several and divergent factors. Though three religions uphold the sanctity of life, it is not expressly stated that all lives must be kept at all cost. This is to say that to a great extent, in spite of the sanctity of life preached by the three religions, it was discovered that there are logical reasons a perceived miserable life may be painlessly terminated in the interest of the person concerned and, in some cases, other people in the community. This can be established in the prudential personalist ethics adopted for the study. We conclude by saying that before taking any decision on a critical and sensitive issue like euthanasia, people must consider all the factors so discussed and allow reason as well as clear conscience to prevail. In addition, the place of prudential personalist ethics and natural right theory must not be ignored. In other words, it is pertinent to think in terms of consequences of human action for the good of the person and the communities involved as well see the issue of life and death as God's prerogative.

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