Title

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**Legal Studies**

Euthanasia is defined as the ending the life of an ill individual in order to alleviate the person from any kind of pain. People who undergo this procedure are normally having a terminal disease. Mostly, it is carried out by the person’s request but there are cases where the person is too ill and can’t take the decision, so in that situation it is the family and closed ones who take the decision on the patient’s behalf. The word is basically taken from Greek word *euthanatos* meaning simple death. This is quite a controversial and debatable topic because some people are in favor of euthanasia while there are others who are completely against this procedure due to its controversial nature. In some US states, UK and Netherlands this practice is legal. In the countries where this practice is illegal, the voluntary euthanasia or assisted suicide can lead to 14 years or more imprisonment (Rietjen et al., 2009). The issue is at the center of heated debates for many years which are surrounded by religious, ethical and other practical considerations.

There are three main types of euthanasia. One is called voluntary and the other one is called involuntary euthanasia. Voluntary euthanasia is when the procedure is conducted by the consent of the patient. It is currently legal in countries like Belgium, Switzerland, Netherlands and Washington in United States of America. While non-voluntary euthanasia is conducted on the behalf of the person who are unable to give their consent due to their health conditions. In such case the decision is taken by close friends and family of the person. The third type which is quite controversial and which cause the problem in case of euthanasia is called involuntary euthanasia, where it is performed on a person who would be able to provide his consent, but does not , because either the person does not want to die or in another case the person is not asked. In that case this particular type is categorized as murder, because this is against the patient’s will. And most of the debate and controversy which is going on regarding this particular process is because of involuntary euthanasia. And due to this one type this is banned in most of the countries and it is illegal and strict action is taken against those hospitals or doctors who carry out the process even by the consent of the patient (Bhatia et al., 2016).

In Australia particularly many moves have been made in the state, territory and commonwealth parliaments to introduces bills and make it legal. Till now none of the presented bills have been accepted in the parliament and still euthanasia is illegal in Australia. State laws in Australia normally criminalize the practice of euthanasia. For instance, the NSW Crimes Act makes a person accountable to 10 years imprisonment for assisting or helping another person in ending their lives (Benrubi, 1992). There are no exceptions even for medical practitioners. Although it is somehow acceptable that palliative care that speed up the person’s death is permissible where it is undertaken to ease the pain and suffering of the patient. People also do this by refusing or rejecting any medical intervention or assistance. The struggle and decades of activism have sought to alter the laws regarding this. Since 1995 it has been noted that every state in Australia except Queensland has tried to legalize the procedure. South Australia was closest to pass the law and even last November the recent attempt was supported by the state Premier and Opposition leader and it resulted in 23 all tie in the parliament lower house but later the bill was defeated on the speaker’s casting vote (Quirk, 1997).

Although the topic of euthanasia along with the legal issues has been discussed broadly but the stakeholders who are associated with the procedures and are equally important are not widely discussed. These stakeholders play a large role in the issue. The stakeholders have power and they are highly capable of having serious influence in the legality of rejecting the idea of euthanasia. By learning about the power of these stakeholders which include all the physicians, patients and insurance companies’ one can easily understand the role and support of the stakeholders supporting euthanasia. Through euthanasia the pharmaceutical companies are able to earn and get benefit from those patients or their families who are participating in the practice. Such companies earn money and also success from marketing drugs and other medicines that are used in the process of euthanasia for ending the life of the willing person. This is quite unethical that the business laws are in play in such serious situation but if there is demand there will be a supply of that particular thing and someone will create that supply. But by making these drugs and medicines readily available major problems can occur in that case. Although such companies can make huge money of these drugs but the consequences are unethical and extremely detrimental. People who are healthy but they are cynical can get in touch with these medicines and if such medicines are given without any consideration then those people who do not need them, can hurt themselves easily. Such companies also charge the individuals heavy amount of money for the right to end their life with honor and dignity, therefore, they are being forced to hand over their last saving to free themselves from pain. They are convinced that if they spend their wealth on the treatment then they will lose the chance and will die in the conventional way with a lot of pain.

Other stakeholders are the patients themselves. These patients are normally the individuals who have less than six months to live their lives. The reason that this procedure is a hot topic is due to the reason that the patients normally consider this option. If the patients and other needy people don’t consider this option then there would be no debate related to this. But unfortunately patients have to think about this option to end their lives in a more painless way. Therefore, their option and choice make them stakeholder in this sensitive and debatable issue. The patient’s need to rely on these drugs helped in creating an entire industry (Strinic, 2016).

The current laws regarding this particular practice are quite effective because if any hospital or any doctor in a forbidden state practices this treatment even with the consent of the patient, that doctor has to pay fine along with imprisonment. Therefore no hospitals or doctors are seen to practice this when the legislation does not allow to do so. In such countries there are many cases reported where patients specially flew to other countries to end their lives where this is legal (Somerville, 2003). Although this creates inconvenience for the patients who are in pain and really want to choose this option but on the other hand there are chances that some people can use it for their own good and harm the patient; therefore, it is the state responsibility to make it safe for everyone.

There is quite stir among the public regarding this particular practice. But there is no effective law for the ones who are really in need of this practice. They face difficulty when they can’t bear the pain. So it is the state’s responsibility to design the law in such a way that is easy and convenient for every citizen (Bartels & Otlowski, 2010).

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**References**

Bartels, L., & Otlowski, M. (2010). A right to die? Euthanasia and the law in Australia.

Benrubi, G. I. (1992). Euthanasia—the need for procedural safeguards.

Bhatia, N., White, B., & Deliens, L. (2016). How should Australia respond to media-publicized developments on euthanasia in Belgium?.

Quirk, P. (1997). Euthanasia in the Commonwealth of Australia. *Issues L. & Med.*, *13*, 425.Hermsen, M. A., & ten Have, H. A. (2002). Euthanasia in palliative care journals. *Journal of pain and symptom management*, *23*(6), 517-525.

Rietjens, J. A., van der Maas, P. J., Onwuteaka-Philipsen, B. D., van Delden, J. J., & van der Heide, A. (2009). Two decades of research on euthanasia from the Netherlands. What have we learnt and what questions remain?. *Journal of Bioethical Inquiry*, *6*(3), 271-283.

Somerville, M. A. (2003). " Death talk": debating euthanasia and physician-assisted suicide in Australia. *The Medical Journal of Australia*, *178*(4), 171-174.

Strinic, V. (2016). Arguments in Support and Against Euthanasia. *British Journal of Medicine & Medical Research*, *9*(7), 1-12.