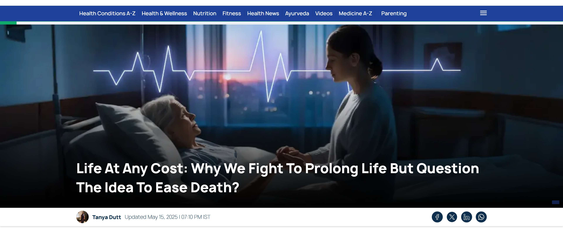

Life At Any Cost: Why We Fight To Prolong Life But Question The Idea To Ease Death?

Tanya Dutt Updated May 15, 2025 | 07:10 PM IST

Summary

Assisted dying laws vary globally, reflecting deep ethical divides. While some see it as a dignified choice, others fear misuse. Real-life stories reveal love, pain, and the complexity of choice.

There are certain kinds of suffering that cannot be fully described in any language. Seeing someone you love disintegrate slowly- body, mind, and soul compels you to an emotional limbo in which hope, love, and sorrow get mixed up painfully. I lived through this experience with my paternal uncle, once a towering 6'2" figure of energy and wit, suffered a debilitating brain stroke. For the next seven years, our family watched him shrink, not just physically but in every possible way. A man who once lit up rooms became bed-bound, barely conscious, and unrecognizable. His laughter, once infectious, was replaced by silent gasps and spasms. His wife, my aunt, aged a decade in two years. The entire household lived in suspended animation, haunted by guilt, torn by duty, and plagued by helplessness.

Another tragedy was of a young daughter, in her late 30s, who had given every fiber of her existence to nursing her disease-stricken father, bedridden. Despite all efforts, he fell into a long, agonizing decline. One evening, with shaking hands and crying eyes, she admitted, "I prayed to God to take him. I couldn't stand to watch him suffer anymore." I despised myself for it, but I couldn't help it." That instant summed up a silent truth that went unspoken: when does the need to preserve life become the desire to permit a peaceful death?

As these stories reveal, there are moments where death is not a villain but a long-awaited release. This perspective fuels the growing global debate on euthanasia and assisted dying. Though often used interchangeably, these terms bear crucial legal and ethical distinctions.

Euthanasia is where there is a third party usually a physician actively performing actions to put an end to a patient's life to cure suffering. Where it is performed at the request of the patient, it's referred to as voluntary euthanasia.

Assisted suicide means assisting someone in ending their life, often with prescribed lethal drugs. The difference here is that the patient carries out the final action.

Assisted dying is a more general term and frequently used when policy or advocacy is involved. It could mean either of the above, though certain groups reserve it to describe assisted suicide for patients with terminal conditions.

Yet another practice of end-of-life care, palliative sedation, permits profound sedation all the way to death for those who are suffering unbearable distress. Not considered legal euthanasia, yet having its ethics dangerously close, it remains at the center of much philosophical argumentation.

In countries such as the UK, these acts are still illegal. Assisting suicide can bring a maximum of 14 years in prison, and euthanasia can be considered murder. Yet, actions such as withholding treatment from terminal or vegetative patients — often referred to as passive euthanasia — are permitted.

Stories That Stir the Debate: Dignity and Choice

The strongest arguments for or against assisted death are not in legal documents but in living testimonials.

One of the cases that stirred international headlines was that of Noa Pothoven, a 17-year-old Dutch woman who had been afflicted with extreme mental illness, including anorexia and depression. Early media accounts misrepresented her death as a case of legal euthanasia. Actually, she starved to death and dehydrated under medical supervision, and her physicians, in respect for her autonomy, did not act to stop it.

Noa had endured years of intense PTSD, depression, and anorexia, stemming from violent sexual abuse. Following several hospitalizations and efforts to manage her mental illness, she made the heartbreaking choice to withhold food and fluids—a legal option in the Netherlands.

Unlike the media accounts, her death was not due to physician-assisted euthanasia, but voluntary withdrawal of treatment. Her doctors and family respected her wish to discontinue interventions, upholding her autonomy in the face of their own grief.

This case highlights how mental distress, as with physical pain, can propel people towards death—not on impulse, but with deliberate intent. It also reveals how misinformation can taint ethical debate.

In another dramatic case, Louise Shackleton candidly discussed taking her husband, Anthony, to Switzerland, where he opted to die at Dignitas. Anthony had advanced motor neuron disease and had lost his bodily functions over the course of years.

"He didn't have choices. What he desired was nothing more than a good death," Louise told in a moving interview.

Upon returning to the UK, she turned herself in, knowing full well the legal consequences of assisting a suicide and yet had no regrets. "I loved him. He was my husband. I was with him until the end."

Her story brings forward an essential question: If we can choose how we live, should we not also have the right to choose how we die?

When her husband Anthony, a renowned furniture restorer, was diagnosed with motor neuron disease, he rapidly lost the capacity to live independently. "He didn't want to be in a bed unable to move, unable to even turn his head," Louise said to Sky News. They talked about his end-of-life choices over two years.

Anthony eventually went for Dignitas in Switzerland. Louise accompanied him there, remained with him, and saw him pass away peacefully—unencumbered by the physical prison his sickness had constructed around him.

When she returned to the UK, Louise turned herself in to the authorities for helping him commit suicide—legally a crime. But she stands firm on her position. "He was my husband and I loved him. I helped him find peace."

As more and more support it, assisted dying is still one of the most debated ethical challenges today. Critics have legitimate points — risk of coercion, dignity of human life, and the risk of exploitation of the vulnerable. Especially where mental illness comes into play, critics contend that wanting to die may be symptomatic, rather than a choice.

Yet, supporters point out that tight controls, psychiatric assessments, and medical screening are already the cornerstone of current legislation in legal states. It's a matter of dignity, choice, and humane relief not harm for them.

Joseph Awuah-Darko, a British-Ghanaian artist aged 28 and residing in the Netherlands, has taken an unimaginably courageous step: after years of struggling with severe bipolar disorder, he has opted to seek euthanasia. His is not a tale of hopelessness, but of profound emotional introspection, strength, and a quest for human contact amidst chronic mental suffering.

Diagnosed with bipolar disorder, a mental condition that triggers savage mood swings between manic highs and depressive lows—Joseph has spent years struggling through a mental health system that, no matter how hard he tried, never provided him with lasting relief. The emotional burden of his experience weighed so heavily on him that he made the agonizing decision to seek out medically assisted death, a legal possibility in the Netherlands under strict guidelines.

In a tearful Instagram video released in December, Joseph explained, "I'm Joseph, I am bipolar and I moved to the Netherlands to legally end my life."

In brutal candor and chilling vulnerability, he explained how every morning starts with "severe pain." It took him five years of thinking before he submitted his official request to the Euthanasia Expert Centre. It can take four years to get approval, a timeline that reflects the seriousness and stringency of the process.

"I am NOT special," he penned. "Like a lot of folks in their 20s; the ongoing burnout, debt, paralysing depression, violent media cycle and the dystopian truth of AI ... all bear heavily." For Joseph, these meals are not simply sustenance—they are acts of presence, community, and comfort in the late hours of his narrative.

What Doctors Think?

Curing isn't always healing. Sometimes it's just relieving pain. Sometimes, restoring dignity. Sometimes, it simply is releasing — with grace, with peace, with control. For the sick who suffer without respite — physically or emotionally — the freedom to choose a death with dignity can be as therapeutic as any miracle medicine.

Dr. Tonnoy Sharma, Psychiatrist & Neuroscientist shares, "Choosing to die is not always driven by depression or emotional crisis. In many cases, especially where assisted dying is legal, it is a deliberate and carefully considered decision. These are often made by individuals with terminal illnesses or degenerative conditions who retain full mental capacity. These people may not be clinically depressed, but they are suffering in a way that no treatment can relieve, and they want control over how and when their life ends."

Dr Tonnoy further answers the pivotal question about why some people feel so helpless from their sufferings that they no longer want to live. "This question takes on different meanings depending on whether someone is experiencing mental illness or facing irreversible physical decline."

"In cases of terminal physical illness or chronic, untreatable conditions, helplessness often stems from the loss of control over one's body and the erosion of dignity. These individuals are not seeking death because they feel worthless or unloved, they may have supportive families and full access to care. Rather, they seek assisted dying because the suffering is constant and unrelenting, and they wish to preserve autonomy over the remainder of their life," adds Dr Tonnoy.

"On the other hand, when people experiencing clinical depression feel helpless, their thoughts may be clouded by negative thinking patterns—a symptom of the illness itself. These individuals may feel hopeless or burdensome, even when they are not. Their suffering is real, but it is often reversible with proper treatment."

While caregivers—whether family or professionals, witness suffering up close. In many cases, it's the person who is ill who initiates the conversation about assisted dying. Families often need time to come to terms with this decision, even when it comes from a place of clarity, not despair.

Dr Tonnoy explains, "For loved ones, the idea of a planned death can feel unnatural. They may struggle with guilt, sadness, or confusion, not because they don't understand, but because letting go is never easy. Often, the person must gently convince their family, helping them see that the decision is not about giving up, but about preserving dignity."

"Despite all this, many caregivers ultimately stand by their loved one's decision. Still, they carry their own burdens and deserve support as they navigate the complex emotional journey that comes with love, loss, and end-of-life care."

As medicine progresses, it is more and more possible to lengthen life. But the question of ethics persists: At what expense? If healing is also the cessation of suffering — both for patients and their caretakers then perhaps, in carefully examined instances, assisted death can really be an act of love, not defeat.

Where the World Stands on Legal Assisted Dying?

As the world continues to wrestle with the morality of assisted dying, a number of nations have proceeded with legalization, usually in stringent conditions. Here is where the world legal landscape stands:

United States

Ten states and the District of Columbia permit physician-assisted dying under statutes that generally cover terminally ill patients with fewer than six months to live. Oregon, the first to make it legal in 1997, mandates strict consent procedures. While narrow in scope, it recognizes the dignity of those to be inevitably killed.

Canada

Canada's "Medical Assistance in Dying" (MAID) law started in 2016 and has since grown. It started out being reserved for individuals with foreseeable death but now covers patients with grievous and irremediable illnesses, although a planned expansion to cover mental illness was delayed until 2027.

The Netherlands and Belgium

Both countries allow euthanasia and assisted suicide under strict conditions, including unbearable suffering with no prospect of improvement. Belgium even permits minors to request euthanasia, provided there's parental consent.

Switzerland

Home to Dignitas, Switzerland has allowed assisted dying since 1942, provided there's no selfish motive. Foreign nationals can legally access services here, leading to the controversial concept of "suicide tourism."

Australia and Spain

Both countries allow voluntary assisted dying for terminally ill patients. Australia has stringent state-by-state rules, while Spain provides euthanasia and assisted suicide through its national legislation enacted in 2021.

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