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Legalizing Euthanasia in Nigeria: Comparative Study of Law of Euthanasia in Netherland, Belgium and Canada

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Abstract

Euthanasia, right to die or mercy killing has been the course for debate globally. Though conceived as an act of mercy, intended to relieve a person who is sick and suffering from excruciating pain and agony and who has no hope of survival. It has been argued that legalizing it will mean tampering with the fundamental right to life of the citizen. The patient who is the most affected continues to linger in tormenting pain because he cannot even dare end his suffering via euthanasia as a result of its non-legalization in Nigeria. Some countries like Netherland, Belgium and a host of others have seen the need to legalize it and have gone ahead to do so. However, irrespective of the constitutional provisions of right to privacy, religion, liberty and freedom of thought and conscience, the principle of autonomy and self-determination; Nigeria is still at loggerhead with legalization of euthanasia as a result of the legal, moral and ethical dilemma presumed to be associated with it. Our penal laws explicitly criminalized any act leading to the death of a person, whether the person causing such death, has a good intention, is immaterial. This paper explores the concept of euthanasia, the arguments for euthanasia, challenges facing legalization of euthanasia and proposes the way forward for Nigeria. The methodology adopted in this research is doctrinal method, recourse being made on statutes, case laws, dictionaries and scholarly works on the subject. This work is concluded by stating that in as much as medical science has not come to perfection, with the much of certain research already in existence, we can boldly advocate for the legalization of voluntary euthanasia in Nigeria with the enactment of Voluntary Termination of Life Act. The study also recommends that the criteria listed under the Act must be duly observed while palliative care fund (PCF) should be established in all hospitals in Nigeria in order to avoid its abuse. Involuntary euthanasia must be criminalized with a penalty of life imprisonment.

Keywords: Euthanasia, Voluntary, Consent, patient, legalization

Introduction

The practice of euthanasia is not new. It has been in existence since the ancient times. The Romans and the Greeks had practised euthanasia, when Hemlock was used to bring about the death of terminally ill.[1]Some ended the suffering of the terminally ill by drowning him. These practices continued to the extent that people started abusing it, which led to the outright condemnation, as questions as to the morality and legality of euthanasia kept surfacing.

The agitation or quest for legalising euthanasia arose out of compassion for the terminally ill who has no hope of survival or recovery. Sometimes certain illness robs off the happiness of a person, such that life becomes meaningless to him. His desire to end his life becomes increased when he sees himself deteriorating day by day. The physician and the loved ones of the sick are most times stuck in between the dilemma of whether or not to help the sick in getting rid of himself, especially when there has been repeated request by the patient to end his suffering. Though the act of euthanasia has been said to be illegal, yet in its passive form, it occurs on daily basis in the hospitals; so why deprive the patients who consistently request such act to be carried out on them?

The availability of life- prolonging machines has resulted to the patients being kept alive out of their will. This ensures that they keep living even when they see no justification to continue staying alive; as what they merely do is to wake up every day to find themselves in the same state as they were the previous day

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[1] History of Euthanasia <Lite/en.m.wikipedia.org> accessed 3 August, 2019.

or even worse. They do not enjoy the life they have, have no comfort as pains continue tormenting them, and hence the essence of living is not there anymore.

In countries like the Netherlands, Belgium, Lichtenstein and in some states in United States of America for instance, physicians are legally authorised, subject to certain conditions, to administer euthanasia in deserving circumstances.[2] However, the same cannot be said about Nigeria. In fact, any attempt on the life of another which results in the death of that person is a criminal offence, particularly murder punishable under the law. In other words, in Nigeria, euthanasia of any sort is criminalised though the courts are now being liberal as regards passive euthanasia.[3]

This paper critically reviews the law of euthanasia in Nigeria and proposes a law that can address this critical problem of non-legalization with reliance on the right to life of the patient, right to liberty, self-determination and autonomy, freedom of religion and right to refuse treatment which has been stipulated under our constitution expressly and by implication. If euthanasia is legalised, it will enable the physicians escape liability when they carry out euthanasia at the express request of the patient. The family members of the patient on the other hand will not have to waste their limited resources on a patient who would obviously die. The patient on his own part will not be allowed to experience tormenting pain but rather die a less painful death.

1. The Meaning of Euthanasia.

Euthanasia is the act of ending the life of a person from compassionate motives when he is terminally ill or when his pain and suffering have become unbearable.[4] It is the act of terminating the life of a terminally ill patient, not for any other motive but on merciful or compassionate ground. That is why it is sometimes referred to as *mercy killing.* Death is inevitable, it is certain that one day, irrespective of how enjoyable life might be at the moment, it will surely end. This ought to happen in a more dignified and less painful manner and this should not be denied the patient.

Life is so valuable, but there are certain situations when life becomes painful and unbearable; these are times when a person is inflicted with an incurable illness that puts him in a lot of agony and distress. At times like this, the patient sees no value in such life and opts to die and rest from the pain, hence his request for euthanasia. This study is in no way advocating for unnecessary and unwarranted killing, neither is the study unaware of morals and religion. The study is only canvassing the right of the patient to painless, more enjoyable and more dignifying life. Everybody is entitled to life that is worth living and definitely, life of pain, agony and distress is not worth living. This is where the right to end the life in a dignified manner comes in. Patients and their family members ought to be aware of the right to a dignified death or ending which inure to him as a human right.

2.1 Types of Euthanasia.

There are two major classifications of euthanasia which are determined by:

1. The nature of the third party's action (active and passive euthanasia)
2. The nature of consent (voluntary, non-voluntary and involuntary)

Active Euthanasia.

This form of euthanasia is performed by a facilitator (such as health care practitioner) who not only provides the means of death but also carries out the final death causing act. It entails the taking of specific steps to cause the death of another such as injecting the patient with a lethal injection or medication[5].

[2] J Donald and Ma A Somerville, 'Euthanasia and Assisted Suicide: A Physician's and Ethicist's Perspective' [2014] [4] *Medical and Bioethics, Dove Press Journals,* 1-12.
[3] *Medical and Dental Practitioners Disciplinary Tribunal v Okonkwo* [2002] AHRLR 159.
[4] V Goel,'Euthanasia: A Dignified End of Life' [2008] [3] (12) *International NGO Journal*, 224-231.
[5] BE Oniha, 'Legality of Euthanasia and the Right to Die in Nigeria' <www.edojudiaciary.gov.ng> accessed 1 August, 2018.

Passive Euthanasia.
This is the act of allowing a terminally ill person to die either by withholding or withdrawing life sustaining support, such as a respiratory or feeding tube. It is also defined as the deliberate act of allowing one to die by withholding or withdrawing medical interventions which artificially sustain life. This has been upheld in the case of *Medical and Dental Practitioners Disciplinary Tribunal v Okonkwo*[6].

There are other types of Euthanasia such as:

a. Voluntary Euthanasia: It is a type of euthanasia that arises when a person requests the physician to terminate his life. Here, the patient understands the implication of what he is demanding. In other words, he made the request in his sane period. He is aware of the likely outcome of his request. This type of euthanasia is done with the consent of the terminally ill patient. Such consent can either be by way of a living will or directive which the patient made while he was still legally capable, declaring that his life be terminated or that life-saving treatment be stopped with full knowledge that it will invariably lead to his death. In other words, he must have given instruction as regards the way he desires to die. The patient's informed consent is paramount here in order to ensure that his autonomy in the context of decision made by the physician has been considered by him. The patient's informed consent was emphasized in *Okekearu v Tanko*.[7]

b. Involuntary Euthanasia: This is a type of euthanasia carried out on a competent non consenting person. This type of euthanasia is performed on a person who would be able to provide informed consent but does not either because they do not want to die or because they were not asked. It involves the decision taken by those around the patient to terminate his or her life against his/her consent or will. Any act by a person that results in the death of the patient under this heading is termed murder, irrespective of however genuine the motive of the person who caused the death.

c. Non Voluntary Euthanasia: This form takes place when the decision to terminate the patient's life is made by a third party. It is the euthanasia of an incompetent and therefore non-consenting person.[8] Explicit consent of the person killed is not gotten. This is a situation where the person is in persistent vegetative state, or is in coma or is too young, or senile or the person is mentally retarded. Here, the wishes of the patient are not known due to the incompetence or incapacity[9]. This type of euthanasia raises serious question for concern. This is because the patient is not in the position to competently give his authority or consent. The physician is put in dilemma as to which action to take and which not to take. If he terminates the life of the patient out of sympathy, he may be caught up by law for having committed murder and if he allows the patient to leave in pain, his conscience might not rest because it is very obvious judging from the availability of medical expertise that the patient will eventually die. In our opinion, the physician should desist from other type of euthanasia aside voluntary euthanasia.

2.2 Argument for Euthanasia

1. Autonomy: every patient has the right to choose how and when to die. Right to die should be a personal choice. One has a right to choose all kinds of things, from whom to marry, the kind of work to do, when and how one ends one's life, etc especially for terminally ill. Nobody should be kept alive against his will.
2. It is a necessary insurance policy that will ensure that no one dies in painful agony or unremitting suffering. It protects the vulnerable from wrongful death and enables peaceful death with dignity.
3. Economic grounds: there is no need wasting money on a patient who has been certified incurable. Instead, the money can be used to cure the less ill patients or patients that their illnesses have medical cure or remedy. The finance could also be used to take care of other family needs.

[6] [2002] AHRLR 159.
[7](2002) FWLR (Pt 131) 1888.
[8] B A Garner (ed), Black's Law dictionary (8th edn., St. Paul MN: Thomson West 2004) 12.
[9]*Airedale NHS v Bland* (the Airedale case) [1993] All ER 82 (HL).

4. Organ Transplant: instead of allowing the critically ill patient without cure, to die and waste away, their organs can be used to save the other patients whose illnesses have cure. However, proper caution must be taken to ensure that no one's organ is taken without his consent and approval.
5. Compassion: euthanasia can only be sanctioned on compassionate grounds. If there are other ulterior motives for euthanasia, it should not be allowed.
6. Relief from pain and suffering: euthanasia offers relief to the patient. The excruciating pain and suffering of the patient is better ended than allowed to persevere. This is rightly so especially when death is imperative. Of what need is it to allow the patient go through pain when he will eventually die. It is more humane to allow him die than to leave him in his agony and pain.
7. It is part of the patient's constitutional right to refuse treatment. This is with regards to the right to freedom of religion. Some people's religious beliefs forbid them from receiving treatment. Where such a patient is of the view that no treatment should be given to him, the physician ought to respect the patient's constitutional right. For instance, some Jehova's witness sect do not accept blood transfusion, some do not even take drugs, no matter the kind of sickness they are passing through. Where the patient has prior to his illness or even during the illness, instructed that no blood transfusion be given to him, his request should be complied with as a respect for his constitutional right.
8. Death with dignity: it has been argued that as people have the right to live with dignity, they also have the right to die with dignity. Some medical conditions are so painful and unnecessarily prolonged that the capability of the medical profession to alleviate suffering by means of palliative care is surpassed.[10] It frees up scarce medical facilities and funds to assist other people who are less ill and have clear and better chance of survival.
9. It is required only when medicine has failed. It has also been considered as the only moral, humane thing to do when medicine cannot relieve the pain, and the terminal suffering cannot go on any longer.[11]
10. Many patients in persistent vegetative state do not have the intention to burden their family members; hence they may request to be euthanized. Furthermore, family and friends would be spared the pain of seeing their loved one go through a long drawn out death, thereby devaluing human life.

3. Euthanasia under the Nigerian Legislation.

In Nigerian legislation, euthanasia is never contemplated. In other words, no Nigerian legislation permits the practice of euthanasia. In fact, most people view euthanasia as akin to murder or manslaughter as the case may be.

3.1 Euthanasia under the 1999 Constitution of Nigeria

The 1999 Constitution of Nigeria is the supreme law of Nigeria. Every citizen of the country is bound by its dictates. In all the sections of the Constitution, there is no express mention of the word euthanasia. However, Chapter IV of the Constitution made provisions for certain rights which impliedly permit the practice of euthanasia. Such rights include right to life, right to dignity of human person, right to personal liberty, freedom from torture, inhuman and degrading treatment, right to thought, conscience and religion, etc. Proper and community reading of all these rights imply that the practice of euthanasia could be permissible in instances where sickness and intolerable pain has taken away the essence of life of the patient (especially where medical processes and expertise have confirmed that the chances of survival is not there anymore)

[10] V Niekerk, 'We Have a Right to Die with Dignity, the Medical Profession Has a Duty to Assist' [2016] Stellenbosch University <theconversation.com> accessed 5th July, 2019.

[11] H D Myers, 'Determining the Morality of Active Euthanasia'(1995) Honors Thesis, Southern Illinois University Carbondale <https://opensiuc.lib.siu.edu> accessed 5th July, 2019.

3.2 The Penal Laws

Euthanasia is not mentioned in the 1999 Constitution of Federal Republic of Nigeria. Deliberate action that results to the death of a person is referred to as the offence of homicide. Both the Criminal Code and the Penal Code criminalized the offence of homicide.

There have been several arguments as regards the morality or legality of euthanasia, and hence this has prompted many countries to repeatedly frown against such act of euthanasia by refusing applications or appeals for legalization of euthanasia.

Under the Criminal Code Act, for instance, any form of killing of any person is unlawful unless such killing is authorized, justified or excused by law.[12] In other words, except as set forth, any person who causes the death of another directly or indirectly, by any means whatsoever is deemed to have killed that other person.[13] The question that comes to mind is whether consent of the person killed affects the liability of the person who caused death? Consent of the person killed does not affect the criminal liability of any person who caused the death.[14] In *State v Okezie***,**[15] the accused, a native doctor prepared some charms for the deceased. The deceased then invited the accused to test the charm on him by firing a shot at him. The accused shot him in the chest and killed him. He was convicted of murder. So consent of the person killed is not an excuse.

Under the Penal Code too, murder and manslaughter are criminal offences. Though, the Code refers to them as culpable homicide punishable with death[16] and culpable homicide not punishable with death, for manslaughter.

Aiding someone to commit suicide is a criminal offence punishable with death. Thus section 326 of Criminal Code provides that any person who aids another person in killing himself is guilty of felony and is liable to imprisonment for life. This is contrary to the laws of some western countries such as Belgium, Netherlands etc. where assisted suicide is not a crime, but rather an aspect of medical treatment. So, provided the practitioner complied with the procedural safeguards enshrined under the law permitting or legalizing it, he is exonerated from any criminal liability arising out of it.

The position is not the same with Nigeria as any action which results to the death of a person is considered criminal and is punished by law. The community reading of sections 220 and 221 of the Penal Code shows that any form of killing (except one exempted under the Nigerian law) is a crime punishable under the Nigerian laws.

We can however, say that Nigeria has made a positive step with regards to passive euthanasia as seen in the case of *Medical and Dental Practitioner Disciplinary Tribunal v Okonkwo*. What is not obtainable at the moment is active voluntary euthanasia. It is therefore proposed that the laws be made to also accommodate voluntary active euthanasia because there are people going through some illnesses that obviously have no cure. What is the point if a patient's treatment can be withdrawn thereby causing his death, whereas he cannot actively be euthanized even at the request of the patient?

3.3 Rights not expressly provided in the 1999 Constitution of the Federal Republic of Nigeria.

There are rights which though not expressly provided for under the 1999 Constitution, but are very important to every individual as fundamental rights. Reliance could be made on these rights in the agitation for legalizing euthanasia in Nigeria. We will consider these rights hoping that our law makers rely on them to legalize voluntary euthanasia in Nigeria.

[12]Criminal Code Act, s.306.
[13] Ibid, s. 308.
[14] Criminal Code, s. 299.
[15] [1972] 2 ECSLR 419.
[16] Criminal Code, s.221.

Respect for Autonomy.
Autonomy refers to a person's right to self-determination, to the inherent right of individuals to make decisions based on their constructions of what is good and right for themselves. It is the ability to direct one's own life and to make one's own decision without interference by any third party. The principle of autonomy is a notion in medical ethics, as it is in ethics generally.[17]A physician cannot proceed with a particular treatment contrary to the patient's consent.

Right to Refuse or Reject Medical Treatment.
The patient has as one of his fundamental rights; the right to choose what will or will not be done to his body. Though not expressly stated in the constitution, this right stems from the doctrine of informed consent, the right to liberty, thoughts, conscience and religion, and right to self-determination – see generally ss. 35 & 38 of the constitution.

Self-determination and Informed Consent.
Self-determination and informed consent are the basic legal and moral rights of the patient. Self-determination is a legal and ethical principle that recognizes the autonomous nature of man. It is the act or power of making up one's mind about what to think or do, without outside influence or compulsion, an aspect of human right law that is predicated on the notion of giving individuals control over their lives. Informed consent is described as a person's agreement with a recommended medical procedure with the full knowledge of the risk involved and the alternatives.[18]

4. Euthanasia in Selected Countries.
It is necessary to consider euthanasia in other jurisdictions in other to know what prompted their acceptance or rejection of euthanasia law in their countries, in a bid to know what aspect of their law Nigeria can incorporate in their own law when they decide to legalize euthanasia.

Euthanasia in Netherlands.
Euthanasia and Assisted Suicide has been legalized in Netherlands under specific circumstances and strict conditions. Euthanasia in the Netherlands is regulated by the 'Termination of Life on Request and Assisted Suicide (Review Procedures) Act which was passed in 2001 and took effect in 2002.[19] It states that euthanasia and physician assisted suicide are not punishable if the attending physician acts in accordance with criteria of due care.

The legal debate concerning euthanasia in the Netherlands took off with the Postma case in 1973 concerning a physician who had facilitated the death of her mother following repeated explicit requests for euthanasia.[20] While the physician was convicted, the court's judgment set out criteria when a doctor would not be required to keep a patient alive contrary to his or her will. The criteria required are as follows:

a. That the patient's suffering is unbearable with no prospects of improvement.
b. That the patient's request for euthanasia must be voluntary and persistent over time (the request cannot be granted when under the influence of others, psychological illness or drugs).
c. The patient must be fully aware of his/her condition, prospects and options.
d. There must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above.
e. The death must be carried out in a medically appropriate fashion by a doctor or patient, and the doctor must be present.

[17] A Adejumobi, 'Euthanasia: Some Critical Remarks' [2009] *Etica and Politica/ Ethicsand Politics*, xi, 441-454.
[18] B A Garner (n 10).
[19] Dutch 'Mercy Killing Law' passed. BBC. 11 April, 2001 <https://news.bbc.co.uk> accessed 28th March, 2020.
[20] J A Rietjens and others, 'Two Decades of Research on Euthanasia from Netherlands. What have we Learnt and what Questions Remain' [2009] (6) (3) *J. Bioeth. Inq.* 271-283.

f. The patient is at least 12 years old (patients between 12 and 16 years of age require the consent of their parents).

Euthanasia remains a criminal offence in cases not meeting the law's specific conditions, with the exception of several situations that are not subject to the restrictions of the law at all, because they are not considered euthanasia but normal medical practice; e.g. stopping or not starting a medically useless (futile) treatment, stopping or not starting a treatment at the patient's request, necessary for alleviating serious suffering. Euthanasia of children under the age of 12 remain technically illegal; however, Verhagen has documented several cases and together with colleagues and prosecutors, has developed a protocol to be followed in those cases. Those protocol or requirements are as follows:

1. The presence of hopeless and unbearable suffering.
2. The consent of the parents to termination of life.
3. Medical consultation having taken place.
4. Careful execution of the termination.[21]

Prosecutors will refrain from pressing charges if the protocol is followed.[22]

Euthanasia in Belgium.

The Belgian Parliament legalized euthanasia on 28 May 2002.[23]A survey published in 2019 reported that those who died from euthanasia (compared with others) were more often younger male cancer patients and more often died in their homes. In almost all cases, unbearable physical sufferings were reported. Euthanasia for non-terminal patients was rare. There have been about 1,400 cases a year since the law was introduced and a record of 1,807 cases were recorded in 2013.

In December 2003, the Belgian Senate voted in favour of extending its euthanasia law to terminally ill children. Conditions imposed on children seeking euthanasia are:

1. That the patients must be conscious of their decision and understand the meaning of euthanasia.
2. The request must have been approved by the child's parents and medical team
3. Their illness must be terminal and they must be in great pain, with no available treatment to alleviate their distress.
4. A psychologist must also determine the patient's maturity to make the decision.
5. The amendment emphasizes that the patient's request be voluntary.[24]

The first minor to be euthanized under these new regulations occurred in September 2014.[25] In late 2014, a doctor administered a lethal dose of drugs to a patient after struggling with mental illness for years, upon the patient's own request. Belgium is one of five countries that allow doctors to kill patients at the patient's request, and one of two, along with Netherlands, that grant the procedure for people with mental illness. The idea is that those with psychiatric illness should be afforded the same rights as those suffering from a physical one.[26]

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[21] A A Verhagen *et al*, 'Deliberate termination of life in newborns in the Netherlands; review of all 22 reported cases between 1997 and 2004' Ned Tijdschr Geneeskd. 149(4): 183-8. PMID 15702738.

[22] Euthanasia in Netherlands <https://en.m.wikipedia.org>accessed 3rd January 2020.

[23]M Adams and others, 'Comparative Reflections on the Belgian Euthanasia Act 2002' [2003] (11) (3) Med. Law Rev. 353-76 accessed 5th January, 2020.

[24] H Andrew,' Belgian Senate votes to allow Euthanasia for Terminally ill Children' The New York Times (12 December, 2013) <https://www.nytimes.com> accessed 9th April, 2020.

[25] 'Belgium minor first to be granted euthanasia' BBC News (17 September 2016) <https://www.bbc.com>accessed 5th January, 2020.

[26] 'What could help me to die? Doctors clash over Euthanasia' STAT News (26th October, 2017) accessed 5th January, 2020.

Euthanasia in Canada.
Voluntary active euthanasia, called "physician assisted dying," is legal in Canada for all people over the age of 18 who have a terminal illness that has progressed to the point where natural death is reasonably foreseeable.[27] To prevent suicide tourism, only people eligible to claim Canadian health insurance may use it. Legalization of the practice came in 2015/2016 as a result of a series of Supreme Court rulings striking down Canada's ban on medically assisted suicide.

Below is a timeline of events:
On 6 February 2015, the S.C. of Canada unanimously ruled in *Carter v. Canada (AG)*[28] that Canadian adults who are mentally competent and suffering intolerably and permanently, have the right to a doctor's help in dying. The court however suspended its ruling 12 months to give the government an opportunity to write and draft new laws and policies around assisted dying.[29]

In January 2016, the court granted an additional 4-month extension to its ruling suspension to allow time for the newly elected Liberal government to consult with Canadians on drafting a law to comply with the ruling. As an interior measure, it also ruled that provincial court can now begin approving applications for euthanasia until the new law passes. A parliamentary Committee report tasked with studying the issue in light of the S.C. of Canada's ruling recommended that anyone experiencing intolerable suffering should be able to seek a doctor's help to die.

On 14 April 2016, Canada's federal liberal government introduced legislation to legalize assisted dying under more restrictive conditions than recommended by the committee, allowing access to only those with terminal illnesses for whom death is reasonably foreseeable.[30] The bill received considerable multi-partisan opposition within the Senate, where it was criticized as being drafted too quickly, and being too restrictive compared with the Supreme Court decision.[31] On 17th June 2016, a bill to legally allow assisted suicide within Canada became law after it passed both houses of Parliament of Canada and received Royal Assent.[32]

5. Challenges Facing Legalization of Euthanasia in Nigeria.

Legalization of euthanasia can be hindered by the following factors:

1. Religious beliefs: It is argued that euthanasia devalues the sanctity of life.
2. Abuse: This is pictured in the slippery slope theory which stipulates that allowing the practice of euthanasia will lead to a shift towards increased instances of induced or assisted death in circumstances where appropriate treatment exists, where the patient is not terminally ill, where the patient is not ill at all and where the competent patient has not provided any consent at all.[33] Accordingly, this could pose a more dangerous effect in a country like Nigeria where there is a large scale of illiteracy and inadequate access to genuine information. Hence, it endangers the weak and marginalized in the society. Where it has been allowed, safeguards purporting to minimize the risk have proved to be inadequate and have often been watered down or eliminated over time. People who deserve society's assistance are instead offered accelerated death.[34]It has also been argued that legalizing euthanasia corrupts the practice of medicine and

[27] Legality of Euthanasia: Euthanasia in Canada <en.m.wikipedia.org> accessed 6th January, 2020.
[28] [2015] SCC 5.
[29] F Sean, 'Canadians have right to Doctor- Assisted Suicide, Supreme Court rules' (6th February, 2015) The Globe and Mail <www.theglobeandmail.com> accessed 6th January, 2020.
[30] Canada's new Doctor- Assisted Dying Law takes shape. The Economist (19 April, 2016) <https://www.economist.com>accessed 6th January, 2020.
[31] Tasker, John Paul, 'Rushed' assisted- dying Legislation to face strong Opposition in the Senate. CBC News (28th May, 2016) <https://en.m.wikipedia.org> accessed 6th January, 2020.
[32] Canada Legalises euthanasia for the Terminally ill <https://www.her.ie> accessed 6th January, 2020.
[33] A H Ansari and others, 'The Right to Die via Euthanasia: An Expository study of Shariah Laws in Selected Jurisdictions' [2012] (6) (5) *Advances in Natural and Applied Sciences* 673-681.
[34] R T Anderson, 'Four Problems with Physician-Assisted Suicide' (2015) Issue Brief, No. 4370 <www.mncatholic.org> accessed 29th January, 2020.

doctor-patient relationship by permitting the tools of healing to be used as techniques for killing. It also threatens to fundamentally distort the doctor- patient relationship because it reduces patient's trust of doctors and doctor's undivided commitment to life and health of their patients.[35]

3. Violation of Hippocratic Oath: The Hippocratic Oath is one of the oldest binding documents in history, written by Hippocrates which is still held sacred by physicians.

6. Conclusion

This study has systematically appraised the concept of euthanasia, the arguments for euthanasia as well as the practice or status of euthanasia in other countries as well as argument against euthanasia. Euthanasia is the medical act of ending the pain and suffering of a terminally ill patient diagnosed with incurable disease that is causing the patient excruciating and unbearable pain physically, psychologically and mentally in situations where it has been medically confirmed that the patient cannot recover from the illness. Euthanasia can logically and medically be classified into voluntary (active) euthanasia and involuntary (passive) euthanasia on the basis of the nature of the consent only. Discussions on euthanasia needs more than mere religious sentiments in relation to a terminally ill patient. Involuntary (Passive) Euthanasia should be criminalized in the law as it does not meet the criteria of patient consent to be euthanized while Voluntary (Active) Euthanasia should be legalized in Nigeria as "Voluntary Termination of Life Act" which should state that voluntary euthanasia is legalized as the medical act of voluntary termination of the life of the terminally ill patient on the request of that patient, on compassionate grounds, following the criteria outlined in the Act (as presented below). The legality of voluntary euthanasia must be based on the following criteria:

a. The patient must have been diagnosed with terminal illness resulting in unbearable suffering and worthless living with no prospects for cure or recovery.
b. The status of the illness must be ascertained by a minimum of three other independent doctors.
c. The patient must be certified by a professional psychologist, to be in a clear state of mind to have made the request to be euthanized.
d. The request must be independent and not influenced by any third-party. Be it the doctor handling the patient or any family member.
e. The patient must be fully aware of his/her condition, the prospects and options available.
f. The request for euthanasia must be made at least twice and 7 days apart.
g. The consent form must be signed by the patient in the presence of a certified lawyer and the hospital legal team.
h. The act must be carried out in the hospital where the patient is being treated and by the doctor handling the patient.
i. Any patient opting for euthanasia must be at least 18 years old.
j. Court order sanctioning euthanasia must be gotten by the patient or his family members.
k. There shall be a committee who is charged with the responsibility of ensuring that all the due processes listed were complied with before euthanasia can be granted to the patient.

7. Recommendations

1. This research strongly recommends legalizing Voluntary (Active) Euthanasia in Nigeria with strict compliance to the criteria presented by the writer.
2. This research also strongly recommends criminalizing involuntary euthanasia in Nigeria.
3. It is also recommended that palliative care (pain management) be provided at little or no cost for patients who are deprived of right to euthanasia by reason of not meeting the requirement of giving voluntary consent.

[35] Ibid, n 128.