ON VACCINATIONS

Dr. Rouen Mascarenhas

The Concept of vaccination: A germ (in part or whole, killed or in unconscious form) or its toxin is introduced into a healthy body, wherein the defense system reacts and produces protective substances called antibodies which are stored up for the future. Whenever the respective germ enters the body, these antibodies go and kill/destroy the germ. Vaccinations must be given to a **healthy child** so that the defense system can mount a good response.

'Prevention is better that cure' is an age old saying. Vaccinations act by preventing illnesses. There is one better way (than vaccinations) to follow this saying.

1. To prevent infections of the food passages (stomach & intestines).
   - Eating fresh & hygienic food
   - Drinking clean/potable water (Tap water boiled for 20 minutes or a mineral water)
2. To prevent infections of the breathing passages
   - Using a kerchief at the nose & mouth – especially when pollution, dust, cold air, irritants, or if someone is coughing/sneezing.

The **W**orld **H**ealth **O**rganization considers 'Vaccinations against major killer illnesses' to be one of the very important strategies for child survival/health. In fact every child around the world requires to be vaccinated against diseases prevalent in their geographical location. Governments through their health ministry are responsible for formulating, supporting, advocating and facilitating vaccination strategies.

In India, the Govt. has the 'Expanded Programme on Immunization', which schedules protection by:

1. **B.C.G**.: against Tuberculosis (which is very common in our country) spreading– a single dose/injection (advised to be given at birth) given on the left shoulder region, which turns into a boil after a month, bursts and leaves a permanent scar.
2. **Oral Polio**: 2 drops given to protect against Polio (a paralysis). A dose at birth, followed by three doses (at 6, 10 & 14 weeks) gives primary protection. Boosters are given at 18 mths & 5yrs.
3. **Triple/DPT** (injections) (**D**iphtheria, **P**ertusis or whooping cough & **T**etanus): 3 Primary doses are given at 6, 10 & 14 weeks, with boosters at 18 mths & 5 yrs. Further to this T.T. (Tetanus Toxoid) is given at 10yrs & 16 yrs.
4. **Hepatitis B:** 3 doses/injections are ideally given at birth, 1 month & 6 mths of age. However as a matter of convenience they are given at 6, 10 & 14 weeks along with the DPT.
5. **Measles:** Given at 9 mths.
6. **M.M.R.** (Measles, Mumps & Rubella/German Measles): Given at 15 mths.

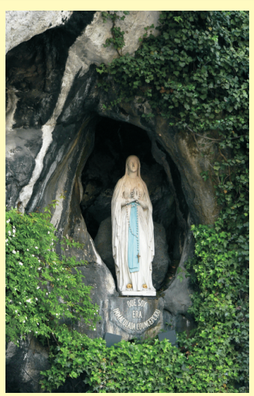
Some other considerations:

1. Pulse polio doses must be given on the National & State Immunization days (NID's & SID's) as announced from time to time, to facilitate the global eradication of polio. These doses (higher concentration of a single polio virus) are different from the routine polio doses (average doses of all three polio viruses) given by your family doctor.
2. A second dose of MMR is advisable at school entry (4-6yrs).
3. Typhoid vaccination every 3 years – starting at 2 yrs age.
4. Combination vaccines are available, which reduce the number of injection pricks to the child.
5. Tetanus vaccinations, once given on a regular basis (as DPT/TT) are not required after every injury.
6. Vaccinations provide artificial protection and hence may not be fool proof.
7. Vaccination schedules: Doctors may follow different vaccination schedules as per the - vaccinations to be given, the patient's convenience and the doctor's preference.

Other vaccines: There are some vaccines available at a significant cost and may only be considered when finances permit:

1. IPV (Injection of Polio Virus)
2. DTaP – which causes less pain & fever.
3. H.I.B. – Against certain bacterial infections affecting the brain, windpipe & lungs.
4. Hepatitis A: Against the common jaundice.
5. Varicella: Against Chicken Pox.
6. Rotavirus: Against the Rotavirus which can cause troublesome diarrhoea in young children.
7. PCV–7: Against 7 of 14 dangerous types of a germ called Pneumococcus – which can cause brain & lung infections.
8. Meningococcal: Used only in certain cases – to prevent meningitis (brain fever).
9. HPV: Can prevent Human papilloma virus (responsible for Cancer of the cervix-entrance of the womb in women) infection; 10.Flu/Influenza; 11. Japanese Encephalitis;12. Rabies.

Dr. Rouen Mascarenhas is a Trustee of the F.I.A.M.C. Bio-Medical Ethics Centre and a Consulting Pediatrician.



Announcement

XXIII World Congress of F.I.A.M.C. to be held in LOURDES, from 6 to 9 May 2010 under the High Patronage of the Pontifical Council for Health Pastoral Care and with the support of the "Association Médicale Internationale de Lourdes" (AMIL) the "Centre Catholique des Médecins Français" (CCMF) "Amour et Vérité".

Theme: Our Faith as Physicians

Contact: Rev. Fr. Stephen Fernandes, Executive Director, F.I.A.M.C. Bio-Medical Ethics Centre

Editorial Team: Fr Stephen Fernandes, Ms. Alina DeSouza, Ms.Sharon Fernandes, Ms Cecilia Chettiar, Ms Shefalle Karanjikar.

FIAMC

Vol. : 02
Month : May
Year : 2010

TOUCHING LIVES

A HEALTHCARE NEWSLETTER OF FIAMC BIO-MEDICAL ETHICS CENTRE, MUMBAI, INDIA.

UNDERSTANDING the CONCEPT of DEATH

Dr. C. J. Vas

What is death? Death in humans means the cessation of life. It represents the irreversible disintegration or cessation of the functions of the human organism as a whole rather than of the whole organism. Death of the brain – 'the master-organ' - is an essential pre-requisite for the determination of death.

If one were to construct a synthesis of the cultural, religious and scientific aspects in regard to the concept of death, the following would be the inescapable conclusion: In an unconscious or comatose person, death will have occurred when the brain has irreversibly stopped functioning and the spontaneous breath of life is no longer in evidence for a pronouncement of death.

> The criteria of death that may be applied to establish the concept of death are (1) brain function and (2) the breath of life.

It appears that until the 19th century it was mainly the presence of respiration or the breath of life that determined whether life existed. The realization in the early part of the 19th century that the prolonged absence of respiration and pulsations of the heart would inevitably result in the death of the brain, and that of the individual, was important as both the pulse and pulsations of the heart and the respirations could be simply detected. This is why the heart-lung or cardio-respiratory criteria of death came into existence: and these continue to be used to this day. They were merely the simplest means of knowing the brain would be dead if the pulse and breathing were absent for a prolonged period of time. Nevertheless, it was the death of the brain that was the real criterion of death.

In India, most often, human death is recognized on the basis of cardio-respiratory criteria of death, and on rare occasions, when heart and lung activity is artificially maintained by an application of the neurological criteria of brain stem death. Unfortunately, brainstem death in India is only recognized if the deceased is likely to be a donor in an organ transplant procedure. If not a donor, then he cannot be certified dead although he fulfils all the criteria for brainstem death. What a paradox!

A unitary definition of death is : An unconscious human being is dead when in the opinion of a registered medical practitioner based on the ordinary standards of medical practice there has been an irreversible cessation of spontaneous respiratory and circulatory functions; and in the case of a human being, where the use of artificial means of support preclude the determination of irreversible cessation of spontaneous respiratory and circulatory functions, the unconscious human being is dead when in the opinion of two registered medical specialists based on the ordinary standards of medical practice there has been an irreversible cessation of brainstem functions.

Source: C. J. Vas, J. T. R. I. Journal. Some thoughts on Death and the Law.
Dr. C. J. Vas is founder of F. B. M. E. C. and Consulting Neurologist, Goa Medical College, Bambolim, Goa

BRAIN DEATH IS DEATH

The Pontifical Academy of Sciences, in its proceedings on "Why the Concept of Brain Death is valid as a definition of Death, a statement by Neurologists and others: "Brain Death means the irreversible cessation of all the vital activity of the brain (the cerebral hemispheres and the brain stem). This involves an irreversible loss of function of the brain cells and their total, or near total destruction.

SUICIDE AND RIGHT TO DIE

- Adv. Joaquim F. Reis

For a long time people have been debating whether a person has the right to decide when he or she should die. Whilst the West appears to lean towards the right of a person to commit suicide as well as allow euthanasia, in India - a country couched on strong religious values - we are still traditional in condemning the right to commit suicide which entails a right to die. It is interesting to note that the main religions, viz. Hinduism, Buddhism, Islam and Christianity are all on one accord, condemning right to die and holding, that life is a gift of God.

It would be interesting to get familiarized with a few basic laws prevailing in our country as well as analyze the reasons given in favour of the argument on 'one's right to die'. Our Indian constitution gives Fundamental rights to the citizens of India which are embodied under Part III of the Constitution. One of them is Article 21 which states that "No person shall be deprived of his life or personal liberty except according to the procedures established by law". This Article is popularly known as a right to life. Those supporting euthanasia argue that right to life under the Constitution of India would mean right to a dignified life and if a person cannot live a life of dignity then he has a right to end his life. In other words, the argument is that right to life includes right to die. However, we must remind ourselves that under the provisions of Section 309 of Indian Penal Code, an attempt to commit suicide is punishable with imprisonment and/or fine and a person who abets commitment of a suicide is also punishable with punishment and fine. The Law Commission of India, right from 1971, has suggested that the provisions of the said Sections 309 and 306 of the Indian Penal Code which impose punishment for attempting suicide or a person abetting another in committing suicide, should not be made punishable and those sections should accordingly be amended. These amendments were not enforced because of strong opinion of our Indian society on this topic. Knowing this position, the Law Commission in 2008 recommended that terminally ill or those in vegetative state or those with an incurable disease should be allowed to die. It, therefore, recommends decriminalization of an attempt to suicide or abetment to suicide. The argument in favour of this thinking is based on the view that it would be cruel for a person suffering from ignominy or depression or extreme pain, not to be given a right to die. It is said that suicide would not harm the other and would not have any baneful effect on society. Emphasis is laid on the life of a person being "his own life' and therefore, if that person decides to end his life, it would not be against any morality or public policy. They also state that suicide is a call for help and should not be a call for punishment. Way back in 1994, the Supreme Court of India upheld this thinking, but immediately in 1996, a Larger Bench of the Supreme Court overruled this decision. As of now, our Courts have held that right to life is a natural right embodied in the Constitution of India and that suicide would be an unnatural termination or extinction of life and, therefore, incompatible and inconsistent to the concept of right to life. It is also held that there is sanctity to life. This sanctity guarantees protection to life and not extinguishing life.

It is indeed fortunate that the Supreme Court gave a very positive and encouraging Judgment, especially in a country like India where we believe that life indeed is a gift of God and that right to live with dignity and values includes going through the pain and suffering which life may offer in its course. An exception to a right to die can be debated in cases of premature termination of life in the hopelessly terminally ill case or in a case of persistent vegetative state. If the basic ethical principles are followed, they may fall within the ambit of right to die with dignity as a part of right to live with dignity. However, in such cases, one must be doubly careful to ensure that death due to termination of natural life is certain and imminent and the process of natural death has already commenced. Such cases cannot be considered as extinguishing life but only accelerating conclusion of the process of natural death which has already commenced.

Life being sacred, it has to be treated and preserved until a natural death occurs. The next of kin have an obligation to look after suffering patients with lot of patience and equanimity. The medical and nursing have an equal obligation to show love and compassion to such patients. Society at large also has a duty to protect those who have no one to take care. Let us remember that by and large no one wants to die. Very often a person who is either depressed, disoriented or in pain or not in full control of his faculties would have an urge to commit suicide. Alternatively, a dependent or a beneficiary of an aged or ailing person who finds it burdensome to take care of their ward may induce his/her death if allowed to decide whether such person should live or die. In other words, it would be a judgment based on one's own notions and not on the desires of the sick or old person. Let us remember that this can have a catastrophic effect on the society because a person may want to end another's life to avoid discharging of responsibility.

For those who firmly believe that life is sacred and a gift from God, the right to live is upheld and the right to die does not arise. From a Christian point of view, suffering is an integral part of life with the understanding that suffering is redemptive.

All in all, I think that we are safe in our country as suicide or abetment to suicide or euthanasia is still a punishable offence under the laws of our country.

[Adv. Joaquim Reis is Addl. Managing Trustee of F. I. A. M. C. Bio Medical Ethics Centre and Advocate, High Court and Supreme Court of India]

CHURCH'S RESPONSE TO VARIOUS OPINIONS ON EUTHANASIA

Rev. Dr. Stephen Fernandes

Relieve Suffering Vs. Finding Meaning in Suffering

Since one of the main aims of medicine is to relieve suffering, it is a medical duty to relieve the intractable suffering of a patient by assisting her to die. Some say that it is more merciful to kill people than to allow them to go on suffering. They cannot bear to see people suffering so much. Such pleas of mercy are actually pleas the sick and/or dying persons make to accompany them in their suffering. True mercy is actually showing compassion, that is. sharing the pain and suffering of the sick and the dying. True compassion does not kill the person whose suffering we cannot bear. Euthanasia must be called false mercy as it wants to eliminate the one who suffers.

Further, suffering for a Christian has salvific value. Each one is also called to share in the suffering of Christ through which our Redemption was accomplished. Hence, each one of us, by accepting our suffering, taking up our crosses and spiritually uniting ourselves to the Cross of Christ can also become a sharer in the redemptive suffering of Christ.

Sacredness of Human Life (Religious belief) Vs. Right to Die with Dignity

Some wrongly argue that the sacredness of human life is only a religious belief. They insist that the law should not enforce religious beliefs. According to them, when there is a 'division in society between the right to die with dignity and religious claims about the sanctity of human life, legislation that prohibits assistance to die for a person who is so ill and wants to die, is undemocratic and unjust. Hence, they claim a so-called right to die with dignity.

However, according to the Catechism of the Catholic Church 2258, human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.

Ordinary and Extraordinary Treatment

Over 50 years ago. Pope Pius XII said extraordinary treatment is not obligatory: A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health, and all temporal activities are in fact subordinated to spiritual ends.

In *Evangelium Vitae*, Pope John Paul II contrasted extraordinary means of prolonging life with ordinary means. **Ordinary means** of prolonging life are the obligatory means that are likely to be successful and carry no great risks and do not impose any excessive burdens on the patient and without preventing the patient from attending to some other over-riding duty. Within ordinary means there is an important distinction to be made between medical treatment and basic care. Basic care which is the provision of food. water, shelter, warmth and necessary hygiene methods is considered as the ordinary means of prolonging life and hence obligatory. Provision of such basic care is an expression of respect and concern for the life entrusted to one's care. Food and water, even if artificially provided (ANH) are not medical treatment but an essential means of sustaining life. On 22 March 2004, speaking at an International Congress2, organized by the World Federation of Catholic Medical Associations and the Pontifical Academy for Life, Pope John Paul II said: "Patients in a "vegetative state' do not lose their dignity or rights, and withholding food and water from them amounts to euthanasia by omission.

Treatments are extraordinary (i.e. not obligatory) a) if they carry high risks of causing death or damage (sometimes with experimental therapies), b) offer a poor likelihood of success and c) if they impose an excessive burden on the patient and / burdens which are too great relative to their benefits, or cannot be given without preventing the patient from attending to some over-riding duty (cfr. Catholic Social teaching (CTS), "Explaining Catholic Teaching: Euthanasia and Assisted Suicide by Philip Robinson), Catholic Truth Society, Publishers to the Holy See, 2003).

In situations where the medical treatment is disproportionate to any expected results or when it imposes an excessive burden on the patient or his family and when death is clearly immanent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted". To forgo extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death".

Use of Medication/Drugs to Alleviate pain:

I) Death is often preceded or accompanied by severe and prolonged suffering.
ii) Physical suffering can become so severe as to cause the desire to remove suffering at any cost.
iii) However, according to Christian teaching, suffering especially during the last moments of life has a special place in God's saving plan.
iv) Some Christians prefer to limit their dosage of painkillers in order to freely accept part of their sufferings and thus associate themselves with the sufferings of Christ.
v) However, such heroism cannot be imposed on people.

The intensive use of painkillers has the following 2 possibilities:

I) Administering pain-relieving drugs in deliberately high doses so that death will occur ***is euthanasia.***
ii) However, the use of medication, consistent with **the rule of double effects** when the dying patient requires doses of medication that might unintentionally hasten death, is affirmed, provided that the intention is only to relieve specific symptoms such as pain or shortness of breath, and the suffering caused by these symptoms is proportionately grave. By definition this ***is not euthanasia.***

[Rev. Dr. Stephen Fernandes is Executive Director, F.I.A.M.C. Bio-Medicl Ethics Centre and Prefessor of Ethics and Moral Theology, St. Pius College, Mumbai]

1. **Jan Grzebska**
He was in coma for 19 years. Doctors gave up but his wife didn't. Now he's a senior citizen enjoying life in post communist Poland.

2. Morris Goodman - He survived a plane crash at 35. He broke almost every bone in his body including his skull. His neck was broken at C1 and C2, his spinal cord was crushed, and every major muscle in his body was destroyed. Morris was no longer able to perform. Any bodily function except to blink his eyes.

- His injuries were too severe for him to survive.
- Over the next few months his body started to function again and eventually he walked out of the hospital.

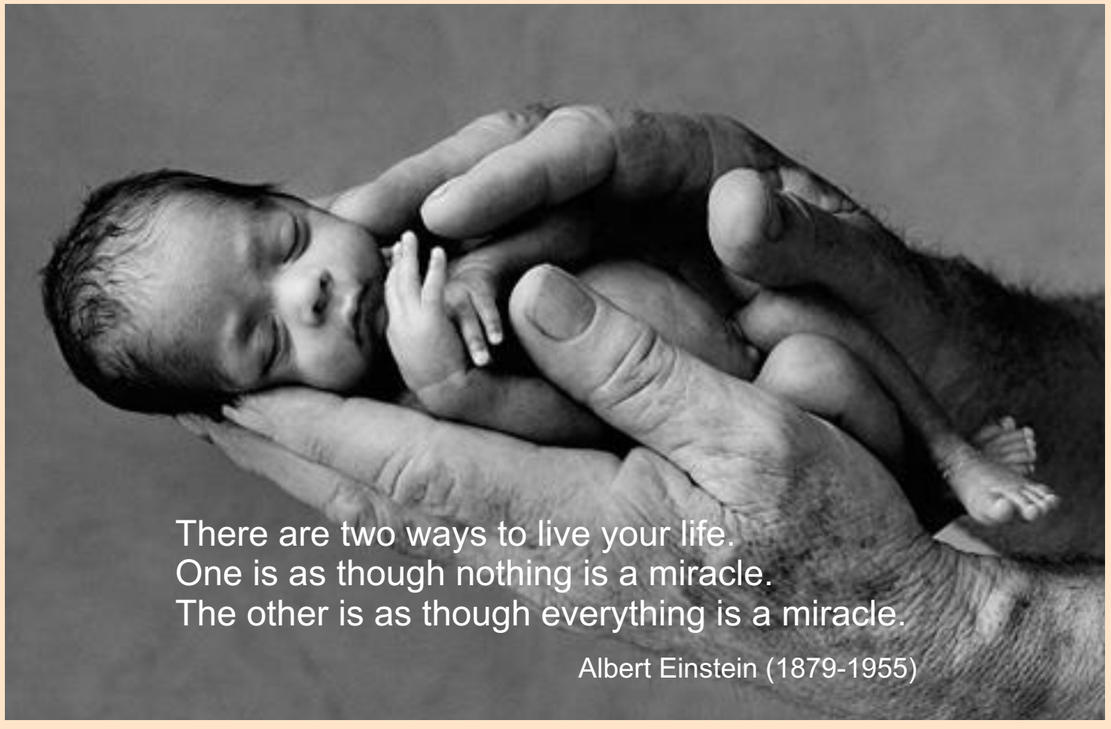
3. Patricia Whitebull - She stopped breathing when she was delivering a son, Mark Jr. by Caesarean section. A blood clot had formed in her lung, and although frantic doctors were able to get her breathing again, she had suffered brain damage from lack of oxygen. Doctors told her family she would never recover.

- She woke up suddenly in Dec 2000 after 16 years.

4 Zack Dunlap doesn't remember much from the day he died, but he does remember hearing a doctor declare him brain-dead. And he remembers being incredibly ticked off. Dunlap opened his eyes after five days, and was taken off a ventilator two days later.

"Once you accept killing as a solution for a single problem, you will find tomorrow hundreds of problems for which killing can be seen as a solution."

Dr. Karl Gunning



CATECHISM OF THE CATHOLIC CHURCH

CCC 2276: *'Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.'*

It does not matter how impaired this life may be, the human person has an unconditional and sublime dignity, based on the intimate bond that unites him/her to the Creator. In the human person there shines forth a reflection of God himself.

Our News Letter
Touching Lives
We thank you for your avid interest in 'Touching Lives'. We welcome your suggestions and feedback. E-mail us at: touchinglivesfiamc@gmail.com or fiamcmumbai@hotmail.com

"...We must not allow any child, any woman, any man to feel unwanted, unloved by society...I pray that through the love for the unborn, through love for the sick and the dying, the crippled, the mentally ill, the unwanted and the unloved, you will grow in the love of God and in doing so, grow in Holiness. God Bless You All."

Mother Teresa

Active Euthanasia is the intentional bringing about of death by a positive act, as for example by injection with a lethal dose of poison.

Passive Euthanasia is the intentional bringing about of death by omitting or failing to do something, such as by not feeding a patient in order that he/she will starve to death.

Non-voluntary Euthanasia is the intentional killing of a person who lacks the mental ability to make the request to end his or her life and is carried out by those who believe that the patients they kill would be better off dead. They would include newborn babies who are seriously disabled, adults with mental disabilities, elderly people suffering from dementia and those in a permanent state of unconsciousness due to accident or sickness.

The Sacred Congregation for the Doctrine of the Faith in the 1980 *Declaration on Euthanasia* defines **Euthanasia** as an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia is "a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person" (*Evangelium Vitae* 65).

Voluntary Euthanasia is the intentional killing of a person because the person is suffering physically or psychologically or spiritually and is carried out at the request of the person killed.

Involuntary Euthanasia is the intentional killing of a person carried out on those who people who are capable of asking for it but whose consent has not been obtained or whose consent has been refused.

Those who carry out non-voluntary euthanasia and involuntary euthanasia believe that the lives of those they kill are not worth living.

DR. EUSTACE J. DE SOUZA ON EUTHANASIA

Dr. Eustace J. de Souza

The word 'Euthanasia' is used as a substitute for the term 'Mercy Killing'. A Greek word meaning a 'Good Death' sounds better than the harshness of 'killing'…It is an attempt to convince the world that an action, patently abhorrent, is a social necessity.

Who does not want a good death? The question is, who defines a good death? Even the word 'Euthanasia' is being sidelined in favour of invoking the Right to Die with Dignity. Who gives us that right? The Law? Often, legal, may not necessarily be moral or ethical.

The 'Right to Die with Dignity' claim is that one is 'master of one's body, the captain of one's soul'. This myth, is the greatest mistake of all! We do not **own** our bodies, when alive. We hold it as a sacred trust for the Great Creator, the Master Designer, the 'I Am, who Am'. Parents are His agents. We must go at His bidding and not our own.

This is even accepted in law. A person cannot will the body away. As long as it has a spirit, it is not mine. Only at death, does it become a thing, at the disposal of my heir/s.

It is wise that the FBMEC is at the forefront, fighting all encroachments to legalize Euthanasia, by whatever name it may masquerade.

Let us hope and pray that the effort bears fruit.

[Dr. Eustace J. de Souza Director (Research) The Bandra Holy Family Hospital & Research Centre, and Hon. Emeritus Executive Director; FIAMC Bio- Medical Ethics Centre, Bombay]

VIEWS ACROSS THE CITY OF MUMBAI

"God is so mighty that He can do ANYTHING if it is in Plan with the salvation of our souls. Be it give or take Life. We have heard of countless miracles where people were born or did not die even when there was humanly 'no hope'. We, human beings, are too limited in our knowledge of when hope ends or when a suffering is 'too much'.

We did not choose to be given life. He did. So neither can we choose when life should be taken away from us. We cannot even decide that about our ownselves and that's why suicide is also a sin.

- Nadisha Coelho
(FIAMC participant 2008-09…)

"As far as I believe, the Church is totally against Euthanasia for the very fact that we are all God's creations. He breathed life into us and He alone has the right to take away that breath. Sufferings are the small crosses on Earth which will earn us Great Rewards in Heaven. For all those who are in favour of Euthanasia, let me remind them of the process of how a butterfly learns to fly. If we ease its pain, it can never learn to fly.

- Joseline Raja
(3rd Year Bio-Tech student and confirmation catechist with Lady of Mercy, Pokhran, Thane…)

A Survey was conducted among 45 girls between the ages of 22-27 of various faiths after an hour long session speaking about brain death and euthanasia and given the students a day-time of thought. Of these only 15 believed that euthanasia is not justified as it involves tampering with God's will. The reasons for the 30 students justifying Euthanasia were as follows :

1. To spare the family emotional and financial strain
2. To spare the patient pain and torture of advanced medicine
3. To instead use the funds for research and development in the health sector which will enable us to find a cure or to help other patients who have a better chance of survival.
4. To save mone as we don't have enough resources for the living.

- Complied by Cecilia Chettiar (FIAMC Participant)

F.I.A.M.C. Bio-Medical Ethics Centre, Board of Trustees

H. E. Oswald Cardinal Gracias - Patron; **Bishop Percival J. Fernandez -** Trustee;
Dr. Nicholas A. Antao - Managing Trustee; **Adv. Joaquim F. Reis -** Addl. Mg. Trustee; **Dr. Rouen Mascarenhas -** Hon. Secretary;
Dr. Cedric Moraes - Hon. Treasurer; **Dr. Armida Fernandez -** Trustee; **Dr. Enid M. Prabhu -** Trustee; **Dr. Mark D'Souza -** Trustee;
Dr. Giselle Paes - Trustee

Executive Director - Rev. Dr. Stephen Fernandes;
Founder of F.B.M.E.C. - (Emeritus): Dr. C. J. Vas

THE ARUNA SHANBAG CASE IN MUMBAI

The story of Aruna Shanbag is one which grips the heart and mind with the same intensity of 37 years ago. A plea was made by a journalist Pinki Virani to Supreme Court for mercy killing. She decided to move a mercy plea before the apex court with an aim to end Aruna's suffering., but the Supreme Court stated that under the country's law, they cannot allow a person to die. (www.indiasummary.com/2009/12/17)

The Aruna Shanbag story is one of immense human interest that featured in The Hindustan Times, by Ketan Narottam Tanna. (http://www.ketan.net/) entitled **"Victim of lust is crippled for life"**

Aruna, a 25-year-old woman with a fulfilling profession, ambitious and sprightly was about to get married when she was assaulted and raped by a subordinate. The man was motivated by intense resentment at being pulled up for his misdemeanours and being ordered about by her.

Unfortunately, for Aruna Shanbag, the day begins and ends in the metal bed of ward No.4 of the King Edward Memorial (KEM) hospital in central Mumbai.

On that fateful day, (23 November1973) Aruna, was preparing to leave after a hard day. Through the day, she had been nursing a group of schoolchildren who were admitted to the hospital due to food poisoning.

After being through with her duties, in the wee hours of the next day, Aruna went to the changing room for nurses in order to freshen up before leaving. All of a sudden a ward boy who had been carefully monitoring her movements that night trapped her. He choked her with a leather leash, which cut-off the oxygen supply to her brain.

Aruna was discovered next morning in an unconscious condition. The damage had already been done. Despite all efforts, there was little that the doctors could do to bring her back to normalcy. Aruna Shanbag has since then been in a post coma unresponsive state.

Aruna still needs to be constantly nursed and cared for. It is the staff of KEM hospital and the Mumbai Municipal Corporation that look after her and bear all the expenses needed for her upkeep, especially because she was on duty when the shameful incident happened.

Compared to the responsibility shown by the Mumbai Municipal Corporation, Aruna Shanbag's middle-class family gave up on her after some time when it became clear that there was no hope for Aruna's revival. . For a long time her fiancée (a doctor) would visit her regularly every evening, sit besides her and talk to her even though she was in no position to hear or even respond to him. After waiting on her for a couple of years, he too gave up.

Ethical Evaluation of the Case of Aruna Shanbag:

1. The value of human life in inestimable. The dignity of every human person needs to be respected and promoted.

2. Patients in post-coma unresponsive state (PCU) are living human beings and persons with their own inherent dignity. They breathe spontaneously and ordinary means of treatment and normal nursing care should be given to them, including ANH. This is because it is the only means of sustaining their lives and it may prevent suffering from hunger and thirst. Aruna had brain damage but is not brain dead. She is in a post-coma unresponsive state (PCU) Her medical needs are good and careful nursing and nutrition. Without nutrition, she will certainly die. This death would then be primarily from dehydration and starvation.

3. No evaluation of costs can outweigh the value of the fundamental good which we are trying to protect, that of human life. The late Pope John Paul II affirmed that doctors have a moral duty to preserve life.

4. We must always care for one another – especially those made vulnerable by reason of illness. The act of **hand feeding** another person, whenever possible, is deeply imbedded in the healing relationship. It is an affirmation of the intrinsic dignity of the human person.

5. "It is necessary to promote the taking of positive actions as a stand against pressures to withdraw hydration and nutrition as a way to put an end to the lives of these patients…It is necessary, above all, to support those families who have had one of their loved ones struck down by this terrible clinical condition".

6. In the case of Aruna, society must realize that we can never give up caring for a human being, on any other creature, without each and every one of us and society as a whole suffering a terrible fate.

7. The debate concering Aruna has become the focus of battle between the powerful forces that seek to extend euthanasia and the so-called 'right to die', and those in society who seek to uphold and preserve the dignity of human life. It is urging people, families, those in the medical profession, those in the judiciary and legislature, to support and defend especially those individuals who are helpless and cannot defend themselves. In India, doctors are legally forbidden to deny any treatment that might keep someone alive.

Ms. Alina DeSouza, Ms. Shefalle Karanjikar and Fr. Stephen Fernandes

BASIC CERTIFICATE COURSE IN HEALTHCARE ETHICS FOR EVERY LAY PERSON
July 2010 to to March 2011
Inauguration : 10 July 4.00 to 7.30 p.m.
Venue: FIAMC Biomedical Ethics Centre, St. Pius College Complex, Goregaon (E), Mumbai 400 063.
Convenor: Dr. Nicholas A. Antao, Managing Trustee, F.I.A.M.C. Bio-Medical Ethics Centre
For Registration and details: E-mail: fiamcmumbai@hotmail.com