Debating Euthanasia in India: A Review of the Proceedings at the UNSECO Bioethics Forum, Manipal

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period of time" [1], as was clearly demonstrated by how Aruna's life eventually ended. PEO thus does not end a patient's su ering in the best possible way.

is inconsistency is telling. Withdrawing or withholding medical support as a method of implementing euthanasia is explicitly concerned with the doctor's preference to perform acts of omission, and not acts of commission [1,2]. To take an example that came up in the discussion, doctors' prefer withholding oxygen supply, as opposed to prescribing a lethal injection/pill, despite knowing that the ultimate consequence of both these acts is the patient's death. is preference leads to important questions, some of which were asked during the discussion: Since euthanasia is, in principle, a practice that seeks to end the patients' su eringž is it moral to employ methodologies that disregard precisely the patients' su ering3 Majority of the participants answered in the a mative" Another question that naturally followed was. What justifes the suering caused by a doctor's act of omission? It was in the popular answer to this question that I saw the most glaring logical fallacy, petitio principii or what is commonly called begging the question. To crudely paraphrase - the su ering caused by a doctor's act of omission is considered justified because the doctor prefers acts of omission (as opposed to acts of commission).

Fallacious reasoning such as this is deceptive, in so far as the

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