

A QUARTERLY OF LIBERAL IDEAS

Freedom First

APRIL 1987
NO. 393

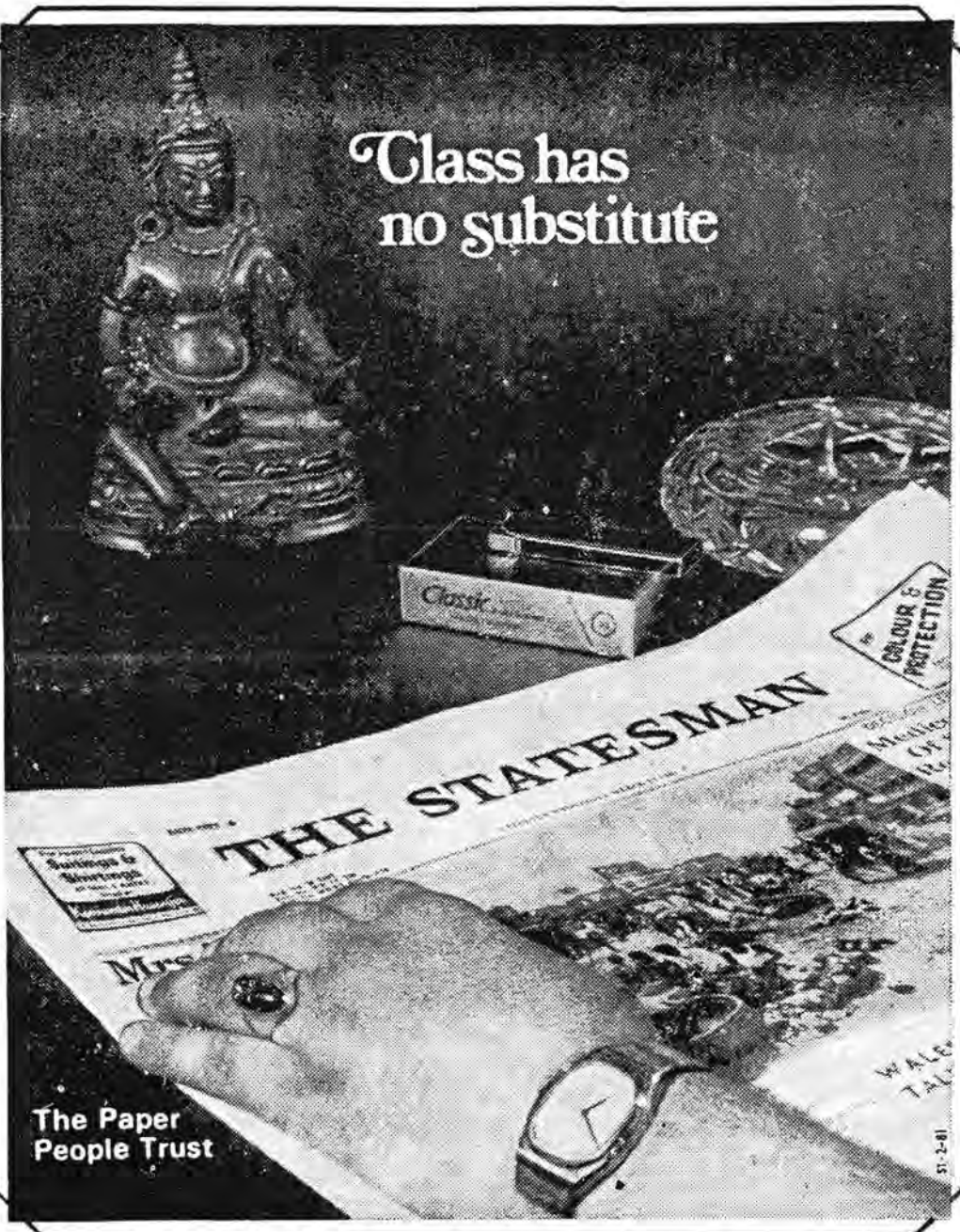
PRICE
RUPEES FIVE

The Right to Live and the
Right to Die with Dignity

DR. COLIN BREWER • DR. JOHN BELOFF
PROF. ALEXANDER CAPRON • DR. B.N. COLABAWALLA
REV. DR. SOMEN DAS • DR. PRAFUL DESAI
SIR EDMUND HILLARY • DEREK HUMPHRY
JUSTICE R.A. JAHAGIRDAR • DR. K.G. NAIR
PROF. SADANAND VARDE
LAXMAN SHASTRI JOSHI
JUSTICE SUJATA MANOHAR
MINOO MASANI
RAJINDER SACHAR
SOLI SORABJEE



Class has
no substitute



The Paper
People Trust

Freedom First

A Quarterly of Liberal Ideas

FOUNDER

Minoo Masani

EDITORS

S.V. Raju
R. Srinivasan

ASSOCIATE EDITOR

Jehangir Patel

CONTRIBUTING EDITOR

Geeta Doctor

ADVISORY BOARD

Adam Adil
Sumant Bankeshwar
S.I. Clerk
Arvind Deshpande
Nissim Ezekiel
Aziz Madni
S.A.A. Pinto
Nitin Raut
Abe Solomon
Ashley Tellis

COVER &

ILLUSTRATIONS BY

VINAY CHANDORKAR

LAYOUT

M.G. Talwadekar

PUBLISHERS

Democratic Research Service
4th floor, Maneckji Wadia Bldg.
127, Mahatma Gandhi Road
Bombay 400 001
Tel: 27 39 14

Published by J.R. Patel for the
Democratic Research Service and
printed by him at Parsiana Publications
Pvt. Ltd., 300 Perin Nariman Street,
Bombay 400 001

Typeset at Ace Fototypesetters, 6, Sailor
Building, 3rd floor, (Above Pyrkes
Restaurant), 373 D.N. Road, Bombay-1.

APRIL 1987

NO.393

PRICE

RUPEES FIVE

Dear Reader,

In the midst of a disappointing and inflationary budget; the President v/s Prime Minister controversy; the continuing violence in the Punjab and a score of other problems straining the nation's economy and integrity, why did we at *Freedom First* decide to devote a major part of this issue to the subject of euthanasia?

Mainly because it is a matter of concern to every one of us. Be it the Budget, President Zail Singh's letter to the Prime Minister, Mr. Rajiv Gandhi, the Punjab tangle or the elections in several states, newspapers and journals are full of reports, comments, and learned analyses. *Freedom First*, we felt ought to provide some relief to our reader — even if the topic is one concerning death and dying!

A recent International Conference of the Right to Die Societies held in Bombay last November provided us with a wealth of material which we thought we ought to share with you. We trust we have done the right thing and you will find the contributions made by several personalities worthwhile.

On the cover page we feature our artist's conception of Bhishma, the most venerated father-figure of the Hindu tradition and whose dedication to Right and Duty have been acclaimed for centuries. He was blessed with the right to choose his hour of death, and exercised it in the terrible battlefield, lying on a bed of arrows and, at the lingering hour of death, delivering his reflections.

This is the testimony of the Indian tradition to the example of one who chose his hour of death and crowned it with calm dignity.

The Editors

Contents

Acoustic Trauma	Geeta Doctor	4
THE RIGHT TO LIVE AND THE RIGHT TO DIE WITH DIGNITY		
Life or Death — Not an Easy Decision	Edmund Hillary	5
The Right to Choose	Minoo Masani	7
The Vital Issues	Alexander Capron	11
The Legal View		
Towards a Humane Law	Sujata Manohar	19
Some Legal Reservations	R.A. Jahagirdar	22
Safeguarding the Patient's Rights	Soli Sorabjee	23
Understanding Suicide	Rajinder Sachar	25
The 'Bill' in Maharashtra	Sadanand Varde	27
The Ethical View		
Making Moral Distinctions	John Beloff	28
We Cannot Encourage Living Death	Somen Das	29
The Case for Active, Voluntary Euthanasia	Derek Humphry	29
Giving Up Life — The Indian Religious Tradition	Laxman Shastri Joshi	31
The Medical View		
From One Doctor to Another	B.N. Colabawalla	34
Putting Death to Use	Colin Brewer	34
The Human Aspect of Medicine	Praful Desai	35
Euthanasia — An Act of Love	K.G. Nair	36
Doordarshan — The People's Right to Know	Contributed	37
The Intellectual in Modern Society	Louella Lobo Prabhu	39
The Rural Perspective — The Essence of Swaraj	Bhanu Pratap Singh	42

PLUS: Many Voices; Cabbages & Kings; Book Reviews

WITH MANY VOICES

"The deep moans round with many voices. Come, my friends
Tis not too late to seek a newer world" — Tennyson

Mahatma Gandhism *not* Rajiv Gandhism, must prevail
for peace and goodwill to return to Punjab and to India
M.V. Kamath, *Indian Express*, December 2, 1986

When Goering heard the word 'culture' he reached for
his gun. These days when I hear the word I look for a
dictionary.

Dhiren Bhagat, *The Sunday Observer* January 4

(In West Germany) Dirty jeans and dropping out are no
longer chic — radical or otherwise.
The Economist, January 10

Only someone willing to serve as a rubber stamp can
agree to be Mr. Gandhi's nominee for elections as
President in July.

Girilal Jain, *The Times of India*, March 18

When Kamaraj died, all they could find in his house was
a hundred rupee note. But today, even an MLA amasses
nothing less than fifty lakhs to a crore of rupees in one
term
Aside, March 1

The tradition of violence in India is much older than the
tradition of non-violence. And you can feel that in a
minute, if you go and sit in a movie hall.

Leslie Fiedler, *The Week* March 1

Liberalisation may, in the long run, create more wealth
for everyone; but... in the short run it offers precious little
to a majority of the people in this country.
Dilip Cherian, *Business India*, February 9

Zia was inclined to talk about bouncers and sixers rather
than War and terrorism but the cricket bonds were
shattered the moment he left the land.

R. Mohan, *The Frontline*, March 7

I saw less stark poverty in their (Pakistan's) towns and
cities. Even Pakistani beggars look healthier and are
better clad than ours.
Khushwant Singh, *Free Press Journal*, December 21

The BBC needs no lesson in patriotism from the
government... The widow of Portsmouth is no different
from the widow of Buenos Aires.

Richard Francis, Managing Director of the BBC, *The Times of
India*, February 26

The ease with which Mr. Rajiv Gandhi can exercise wider
powers than Mr. Gorbachev or Mr. Deng Xiao Ping
speaks of a grave weakness in the Indian political system.
Girilal Jain, *The Times of India*, January 7

In Peking... (the students) came out for democracy,
freedom and human rights. In Paris they come out to
resist a change in University entrance procedure. In
Lincoln (U.K) they came out because they were drunk.

The Listener, January 8

The arrogance of power will only produce an awesome
mess in the long run. It has taken Mr. Gandhi, with his
untutored impatience, less than three years to create
such a situation.

K.R. Sunder Rajan, *Debonair* March 1987

Blessed is the politician who has learnt to preach but not
to practise, to drink but not to get drunk, and to have an
affair with other people's wives but to stay indifferent to
other people's sufferings.

Prayer of Beetam Ganguly quoted by Khushwant Singh

Neither the carrot nor the stick will work if applied to the
wrong end of the horse

Peter Brimelow, *The Spectator*, February 8

OF CABBAGES AND KINGS

"the time has come," the
walrus said,
"to talk of many things:
of shoes-and ships-
and sealing wax-
of cabbages -
and kings -"

- lewis carroll



The Case for Legalising Abortion

A remarkable item appearing in the *Humanist* (Sept-Oct 1986, pp 11-12) puts the case for legalising abortion. It does so by a correlation between widespread tolerance and the prevalence of legal abortion.

1. 55% of cultures that punish abortion practise slavery. 92% of cultures that permit abortion prohibit slavery.
2. 73% of cultures that punish abortion also torture, mutilate and kill enemy captured in warfare.
80% of cultures that permit abortion do not torture, mutilate and kill enemy captured in warfare.
3. 78% of cultures that punish abortion punish pre-marital coitus.
67% of cultures that permit abortion permit pre-marital coitus.
4. 88% of cultures that punish abortion punish extra-marital coitus.
67% of cultures that permit abortion permit extra-marital coitus.
5. 70% of cultures that punish abortion exploit children.
78% of cultures that permit abortion do not exploit children.

The Casanova in me makes me prefer societies that permit abortion for reasons 3 and 4 mentioned above! What about you dear reader?

Minister is in charge; is there one for kindergarten education as well?) Chitrankant Jaiswal was noted as a tough man of integrity. His refusal to bend to pressures to excuse 4000 students caught in the art of copying did mark him out for his courage. But his daughter is destined perhaps to be his undoing politically.

Jaya Jaiswal got a second division in her B.A. examination in the Bilaspur University. She called for a re-examination which only confirmed her second class; undaunted, she called for a retotalling of her marks and lo and behold she got a first division! Again at the M.A. Examination she obtained a mere second class but the acting Registrar got the papers revalued and she topped the class with a first class. More surprising was that she was not even enrolled in the University as a student and when there was a clamour for an enquiry it was discovered that all the papers relating to her admission had gone the way of the files of the Kuo oil deal! For more details I refer you to the *Free Press Journal* of February 22, 1987.

its right to produce documentaries on Northern Ireland, the closing of the Big Ben's chiming over the BBC World Service for a whole day, the raiding of the premises of the *New Statesman* all underline how precarious freedom is, even in the country that saw the printing and publishing of the *Areopagitica* and *On Liberty*.

We are celebrating the one hundred fiftieth birthday of Sri Ramakrishna Paramahansa and we have had some memorable centenaries during the past decade. One wonders whose centenaries our grandchildren will celebrate — one that we can be sure of will be that of Ms Gandhi. Perhaps a few of us would be fortunate to witness it though a few others who might miss it would perhaps be happier at the prospect. But where are the Ramanujams, the Vivekanandas, the Tagores, the Amrita Sher Gils and above all the Gandhiji so beloved? The one figure that surely will be remembered will be that of J.P. Each one has his own favourites but can even the most optimistic match another century that gave us Sri Aurobindo, Gokhale, Ramana Maharishi, Maharishi Karve and Dadabhai Naoroji?

RS

A Short Cut to Academic Excellence

Universities in our country are not in the news for breakthrough in research or in academic excellence but for other more disreputable things. So common have these become that most people cease even talking about them. Yet one cannot resist the temptation to cite yet another case. The University of Bilaspur in Madhya Pradesh has been in the news. Till recently the Minister for Higher Education (obviously more than one

Assaults on Freedom

Growing older is always disillusioning and as we grow older we learn to shed more myths that we held dear when younger. People of my generation were taught to believe that fundamental liberties particularly of speech and opinion were not easily assaulted in Britain, especially against institutions like the BBC. Its hour of glory were the Falkland war and the bombing of Libya and the reporting of these. The ham handed manner in which the British government has come against the BBC over

Governments like clocks, go from the motion men give them; and as governments are made and moved by men, so by them they are ruined too. Wherefore, governments rather depend upon men than men upon governments.

William Penn, *Encyclopaedia of the Social Sciences*.

Acoustic Trauma

Geeta Doctor

The path to heaven is paved with loudspeakers. At least so it is in the month of August at Madras when the different temples celebrate their birthdays. Each locality takes it in turn to blast its inhabitants into a state of what is called "acoustic trauma" by installing loudspeakers that play devotional songs.

"It's only in praise of the Lord" the devout say with the beatific nods of the recently deaf. Except that with the agents of the Almighty picking up the tabs with the money flowing in from the Middle East as well as the *hundis* from Tirupati, it is difficult to make out which particular Lord is being invoked. One of the favourite refrains on the loudspeaker circuit has a man's voice repeating the word "Muruga" from a soft to a loud pitch which to non-Tamil ears sounds like a desperate cry for Tandoori Chicken. At first there is something heart-rending in this cry for "Muruga-aaah!" that reaches a fine crescendo of anguish every ten minutes. After 18 hours of it at a stretch the cry becomes so malevolent that it is a wonder that no one has attempted electronic homicide and stuffed a live chicken down the throat of a wailing loudspeaker.

As though in response to this situation the Environmental Society of Madras, which has had various fitful moments of grace in its two years of existence, recently organised a walk against "Noise Pollution". It was something of a treat. The members who normally have their annual convention in the ideal environment of a 5-Star hotel gathered on a spare piece of pavement outside the walls of the High Court buildings like survivors from a recent shipwreck, clutching their well starched sarees above the surrounding filth and trying not to gag at the stench of ammonia emanating from the walls. Only the very brave had volunteered of course, some of them bringing a brace of well dressed children to serve as standard bearers.

The main body of the "walk" or march was being undertaken by volunteers from agencies who's role in life appears to be to supply the right mix of

middle class housewives, white collar workers, earnest students, senior citizens who give meaning to such an enterprise. A contingent of school girls in dark brown uniforms from one of the City's schools put everyone to shame by their observance of the proper etiquette in such situations. They stood four to a line and marched in step. They waited for hours with vacant expressions and sat down without a murmur when told. When the green signal was given they walked slowly forward, climbing over the traps that the city sidewalks presented, such as the open manholes, the mounds of human



waste-matter, the sea of cellophane wrappings and coconut shells overflowing from the open dumps, with monumental unconcern. They carried placards that predicted that the Indian urban population would be deaf by the year 2000, or that noise pollution increased blood pressure while the more affluent standard bearers went on strike. "I don't want to hold this, my Daddy has blood pressure. I don't like this colour" they said, or more loudly, "When are we going to start? I'm getting bored. It's dirty. I don't want to stand here."

By the time the march had started the morning hour office traffic was on the road and in full cry. Scooters screamed to a halt like *kamikaze* pilots, cars hooted and buses rumbled with impatience as we smiled and held aloft our "Noise pollution" banners. Since the group had started near a bus depot

where the buses were either coming from "up-country" or leaving, irate drivers trumpeted their annoyance as baskets of fresh produce were dumped on the pavement like missiles. The police came in, some of them wearing riot helmets and swinging sticks to give a certain colour to the proceedings. The brown worker ant-girls were doing a terrific job threatening to walk right through the traffic. Who says we are not a disciplined nation? As befitted the thinkers and movers of this world the members of the Society held up the rear. One of them handed out paper tissues another had brought badges which proclaimed the cause of noise pollution in good English. The pavement dwellers watched in surprise and swept their children, who were performing their morning functions, out of the way. The paper tissues and the badges fluttered onto the road. Some of them were picked up to wipe the small mounds of excrement, by the mothers of the children. We were told that we would be ending our march near the statue of Sir Thomas Munro one of the former Governors of Madras.

The procession ground to a halt under the shade of a solitary tree. The silent march had become fairly rowdy. "We want more trees" we said. "People should not relieve themselves against the walls. We need to build more toilets...more garbage dumps...more vans." The white collar workers who had been brought from the various offices wanted to get back and kept asking, "Is the procession over now, may we go?" No one knew who had asked them to come. Only the ant-girls were silent, sitting in the grass guzzling the free drinks that were being handed out by the women. All said and done the march was a great success said the organizers getting into their limousines and roaring off.

Nearby the local roadside temple started playing devotional songs to attract the sudden crowd. God was in his loudspeaker, all was well with the world again.

GEETA DOCTOR is a contributing editor of *Freedom First*.



The Right to Live and the Right to Die with Dignity

The first international meeting of Right-to-Die Societies was held in Tokyo in 1976; ten years later the honour of hosting the conference fell to Bombay. (November 21-24, 1986). A number of papers were presented and speeches delivered at the 4-day meet. Space constraints regrettably prevent us from publishing the full proceedings. We have, however, tried in the following pages, to publish extracts and summaries of some of them which will, we hope, help clarify the aim of the Right-to-Die movement — which is not to advocate suicide, but to assert the right of every individual to decide for himself (or herself) how he wishes to live his life (or end it). Indeed it is a celebration of the last minutes of life in a spirit of dignity.

OUR CONTRIBUTORS

Sir Edmund Hillary — New Zealand's High Commissioner in India

Mr. Minoo Masani — Founder, *Freedom First*

Prof. Alexander Capron — Topping Professor of Law, Medicine and Public Policy, University of Southern California



Justice Sujata Manohar — Judge, Bombay High Court

Justice R.A. Jahagirdar — Judge, Bombay High Court

Mr. Rajinder Sachar — Retd. Chief Justice, Delhi High Court

Mr. Soli Sorabjee — Eminent Lawyer

Prof. Sadanand Varde — Member, Maharashtra Legislative Council



Dr. John Beloff — Chairman, The Voluntary Euthanasia Society of Scotland

Rev. Dr. Somen Das — Director, The United Theosophical College, Bangalore

Mr. Derek Humphry — President, Hemlock Society, U.S.A.

Mr. Laxman Shastri Joshi — Renowned Sanskrit scholar and authority on Indian philosophical traditions.



Dr. B.N. Colabawalla — Urologist

Dr. Colin Brewer — Psychiatrist

Dr. Praful Desai — Cancer Specialist

Dr. K.G. Nair — Cardiologist

Life or Death — Not an Easy Decision

Edmund Hillary

A couple of years ago I was in Melbourne, Australia. I was met at the airport by an old friend and taken to my hotel — a very comfortable one. At the desk was a gorgeous young lady and she seemed very excited....“I’ve been waiting to meet you” she said....I looked at my aged companion....obviously he wasn’t having that effect on her....it must be me — and I glowed with manly pride. Then she carried on “I was taught all about you in History Class at school,” she said “and I was under the impression that you were dead.”

Does Hillary Exist?

I always remember those grand old days when we organised a Himalayan Expedition to search for that strange and elusive creature — the abominable snowman. One newspaper in the United States had a rather good cartoon

which someone cut out and sent me:

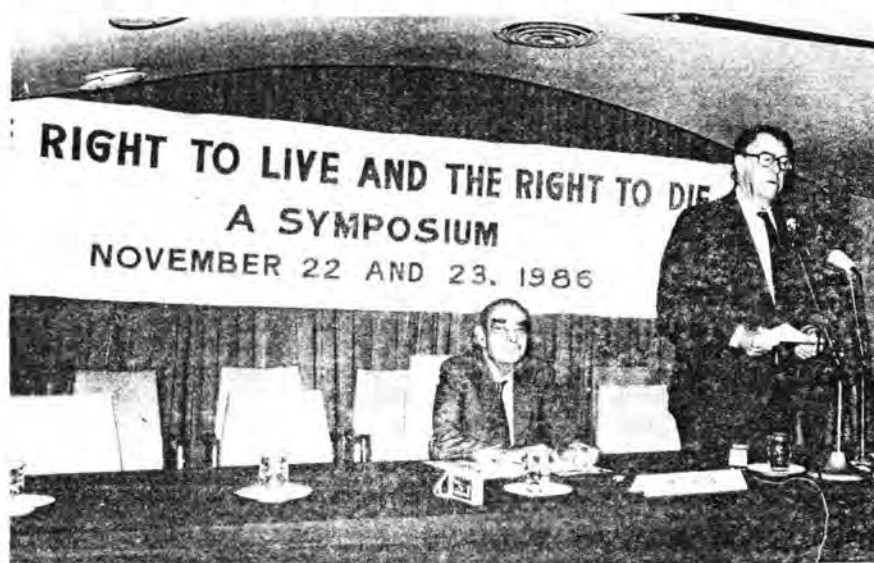
In front of a news stand were two Abominable Snowmen, one big one and one smaller and they were reading one of those boards with the hot news of the day on it. There was no doubt that the little Snowman was really worried.

The title on the board read in big type “Hillary to hunt Abominable Snowman”

But the big Snowman wasn’t impressed at all....“Heck, why worry,” he said to his smaller companion, “how do we know that Hillary even exists?”

I greatly appreciate the opportunity to attend this Conference of the World Federation of Right to Die Societies

Over the years I have thought deeply on this topic but I do not regard myself



Sir Edmund Hillary inaugurating the conference.



as being particularly knowledgeable. I am here essentially to listen and to learn. I have developed certain convictions but I would not attempt to persuade others to accept my views unless they had come to similar conclusions themselves.

As a mountaineer I am aware of the possibility of danger and death. Life is worthwhile and should not be carelessly wasted but I also believe that it is the right of everyone, if they so wish, to risk their lives in some challenging adventure, particularly if they are not harming any other person in the process. Fear and danger are stimulating qualities, they increase the challenge and make success all the sweeter. But to die in a casual and careless manner is mere foolishness and the waste of a good life.

I can remember my mother in her mid-seventies. She was living in my home and suffered from Parkinsons disease but her mind was very alert. She suffered a great deal of pain and discomfort but she still retained a great desire to live. I did all I could to enable her to prolong her life. I was away from home and returned to find that my mother had suffered a setback and was now in hospital. I hurried along to see her and found her weak but cheerful. We talked for twenty minutes and then she noticed I was getting a little restless and she said "Edmund you must go. You have much to do". And I went. During the night there was a phone call from the doctor – my mother had died. I have always regretted that I left when she told me to and that I hadn't stayed on just a little longer. And yet in a way my mother was lucky. Despite a period of physical discomfort, she always retained her full mental abilities and then passed peacefully away.

My best friends in the Himalayas are Mingmatsering and Angdooli. Due to the lack of iodine in their diet, many Sherpa children were born cretinous in one degree or another. The oldest son of Mingma and Angdooli was a complete cretin – with no knowledge or understanding of life, requiring complete attention in every respect from his parents, his sole and modest pleasure sitting in the warm rays of the sun. He was a tremendous burden on his family but they faithfully and patiently kept him alive for eighteen long years. When he suddenly died, his parents mourned deeply. He was *nothing* but he was theirs. In my admittedly prejudiced view

it would have been kinder to all concerned for him to have died at birth.

Time – The Healer

In 1975 I was building a small hospital in the Himalayas. My wife and my youngest daughter of 16 years – certainly the two people I loved most in life – flew in to join me. A few minutes after takeoff the plane crashed and they died. For a couple of years I had no desire to live – only the feeling that I must complete the tasks we had been working on together kept me going. Slowly the pain eased and a new life developed. Time undoubtedly can heal.

I am now 67 and there still seems much to do, many worthwhile new challenges. But of one thing I am convinced. If I should become incapacitated, terminally ill, senile or in great pain, if I can make no further contribution to life or my society then I do not wish to be kept alive as a helpless cabbage. I do not want all the techniques of modern medicine to be devoted to extending my useless existence. Let them pull out the plug and permit me to drift off as painlessly as possible. It will be better for me and unquestionably better for my family.

Life or death – the decision is not an easy one. If the strong urge to live still remains then perhaps the effort should be made if the cost in money and technical effort is not too great. Usually the cost of a heart transplant could much more adequately be devoted to basic research. Just how much is an extra six months or a year of life really worth?

But if life has nothing left to offer and the body has almost reached the end of its run; if pain is your constant companion and you are a burden to yourself and your family, then I firmly believe that each and everyone of us has the right to die if that is what we wish.

The climb of Mt. Everest in 1953, more than 33 years ago, made a substantial difference to my life. It made it increasingly possible for me to raise funds for other adventurous expeditions and for aid programmes as well.

Coming Close to Death

I have many memories of those great days on Everest – memories of difficulties and danger, and of comradeship and team spirit.

I remember when Tenzing and I did a trial run up through the icefall just to prove how fit we were. We set off from

basecamp early in the morning and made our way up through the crevasses and icewalls – certainly the most dangerous part of the mountain. We were travelling very strongly and we reached advance Base Camp at 21,000 feet well ahead of schedule. We had time for a leisurely drink and some food and then turned downwards again. Time was now against us – we must get back through the icefall before dark. We were roped together and I pounded down ahead in the lead. Halfway down the icefall we reached still another of the innumerable crevasses – not particularly wide this one but very deep. However it was too wide to easily step across. Fortunately on the lower lip of the crevasse was a great chunk of ice stuck on to the wall. We had used this as a cautious stepping stone to enable us to reach the other side.

I came belting down the hill and reached the crevasse. Then without thinking too sensibly I just leapt in the air and landed with both my feet square on the chunk of ice. Whereupon the chunk of ice broke off and dropped into the crevasse with me on top of it. Well, you've no doubt all heard how in moments of stress your whole life passes before your mind. I don't remember *this* happening but one strange thing occurred. Everything seemed to start going slowly. The walls of the crevasse were dropping by it was only as if I was going down in an elevator and I had plenty of time to think.

Then the great chunk of ice started to twist over and I realised that soon I might be crushed against the wall of the crevasse. Almost instinctively I flexed my knees and leapt in the air – and then we carried on falling but I was now up in the air a few feet clear of the ice chunk.

Time passed....and I came to the reluctant conclusion that if the rope didn't come tight pretty soon I would come to a sticky end on the bottom of the crevasse. At that moment, up top Tenzing whacked in a belay. The block of ice smashed to smithereens at the bottom of the crevasse.

Thereafter it was just a matter of cutting steps in the wall and carefully climbing my way up to the top.

Now people have often asked me – surely you must have felt a great sense of appreciation for Tenzing having saved your life like that. Well I don't know that I really did – I'd certainly have

been very annoyed if he hadn't saved my life.

Taxi Drivers Association

I suppose that all of us want to receive recognition as individuals be it in sport, or business, politics or even science. I've certainly been lucky enough to have had more than my share.

I received my most treasured decoration immediately after the successful ascent of Everest in 1953. I can well remember that great occasion in Kathmandu when the decoration was presented. It was all carried out on the front steps of the magnificent British Embas-

sy. The courtyard was jammed with people and motorcars. The people weren't unusual but the motorcars were because in those days there was no road joining Kathmandu with India; so every vehicle had to be carried over the hills for a couple of days by about 64 porters. Well it was a very impressive ceremony with many speeches and much shaking of the hand – and finally the presentation to Tenzing and myself of an enormous decorative star.....very bright and very colourful.

I wasn't at all clear as to who was actually making the presentation. It

could have been the chamber of commerce or the local Rotary Club. It wasn't until all the vehicles had rumbled away and the people had departed that I had the chance to read the actual inscription. I will always remember it....On top it said "Presented to the Conqueror of Everest".....and at the bottom "By the Kathmandu Taxi Drivers Association".

The Right to Choose

Minoo Masani

You choose your country, you choose your spouse, you choose your profession, you choose where you want to live. Die you must. But how to die and when to die can be a matter of choice

Mr. Vinayak Limaye without any question in my mind, is the most dedicated member of our Society. He does not live in Bombay. He lives in Pune but he has done more for us than any leading lawyer or doctor in Bombay. He has worked for us; he has written in the local language books on the subject which are widely circulated; he has enrolled members all over the countryside; he has given big donations and, I have been told secretly, that in his will he is going to leave his own home to the Society. But what touched me most about Mr. Limaye was what his nephew told me. He said, 'you know when your Society was about to be formed, the old gentleman really wanted to die. And he was asking everyone how to do it and was on the point of taking a decision. He had decided that the time had come and he had no purpose in life. Your Society now has changed the picture – he is full of life, his health has improved and he wants to live to be able to serve the cause of euthanasia! So if anyone thinks that we all are encouraging people to die, here is a test case of a man who is alive today and kicking because of us. I am very grateful that we have

formed a Society if for no other reason than to keep Mr. Limaye going.

The country that leads the world in the Right to Die with Dignity movement is the Netherlands a pathfinder for the world.

Dr. Admiraal (the movement's leader

in the Netherlands) in a very succinct account of the movement in Holland writes: "The politicians of my country are backward. They won't legislate but our judges have taken the law in their own hands and have gone beyond the statute. Actually euthanasia is illegal in



Mr. Minoo Masani addressing the Conference.

*Keep freshness fresh
till the end of the day*



*Real freshness. Not the short-lived
freshness you get from other soaps.
But the freshness of being free from
body-odour—the whole day
through! That's the promise only
new Cinthol can keep. Cinthol now
has an exotic new perfume and its
effective deodorant destroys skin
bacteria leaving you fresh and
odour-free all day.*



CHAITRA-B G 330

Only CINTHOL
keeps you fresh and free from body-odour all day

Godrej
PRODUCT



Holland as in the rest of the world but the Rotterdam High Court, which has jurisdiction in this matter, has ruled that if certain guidelines laid down by the Court are respected, then doctors may put a patient to sleep and say so quite openly without any secrecy or shame." And the conditions in Holland under which euthanasia is now protected by the Court although not by Parliament, are the following according to Dr. Admiraal:

- "1) Only the doctor may practice it.
- 2) An independent doctor has to certify that this is a suitable case.
- 3) The patient must ask for it voluntarily.
- 4) Euthanasia must be in the interest of the patient.
- 5) The suffering must be unbearable and no treatment possible.
- 6) It may not harm a third party."

The Rotterdam High Court has now ruled that you do not have to be terminally ill. There are other cases of a suitable nature where the guidelines will apply even if there is no terminal illness.

In the United States there has been progress both in case law and in statute and no less than 36 or 37 states have now got "right to die" laws which we are trying to copy. The Courts have also passed some interesting and progressive judgements.

The New Jersey Court, for instance has now gone further than in the Karen Quinlan case and said that food, nutrition and water can also be stopped from patients who want to die. The American Medical Association has also moved forward. In February or March 1986 the committee on ethical and judicial affairs has ruled that patients wishes as determined should be respected and their dignity maintained. It is not unethical, says the American Medical Association, for doctors to discontinue all life support treatment for patients who are in irreversible coma, even if death is not imminent. And now *Hemlock* on the west coast of the United States has introduced an amendment to the Constitution to move on from passive to active euthanasia. That is great progress.

Now about the role of doctors. A gentleman called Hippocrates, who lived 7 or 8,000 years ago in Greece is supposed to have administered an oath which doctors now pretend prevents them from practising euthanasia. If I may say so this is nonsense. I quote the

London Economist which quotes Hippocrates himself. According to the *London Economist*, Hippocrates wondered whether doctors had a duty to prolong life and decided that they did not. In fact, he argued that doctors should refuse to treat those overcome by disease since treatment in such cases is not relevant. So Hippocrates seemed to have taken the position that most of us accept.

Removing Legal Impediments

The World Medical Association which met in Portugal some years ago passed a declaration which supports us. They said that patients have a right to accept or refuse treatment after being adequately informed and the patient has the right to decide how he will die with dignity. Thus both Hippocrates and the World Medical Association are not in the way of voluntary euthanasia.

When we in India started in 1981, Indian legislation was as backward as you can get anywhere in the world. It was brutal. It still is. For instance, if you put me to sleep at my request you are guilty of manslaughter and it can get you a life sentence! It is absolutely atrocious; it may be abetment of suicide in which case you may get only a couple of years, but if the Court rules culpable homicide not amounting to murder which is manslaughter, you can get a life sentence. It is still there on the statute book. Another brutal provision was that anyone who tried to die and failed was sent to jail for his wickedness.

Our Society focused on two things: on getting certain sections of the Indian Penal Code out of the statute book so that people who failed to die were not punished for their failure; the other thing we tried was to get doctors immunity from civil and criminal liability if they respond to a terminally ill patient's wish to be allowed to go, by passive euthanasia. Even that is a crime in India.

Now, while we were arguing with the Union Government that people who try to kill themselves should not be punished, the judges have come to our rescue. Mr. Rajinder Sachar the former Chief Justice of Delhi passed a judgement saying that it is a brutal provision unworthy of a civilized society. It was framed by Lord Macaulay more than a hundred years ago when the Christian ethic considered suicide to be sinful. It

might have been all right then but Britain which was his country has now gone ahead since 1961. So Mr. Justice Sachar as the Chief Justice of Delhi, said we will not harass such persons any more. He acquitted the person before him and ruled that all cases in Delhi be withdrawn.

I am glad to say that my own State of Maharashtra will not be outdone. In August 1986, a Division Bench of the Bombay High Court went further and said that this section is *ultra vires* of the Constitution of our Republic and that it is inconsistent with the right to live and the right to die. In other words, until recently every Indian citizen's fundamental right to choose was being violated. This section is no longer law in Maharashtra.

Two arguments are being advanced against the judgement of the Bombay High Court. One is that more people will kill themselves — as if we are lemmings waiting for the law to legalise suicide and then jump. When people are desperate and want to kill themselves, they could not care less about the law. In any case they hope to succeed. Actually the facts are clearly to the contrary. Countries where suicide is legal do not have more people killing themselves, and in England in 1961 when suicide was legalised, no more people killed themselves than before.

Prof. Varde's Bill

The second argument is that people will commit murders which will look like suicide and the police will not investigate. Certainly not. Throughout the world where suicide is legal, lots of people are convicted for murder or abetment of suicide when they pretend it was suicide.

The rest of India, outside Maharashtra and Delhi, is still subject to Lord Macaulay's prescription. We are requesting our Government in Delhi to have the decency to pass a law to remove this section, since two of their own High Courts have ruled against it. I sincerely hope that they will do so.

The second point of our focus is Prof. Varde's Bill, which seeks to give immunity to doctors and surgeons when responding to their patients' wish.

The Bill was referred for circulation to elicit public opinion. I am glad to say that of the replies received by the Gov-



ernment, those in favour are ten times as numerous as those against. That, we think entitles us to ask the Government to legislate and we hope they will do so if not this year, at least during the next. We realise that legislation in England and other countries had taken a long time and if it takes another year or two or three we are perfectly prepared to carry on.

Now about the climate in India. We are very backward in the sense that there is a tremendous amount of inertia and ignorance. I do not think it is wrong to say that till our Society came into existence in 1981, nobody knew what euthanasia was. Even now many people ask me its meaning. I think we have succeeded in the last few years to put euthanasia on the map of India. Now everyone is talking and writing about it. We love our opponents as much as we like our friends. The more they attack the more people like to know what it is all about. Prof. Varde's Bill evoked more interest in the public mind than any other piece of legislation in the State of Maharashtra for thirty years!

While we have to contend with ignorance, stupidity and inertia, we do not have much opposition. There is more opposition in the West than we have because we are not a Christian country. We are basically a Hindu country. The only real opposition is from the Catholic lobby which is working against us. We do not mind their opposition. They are nice people who mean well but, I think, misguided.

The Right to Choose

They are misguided because the present Pope and the last Pope are with us. Let me read out the statement of Pope John Paul II issued in June 1980 by the Congregation for the Doctrine of the Faith: "When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life".

Now between Prof. Varde's Bill, which is in legal language and this, I see no difference.

Earlier in 1957 his predecessor Pope Pius XIIth in his address on the Prolongation of Life to the International Congress of Anaesthesio-Sociologists said that "the removal of pain and con-

sciousness by means of drugs, when medical reasons suggest it, is permitted by religion and morality to both doctor and patient even through the use of drugs shortens life".

In my view both Popes are for passive euthanasia in terminal cases. And yet the local hierarchy here fail to see this and they go on attacking this Bill which is extremely modest.

A Hindu saint Dynaneshwar decided to end his life at 21, as felt his life's work had completed. He was deified by the people of that time and is a revered saint.

Before I conclude I would like to clarify what we of the Society for the Right to Die with Dignity stand for.

I think we stand for the right to choose. Not the right to die so much but the right to choose. And I now begin to wonder whether our Society should not have been called the Right to Choose between Life and Death, not the Right to Die. Because there is a subtle difference. It is a philosophic issue. We stand for voluntary euthanasia and the emphasis is on the word "voluntary" – Only the man or woman concerned has the right to decide for himself or herself. None other neither his doctor nor his family. Why? because the right of individual self-determination is at stake.

As the Bombay High Court has ruled, with the right to live goes the right to die. It is a fundamental human right. Every right involves its negative. It is the right to choose between life and death. We believe therefore that the right to life is very sacred and so is the right to die.

This is a fundamental liberal doctrine. You choose your country, you choose your spouse, you choose your profession, you choose where to live and you choose whether you want to live. Die you must. But how to die and when to die could be a matter of choice.

William Henley ends his poem with the following lines, which I have always believed in long before I got into the euthanasia movement: "I am the master of my fate, I am the captain of my soul." But how can I be either if I do not have the right to decide how and when to die?

**trusted by
generations;
tested by time**

**ACC
cement**



THE ASSOCIATED CEMENT COMPANIES LIMITED



The Vital Issues

Alexander Capron

We are most concerned about patient choice when it involves the avoidance of a painful or undignified dying process. But the right we proclaim rests on the bedrock of personal autonomy.



As we are all constantly reminded, poverty and pestilence, chaos and killing render "The Right to Live" doubtful for many people around the world. Nonetheless, I applaud the conference organizers for having highlighted this right, however precarious it may seem today. For a "Right to Live" is surely the necessary predicate for "The Right to Die" with which our international federation is concerned. Without both the medical technology to forestall impending death and the legal and economic means to enjoy this technology, seriously ill patients have no "right" to die, merely the inevitability of imminent death.

Thus, while I do not wish to neglect the right to live, I have chosen to address you from a different perspective, under the title "The Right to Die: Progress and Peril." I will emphasize what has occurred in the United States, particularly with the Presidential commission that I directed. I recognize that while the democratic countries represented here have much in common, some of my conclusions may reflect merely American experience and you may find them inapplicable to your own social or governmental setting.

My message is simple: we need to remember the original objective of our

movement: to make dying a part of living, and to protect the right of dying patients to appropriate care of their own choosing.

Great progress has been made in the past decade in achieving formal recognition of the right of persons—particularly critically ill patients—to control their treatment, including the rejection of life-sustaining measures. But I also see serious perils—first, that we may fail to translate the formal changes into real changes in perceptions and behaviour, and second, that the *right* to decline life-sustaining treatment may get translated into a *duty* to decline such treatment and eventually even into a duty to take *active steps* to end life.

Progress: Acknowledging Patient Autonomy

The story of progress with which I want to begin is a story of *social* progress—social progress of the past decade that might be said to balance, or even to correct the problems created by, the biomedical progress of the past four decades. Post-World War II medicine brought the conquest of many infectious diseases, which led to more people living longer, with more chronic conditions and a slower dying process, and the use of remarkable technologies for sustaining bodily function indefinitely despite the collapse of kidneys, lungs, and even heart.

For many years, the public acceptance of these biomedical wonders seemed to go hand-in-hand with a denial of the reality of death. Recently, however, death has become a matter of greater public concern with the realization that the new technology had made

the timing and manner of death more a matter of human *choice* and less a matter of *chance*, and with the shift of the primary locale of death from the home to health care facilities—hospitals, nursing homes, and hospices. Choice inevitably raises ethical questions—"who may choose death, and why?"—and institutional settings generate questions of rules and procedures.

Nonetheless, for many years, informal processes—involving dying patients, their families, physicians and nurses—were the norm in the overwhelming majority of situations in which treatment was withheld or withdrawn to allow death to occur. Still, when disagreements arose—particularly when physicians, nurses, hospital administrators were reluctant to give up on treatment—the disputes ended up in court, where their resolution was anything but certain.

American Judicial Position

To respond to the difficulties patients faced in gaining respect for their choices about life-support, a major focus of most "right to die" organizations was to get the law changed. In the United States, the question of patients' rights regarding life-sustaining treatment began getting increased attention late in the 1960s, concurrent with the development by the courts of the doctrine that physicians had to obtain "informed consent" from patients for medical interventions.

Gradually, however, cases began arising in which more extensive and less efficacious treatments were declined by patients on non-religious grounds. By then, judges were con-

THE SUPERCOURIER

**When it's needed fast
anywhere in the world.**

For express desk to desk
delivery of time-sensitive
documents, Reports, Tenders,
Contracts, Samples, Small
Parcels...

No other courier in India offers a
wider global network. Over 750
offices in 162 countries.

Plus guaranteed delivery next
day to all major Indian cities —
over 50 offices in more than 35
locations.

DHL WHEN YOU WANT IT.
WHERE YOU WANT IT.
WORLDWIDE.



DHL
WORLDWIDE EXPRESS®

The Supersure, Superfast, Supercourier.

DHL, THE COURIER SERVICES DIVISION OF AIRFREIGHT PRIVATE LIMITED. Ahmedabad: 400211, 400212, 408077. Noida: 397363. **Alleppy:** 3373. **Bangalore:** 561905, 561906, 561907. **Baroda:** 322061, 322062, 322063, 322053, 322054, 322049. **Bhopal:** 61783. **Bhubaneswar:** 53178. **Bombay:** Nairman Point: 224190, 230163, 230171, 243519, 2046437, 2046452, Ballard Estate: 265761-265766, Woli: 4926333, 4921605, 4926643. Carnac Bunder: 263414. Airport: 6121883, 6121142, 6122057 — Ext. 369. Thane: 594437. **Calcutta:** 448401, 446279, 442174. New Alipore: 459580. **Chandigarh:** 40400. **Cochin:** 6163, 69477, 69583. **Colombatore:** 31305. **Dehradun:** 24566. **Delhi:** 3318945, 3318948, 3311896. Nehru Place: 6432360, 6439460, 644573. Rajendra Place: 5715543, 566383. Airport: 392915, 391351 — Ext. 2386. **Erode:** 73331. **Ghaziabad:** 43273. **Guwahati:** 27803. **Hosur:** 6810. **Hyderabad:** 237803, 237804, 237519. Airport: 1-11-256/A1/1, Road parallel to Airport approach, Begumpet, Hyderabad 500 016. **Indore:** 64601. **Jalpur:** 45372, 44479. **Jammu:** 47169, 47561. **Jamshedpur:** Ram Rup & Tulsi Bhawan, 2nd Floor, Room No.6, Diagonal Road, Bistupur, Jamshedpur 831 001. **Kalamassery:** 6111. **Kanpur:** 212806, 212294, 212674. **Karur:** 22866. **Lucknow:** 32516, 32518. **Ludhiana:** 24708. **Madras:** 476315, 472264, 476834, 476152, 476175, 472331. Guindy: 431438. Pary's Corner: 23548. Ambattur: 656053. **Madurai:** 25262. **Mangalore:** 27425. **Mysore:** 32701. **Nagpur:** 25737, 24614. **Pondicherry:** 3516. **Pune:** 26071, 26073, 28814. Wakadewadi: 53410, 58067. **Quilon:** 2673, 3631, 3632. **Rajkot:** 32016, 27262. **Secunderabad:** 74246, 72277. **Srinagar:** 75540, 71268. **Tirupathi:** 2999. **Tirupuri:** 21424. **Trichy:** 1/244. **Trivandrum:** 65863, 67231, 66216. **Tuticorin:** 20660, 21070. **Visakhapatnam:** 61930.



fronted by their own declaration that patients' "informed consent" was necessary for treatment. Judges therefore had to reconsider their reluctance to allow to withhold consent to life-saving treatment. Ironically, the crucial issue turned out to involve not patients who were still competent but those whose medical condition had rendered it impossible for them to participate in decisions about their treatment. As long as it was acceptable—or perhaps even mandatory—for physicians to provide treatment to any incompetent patient who would die without it, then any right to refuse life-prolonging treatment remained ineffective, since the medical personnel (and judge) could simply wait until the patient's condition rendered him incompetent and then apply the life-sustaining measures. This posed a stumbling block for documents like the Living Will: they were useful in assuaging the concerns of physicians and relatives who were agreeable to stopping treatment, but they were not regarded as legal documents that could bind a physician or hospital that was unwilling to forgo treatment.

In this light, we can see the signal importance of the 1976 decision of the New Jersey Supreme Court to grant Joseph Quinlan's petition to be appointed guardian for his comatose daughter Karen Ann, with power to order life-support ceased. Its importance went far beyond comatose patients—it has brought about a general re-evaluation of care for all critically ill patients. Since then, every American appellate court that has examined these issues has upheld (1) the right of competent adults to decline even life-sustaining treatment, (2) the constitution of that right, as exercised by a surrogate decision-maker, even after a patient becomes incapable of making a decision if the patient has made his or her wishes clear in advance, and (3) the authority of a patient's surrogate to decline life-sustaining treatment when doing so is judged to be in the patient's "best interests," as defined according to the standard of the average, reasonable person rather than the particular (and unknown) preferences of the patient.

Although some of these American rulings have drawn on the doctrine of "privacy" for medical decisions that is grounded in our federal constitution, the true origins of the right recognized

by these cases lies in the common law. Thus, these rulings have significance for people in countries that rely on the common law around the world. And civil law countries during the past decade have likewise enlarged patients' control over treatment choices.

Progress: Adopting Means of Protecting Choice

In both common law and civil law countries, statutes have also been adopted to clarify the right to refuse treatment. As you know, these statutes have taken two principal forms. The first addresses the substance of the choice, the second makes provisions for special procedures.

The initial legislation in the United States in the first category was the adoption by the state of California of a "Natural Death Act" in 1976. Motivated to avoid the prolonged judicial proceedings that had occurred in the Karen Quinlan case, the California legislature adopted a law that was intended simply to make the Living Will a binding legal document. The inevitable process of legislative compromise led to many amendments to what originally had been a simple bill. The resulting statute has many problems.

The most fundamental problem—and one that has recurred in most of the similar statutes since adopted in about 40 American jurisdictions—is the definition of the types of conditions to which the law applies. The laws proclaim a right "to have life-sustaining procedures withheld or withdrawn in instances of a terminal condition," as the California statute puts it. Since the statutes typically define a terminal condition as one in which "death is imminent or not (life-sustaining) procedures are utilized", many patients—such as those in permanent comas—who would wish to have life-prolonging measures withdrawn do not qualify under the terms of the statute. Indeed, in some cases lawyers opposing the withdrawal of treatment have even argued that, despite the intention of the legislatures to expand the protection of patients' wishes, the statutes should be taken to limit any patient's right to refuse treatment to those situations in which the patient is imminently about to die regardless of what treatment is given. In fact, when death is *imminent* despite medicine, the issue of withdrawing

treatment will usually not arise—the patient will simply die.

Fortunately, many physicians and hospitals do not read the statutes literally, and are willing to honour patients' wishes about treatment refusal even when death is not truly imminent.

If legislation of this sort is to be adopted, better if it were addressed generally to patients' right to determine all aspects of their care, not merely to decline life-sustaining procedures when they are near death. The tendency to set up a separate category for dying patients—and thus to deny that dying is part of life—is a problem involving identifying ourselves as "Right to Die" groups. Shouldn't we rather take as our title or at least our goal "The Right to Decide"?

Admittedly, we are most concerned about patient choice when it involves the avoidance of a painful or undignified dying process. But the right we proclaim rests on the bedrock of personal autonomy. Even more important, we must realize that achieving a right to die can have negative consequences for patients if that right is seen by physicians as a rejection of their ministrations or if it encourages the lamentable tendency of the health care system to turn its back on dying patients who do not want their lives prolonged through the application of medical technology. There is much that medicine can do for such patients to provide comfort and compassion—and we might be more successful in obtaining continued attention for such patients if we championed the patient's "right to decide" about what care they *do* and *do not* want, rather than simply the patient's "right to die."

This altered identification of our movement is consistent with the second statutory avenue that has been followed in recent years in the United States: the adoption of statutes under which persons may appoint a surrogate decision-maker—called an attorney-in-fact—with durable powers of decision—that is, with powers that survive, or that only become effective upon, the patient becoming incapable of making his or her own medical decisions.

Durable powers of attorney can be executed by persons without particular reference to any terminal illness. In fact, many lawyers now advise their clients to name a durable attorney when the



clients are drafting their wills, and a number of hospitals and physicians are making durable powers a routine subject of discussion with all patients being hospitalized. By this device, patients are able to name the person they would feel most comfortable making decisions in their stead; this avoids the need to go to court to seek the appointment of a guardian, which is often a time-consuming process and one that may yield a substitute decision-maker who is not particularly well suited to make decisions on a patient's behalf.

Plainly, the ideal circumstance is when the patient has both appointed a surrogate decision-maker and specified his or her wishes about the extent of life-prolonging treatment to be used, through a Living Will, a Natural Death Act directive, or similar document. In the United States, Concern for Dying and the Society for the Right to Die both encourage the combined use of the Durable Power of Attorney and the Living Will or other instructions, and thousands—perhaps millions—of these documents have been filled out.

The first peril involves the gap between legal rights and changes in public and professional actions; the second is the risk of slippage from the right to die to a duty to die; and the third concerns the movement from passive to active euthanasia.

Peril No 1: Changing Law Not Attitudes and Behaviour

The first peril may not seem very serious, but in fact it can have fundamental effects on the ways that we define our organizations and their objectives. There is no question that we must give substantial attention to the vindication of patients' rights in the courts and the legislatures. Although substantial progress has been made on this score, it deserves our continued attention—and in some of the countries it may well be that judicial decisions and legislation must remain at the centre of the organization's work because so much still needs to be done to ensure patients the legal right to choose how much treatment they want.

But when legal concerns become our sole *raison d'être*, much is lost. A courthouse is not the place to look for humane care for dying patients. Until physicians, nurses, and the general public become comfortable with the notion of patient autonomy—which



Vinoba Bhave, who during his last days denied himself medical assistance.

means caring and candid discussions of patients' prospects and options, including the choice to forgo some or all life-prolonging measures—until that time, the legal rights won by our organizations will remain merely armaments for the battles of lawyers, not inducements to compassion and comfort from health care personnel.

If we are to avoid this tragic and even ironic result, we must devote ourselves with special vigour to the education of health care workers—physicians, nurses, social workers, and others. The official statements of health care organizations—such as the World Medical Association's 1983 Declaration of Venice concerning passive euthanasia, and the Opinion issued earlier this year by the Council on Ethical and Judicial Affairs of the American Medical Association on the withdrawal of life support—have recently begun to provide the formal basis for new professional practices.

But formal statements are not enough to bring about changes in the behaviour of health care professionals. In some of the countries represented here, do not physicians even today fail to do such basic things as sharing a diagnosis of terminal illness with patients? And even when physicians inform patients, do they really share

decision-making and do they provide full options?

If we wish to see changes in such behaviour, we must address physicians' and nurses' needs: to feel comfortable with their feelings—about death, about the limits of medicine, about the finitude of the human condition. We must try to equip them not only with the philosophical and legal concepts of respect for patient autonomy but also with the tools through which they can encourage and enable patients to exercise that autonomy. This may not be an easy task, but it is an essential one.

To summarize this first peril, it is resting too soon on our legal laurels. Standing alone, these hard-won legal rights may actually be counter-productive if they are seen as something external to medicine, imposed upon reluctant practitioners and resisted by them whenever possible. Confrontation will be replaced by cooperation—much to the benefit of patients, dying and otherwise—only when and if the attitudes and behaviour of physicians and others in health care change. Thus, even after all the legal battles are won, we cannot think the war to secure patients' rights has been won—indeed, the longest and hardest battles will still lie ahead. The task of professional—and public—education may be less glamorous than lobbying legislators and litigating test cases but it is no less significant.

Peril No. 2: Accepting A Duty to Die

If the first peril is already with us, the second one—that the right to die may become a duty to die—is looming on the horizon. There are powerful social forces behind it, not the least of which is the aging of the population in the developed nations. Since expenditures for health care rise with age, the demographic changes mean automatic increases in total health care spending at a time when many countries—including very wealthy countries such as my own—are attempting to put the brakes on growth in these expenditures.

There was a good deal of editorial outrage a few years back when Governor Richard Lamm of Colorado gave voice to the view that dying patients have a *duty* to die, so that scarce resources could be used for the next generation. The particular language Governor Lamm used was certainly pro-



vocative, but his views cannot so easily be dismissed as aberrant. After all, many people in the right-to-die movement have argued that dying patients get too much treatment. Of course, our argument rests on the conclusion that many patients are subjected to treatment that they do not want or would not want if they were consulted and informed about the probable benefits and burdens of the treatment. But only a fine line separates care that is "unnecessary" because it probably won't be beneficial to the patient from care that is "unnecessary" because it probably expends social resources on a fruitless task.

Furthermore, in individual terms, philosophers and theologians who have addressed the question generally conclude that it is appropriate for an individual to decide against treatment on the ground that it will consume resources that the patient's family could use in a better fashion. I suspect that many members of the public share this view—indeed, in the United States, which lacks socialized medicine and hence leaves many health care costs to be paid out-of-pocket (even for the elderly), it is not uncommon for elderly patients to express the view that they don't want extensive care if they are very ill because they fear that paying for such care will consume the funds they have saved and hoped to pass on to grandchildren for education or the like. Again, it is only a small step from respecting such an individual wish to endorsing this as *the correct* view that, when translated into public policy, leads to the conclusion that patients have a duty to reject expensive life-prolonging technology so that the resources can be used for younger members of society.

I want to make clear that I do not regard these conclusions as compelled—quite the contrary! But in the realm of public policy, logic frequently does not reign supreme. And I predict that, in slightly distorted and simplified form, some of the positions that our organizations have championed in arguing for "The Right to Die," will come back to haunt the policymaking process—which will be receptive to all arguments that point a way to save public funds. If we are clear that our objective is "The Patient's Right to Decide," then much of this risk will evaporate, since a "duty to decide" is

much less dangerous than a "duty to die."

Peril No. 3: Sliding Into Active Euthanasia

It will take more than insisting on logical consistency to avoid the third peril, to which I now turn. This final peril is that our support for society to accept physicians allowing patients to die will lead to acceptance of physicians actively assisting in the killing of patients.

My task, then, is twofold. First, to show why logic is not enough on this issue, and second, to establish that the outcome—physician assisted killing—is neither desirable nor necessary to achieve a good world.

Let me begin with the point about logic. A proponent of active, physician-assisted killing would probably seize on my basic argument throughout this talk: that we should try to promote and protect *patients' right to decide*. Isn't it logical to conclude that this right encompasses the decision to take one's own life? And if that is to be done effectively and painlessly, shouldn't physicians assist—just as they should make patients' dying process as comfortable and dignified as possible? And isn't the distinction between active and passive participation totally without moral significance? In both situations, the proponent would argue, someone *chooses* certain steps as a result of which the patient *dies*. Of what relevance is it that in so-called passive euthanasia those steps involve the forgoing of life-prolonging treatment (which might involve the *active* step of turning off various machines or withdrawing various tubes), while in so-called active euthanasia those steps involve the giving of a poison or the like? If one set of behaviour is morally acceptable, so should the other one be. Indeed, if care is withdrawn from some very sick patients, they may not rapidly expire—so if providing the patient with a *good death* is the justification, that may require an affirmative killing rather than a lingering dying process.

One logical rejoinder to this argument is possible, for it is not always true that the withholding or withdrawal of treatment has as its objective the death of the patient, whereas in active euthanasia a speedy death is by definition the objective. But while this difference may sometimes exist—as, for example, when a patient objects to a blood transfusion



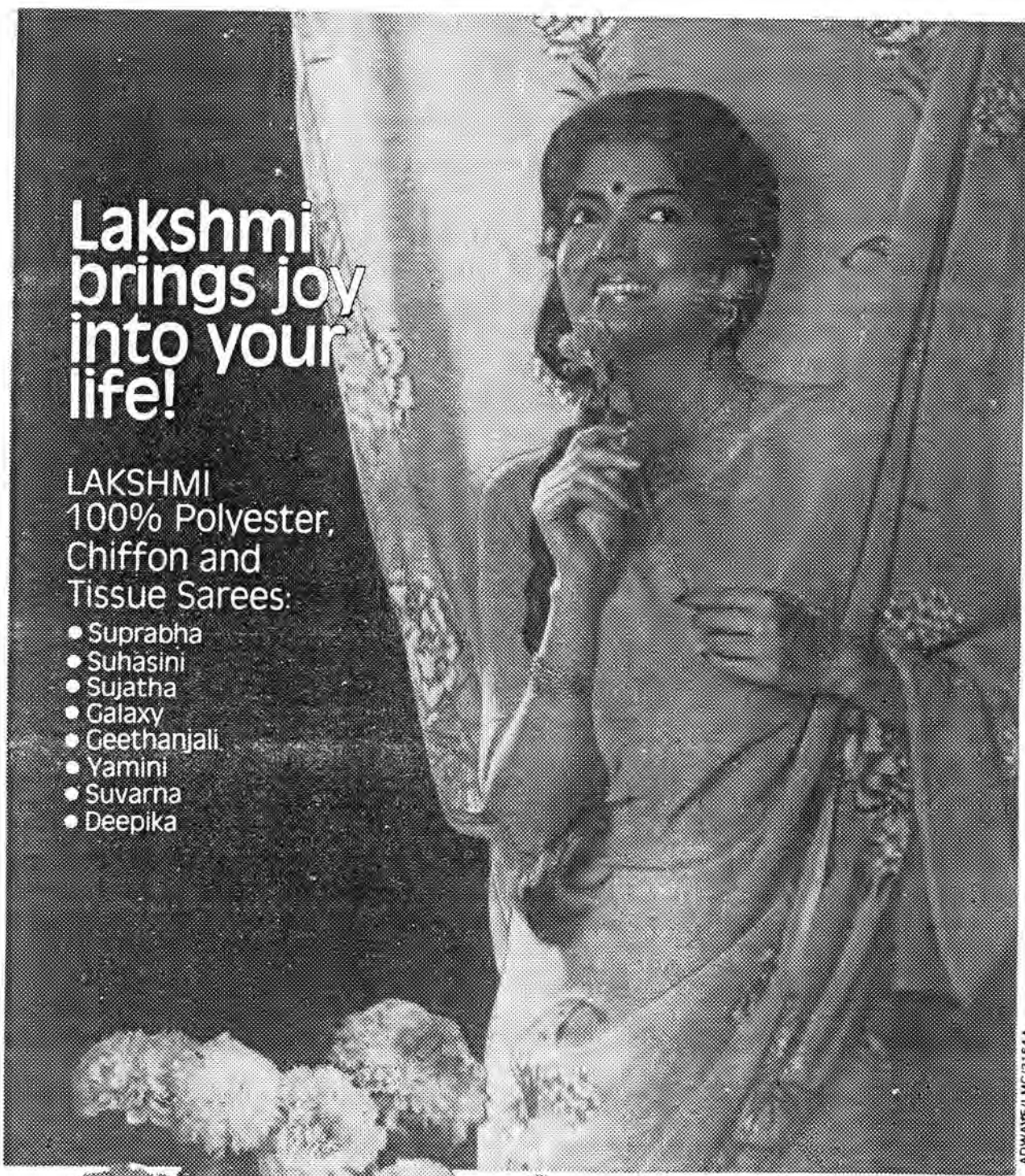
V.D. Savarkar who during his last days denied himself all medical aid.

with no wish that this will bring about death—there are many cases in which a patient rejects treatment explicitly because he or she thinks that the time to die has come and that further resistance to death is no longer desirable.

Why, then, should a society that allows life-sustaining treatment to be foregone still retain criminal prohibitions on physicians actively killing patients? The reasons are practical rather than philosophical.

First, the risk of prognostic mistakes: for example, if a cancer patient rejects further treatment after being told his condition is terminal and the physician was wrong, the patient may survive, but if the physician gives the patient poison, the mistaken prognosis becomes self-fulfilling (rather than self-correcting).

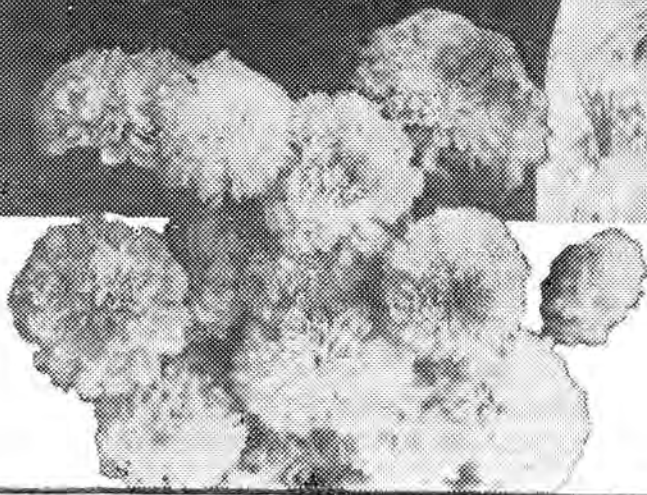
Second, casting physicians in the role of killers could undermine the trust and confidence that is essential to success of the physician-patient relationship. The prohibition against killing patients was central to the separation of Hippocratic physicians from predecessor cults, and it is no less relevant today. Moreover, how can physicians be expected to make the extraordinary attempts to save life that we often *want* them to make, if society endorses the acceptability of physicians taking lives? Sanctioning physician-assisted killing gives, at best, a double message: save life and take life. In the long-run, that is sure to become, why bother, why strug-

A black and white photograph of a woman with a bindi, wearing a saree and holding a flower to her face, looking upwards with a smile. The background is dark and textured.

**Lakshmi
brings joy
into your
life!**

LAKSHMI
100% Polyester,
Chiffon and
Tissue Sarees:

- Suprabha
- Suhasini
- Sujatha
- Galaxy
- Geethanjali
- Yamini
- Suvarna
- Deepika



**Lakshmi
Mills**
Coimbatore



gle in difficult cases? Society is equally accepting when you, the physician, decide to do the patient in!

Fourth, active killing obviously has much greater potential for abuse, both by physicians and by others. Faced with a case that has gone poorly, the temptation to sweep the whole thing away by, in effect, disposing of the evidence, would be a temptation better kept out of the hands of mere mortals, which is all that physicians are. Indeed, the very allowance of active killing is an abuse in the sense of an abuse of nature. Passive euthanasia represents an admission of human being's limited powers (that is, there is a "season for all things," including death), while active euthanasia seems to assert our omniscience as to the time when everything—even death, the ultimate thing—should occur.

Legal Safeguards

If the justification of the practice is the relief of a painful or pointless existence, why should it be limited only to those who can voice their wishes at the present time? Are there not patients who formerly made their wishes known who are equally deserving? Or those whose wishes are not known but whose suffering is great? (Indeed, I would predict that in time, the categories would expand beyond "voluntary euthanasia" to encompass just such patients. Alternatively, if to avoid abuses one limits candidates to those who can make their wishes convincingly clear at this moment, then the rationale is respect for voluntary choice—in which case, why restrict active euthanasia to cases of fatal illness? For some people the mere prospect of a long period of decline (perhaps with dementia) would be enough to make euthanasia attractive; for another, the loss of a spouse after a long and happy marriage cause great suffering (even if not physical pain). Why is the terminal patient more deserving of the physician's assistance in ending life than other persons who find life's prospect just as bleak?

Fifth, to avoid the most flagrant abuses, there would be need for protective safeguards. Yet such procedures as hearings about the justification for the killing and the competence of various persons to decide would implicate society directly in the decisions to kill certain patients. In the United States, most courts have concluded that formal judi-

cial procedures are not required for most cases of treatment withdrawal, but I am sure that for good reasons more formality would be required for physician-assisted killing, as can be seen from the procedural safeguards included in the bills on this subject introduced over the years in Great Britain and the United States. Would countries where the imposition of the death sentence on convicted felons is a matter of great debate really be comfortable if judges in effect handed out death sentences to little old ladies in nursing homes?

Finally, I am doubtful that any likely procedures would be capable of protecting against the subtle coercion of "consent" from patients, particularly those with chronic conditions that confine them to long-term care. Many such people are not dying in any imminent sense, though they may be debilitated and their lives are very constricted. If their relatives, physicians, or even representatives of the state were free to ask them whether they wanted to continue to live in their present condition or to be put painlessly "to sleep," many of them might feel constrained to give the answer that the question seems to demand: they want an end to their existence. Of course, the risk always exists that patients will give the answer that they think others want to hear. But the pressure to look for the answer "kill me" will be greater because it will involve a larger number of people at an earlier time in their life. And it will be asked, in all probability, by many people who sincerely think that they are doing the humane thing. But it is also the easier thing—easier that is, than expending the time, resources, and ingenuity to create environments in which these patients would feel loved and wanted, and in which they would not have such pain and suffering that death seemed better than life.

This brings us to the question: what is the need for active killing? Are large numbers of patients in a condition of irremediable pain, so that passive euthanasia would amount to prolonged torment? The answer is no. With appropriate pain-relief and other medical and nursing interventions, almost all dying patients can be made comfortable; with appropriate support and services, meaning and dignity can be offered to all patients.

Thus, there is no need to legalize kill-

ing in the name of mercy. If—as infirmities make the end of a long life too restricted, or for some other reason—a person decides to commit suicide, that act is not regarded as criminal in most countries today. We may regard the action as a sign of depression or other mental derangement (and if the attempt fails, the person may be treated psychiatrically). But at least an unassisted suicide is less likely than an assisted killing to be a case of the deceased acquiescing in the wish of another or going along with an act that he or she did not want to achieve strongly enough to do on his or her own.

Society for the Right to Die with Dignity

Aims & Objects

- (i) To assert the right of every man and woman of sound mind to freedom, within the limits that may be laid down by law, to choose to live or to die.
- (ii) In the case of persons who are terminally ill and who are not in a position to think and speak for themselves, to make it possible for persons duly authorised by them to arrange for the termination of the life of such persons who had earlier made an appropriate declaration in a legally valid document when they were of sound mind and in a position to think and speak for themselves giving the necessary authority to the persons mentioned above.
- (iii) To create public awareness and opinion in favour of (i) and (ii) above.
- (iv) To work for suitable amendments of the law to enable implementation of (i) and (ii) above.

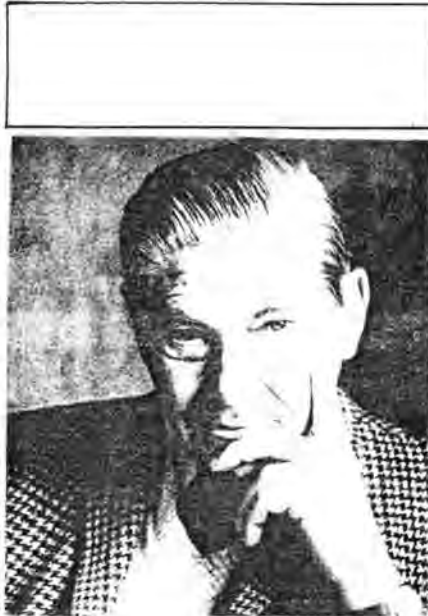
Those in agreement with these aims and objectives should enrol themselves as members. (Life Member Rs. 1,000 or annual subscription of anything between Rs. 10/- to Rs. 100/- at discretion. If so desired Rs. 50/- to cover seven years' subscription.

c/o Democratic Research Service
Maneckji Wadia Building (4th Floor)
127, Mahatma Gandhi Road,
BOMBAY - 400 023.
Tel No. - 273914



But what of those cases in which a patient is too weak or too immobilized to commit suicide without assistance? Should the criminal penalties for assisting suicide (which exist in most but not all countries) be waived, especially when the assistance comes from a well-meaning physician rather than an avaricious heir? I think not, for all the reasons already cited. Better that the law proclaim that anyone who takes the life of another should be prepared to stand before the bar of justice and argue that his or her act was not wrong and should not be punished, than for society to presume that assisted suicide is acceptable except when an abuse can be proven.

I can understand the logical attraction of the active euthanasia position, though it seems unpersuasive as a public policy; likewise, the compassionate argument is attractive until examined in light of the facts. And I suppose that some people who favour the 'right to decide' may think that it is necessary to take an extreme active euthanasia position to dramatize the goal of patient autonomy. I fear, however, that adopt-



Arthur Koestler who championed euthanasia and adopted it when suffering from leukemia

ing such a position would represent a great peril to the World Federation and its member societies. We have far to go—both in securing basic patient rights to determine what treatment will be given and in educating health care providers about how to function comfortably with the implications of this right. If we suggest that the end point of accepting our position is the adoption of state-sanctioned killing by physicians, we will find that most people—and especially most physicians and nurses—will resist taking even the first step with us. This result would be particularly lamentable for those of us who deny the inevitable linkage between respecting patients' wishes about when to forgo treatment and accepting physician-assisted killing.

We have much to learn from each other, and I hope that our basic agreements will be strong enough to bind us together in what I believe is our central—and much needed—objective, securing the authority of patients to decide on the care they will receive, especially when the objective is to prolong functioning in the face of fatal illness.

You can never switch off an Orient from your life.

Your Orient fan is there with you. Always. When your hair is softly ruffled. When you enjoy the cool comfort on a summer evening. Then you look up and notice your Orient fan. Working silently.

Orient's in-built excellence starts with every component. The sturdily built motor that works tirelessly under exacting conditions. The precision-made double bearings that ensure smooth operation. The die-cast aluminium body and blades with electrostatic paintwork that guarantee greater durability. They all go to make your Orient fan so perfect.



Orient comes in a wide range of models sweeps, colours and designs. Seven table fans. Six ceiling fans. A pedestal and a bracket model. All perfected through 30 years of experience from one of India's leading fanmakers. No wonder Orient fans are acclaimed in 25 countries around the world. Because your Orient fan is an investment for a lifetime.

ORIENT

Built to last

TC/OGI-14/85



Towards a Humane Law

Sujata Manohar

The right to live and the right to die, as words do not make much sense in themselves. What we are indeed concerned about is the quality of life and the quality of death and not the right to live or the right to die *per se*.

As far as the quality of death is concerned, there is a fair amount of unanimity. I think, by and large, there is agreement that one would like to face death with dignity, free from pain and suffering, as far as possible. The controversy in this area surrounds the means by which we can bring about this result.

In the area of the right to live; however, I am afraid there are more basic controversies which relate to what constitutes that quality of life which makes life worth living and basically this is a very subjective assessment for each person, because what makes life worth living for one may not apply to somebody else. This creates difficulties in framing any kind of legislation which would protect this kind of a right. In this area too medical advances have created fresh problems.

As far as the right to live is concerned, we have basically problems relating to what sort of people should be allowed to live. For example, if a malformed baby is born, should it be allowed to die or should it be kept alive by various medical means? Whose decision should it be whether this baby has to live or die because the baby is obviously unable to say anything one way or the other? Should it be the decision of the parents or of the physician?

There is the well-known case, *Regina vs. Arthur*, where such a baby was born with Down's Syndrome. The problem was of what to do. The parents said that the child should not be medically treated and the famous pediatrician who was treating the child wrote in his notes that the child should only be given nursing care. The child died and the pediatrician was prosecuted for murder. Later, the charge was reduced to attempted murder. Fortunately he was



Justice Sujata Manohar addressing the Legal Panel

acquitted, but this is a problem which we do face.

If you come down to the question not merely of life but the quality of life, there are also similar allied problems where minors are concerned. Should a minor want an abortion would you require the consent of the parent or would you go by the wishes of the minor alone? Then there may be questions relating to other similar aspects where you have to decide. For example, if the minor is suffering from pain, would you respect the minor's wish that his or her life should be terminated or would you require parents' consent? What if the minor wants to die but the parents say no, but want to keep the child alive? There was a somewhat similar case where a ten-year old girl was brought for sterilisation by the mother because this girl was suffering from what is medically known as the Sotto's Syndrome, and the doctor refused to perform the operation. He was taken to Court and ultimately the judges upheld the medical decision and said that looking to the future medical prospects of that child, it was not advisable to have that child sterilised.

In the area of the right to die, of course, there are problems, which are connected with euthanasia whether active or passive, with the consent of the patient or without.

In my view there is no doubt that there are strong moral reasons for allowing a person to depart from life with dignity. But there are serious practical difficulties in framing a suitable

In my view there is no doubt that there are strong moral reasons for allowing a person to depart from life with dignity. But there are serious practical difficulties in framing a suitable law

'Welcome to the world-class!'



New *Godrej* Electronic Typewriter A new chapter in corporate communications.

The new Godrej Electronic Typewriter is an advanced machine that bestows a distinguished new look to all your letters and documents. It spotlessly erases errors. Offers a choice of attractive types. Positions text. Self-types 'originals'. Underlines, tabulates, spaces—at the press of a button. And generally reflects your management style.

Typing artistry

The Godrej ET's array of touch-key electronic features will dramatically improve your secretary's performance. And boost her pride in her output.

Heightened efficiency

By speeding typing operations and taking over repetitive tasks, the Godrej ET will free your personnel for other productive work.

Dependable Godrej service

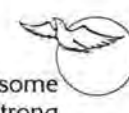
Every machine confirms Godrej's long-established reputation for manufacturing excellence. Backed by an efficient and extensive service network.

The Godrej Electronic Typewriter
No modern office should be without one.

Godrej

No. 1 proves it again

For more information, write to:
Godrej & Boyce Mfg. Co. Pvt. Ltd.,
Pirojsha Nagar, Vikhroli,
Bombay 400 079.



law. Let me emphasise the strong moral reasons that have already been emphasised by Sir Edmund Hillary and Mr. Masani. There are and there will be people who are afflicted with incurable and very painful terminal diseases who want to die quickly. A law which compels close relatives and friends to watch this pointless pain helplessly, is a very cruel law.

Secondly, a law which insists that this painful process which disintegrates a human personality should continue until death occurs by what are called natural means is also a very degrading law. And therefore we need some way out by which we can legally put an end to this kind of pain and suffering. But the problem is how to do this. Now, at least in this country and in most others, any act which is intended to terminate life even if it is undertaken at the request of the patient or with the most laudable motives is a crime and punishable in law. Therefore, any doctor who takes any steps to consciously bring somebody else's life to an end runs a grave legal risk and we have to see how this sort of risk can be eliminated without incurring other complications. Intervention by a third party in bringing about this death can take several forms; for example, withholding or not putting the patient on artificial life support systems. These are negative aspects of the treatment. Withdrawal from the patient of such external life supporting devices can also result in death. Then there are cases where the patient is given drugs to kill pain, which ultimately shortens the life of the patient. And then of course there is the direct intervention where the patient is administered drugs or some other treatment and his life terminated.

Problem Areas

Now the whole problem in attempting to legalise some of these courses of treatment is that any kind of legalisation is fraught with serious dangers. Of course it is true that most laws are capable of misuse but by and large, we find that the advantages of having a law far outweigh the disadvantages of not having it or its misuse.

For example, ideally if a patient suffering from painful irreversible terminal illness rationally desires to end his life, a medical practitioner should be allowed to terminate it. The difficulty is ensuring

that the various ideal elements are present. First of all the physician's verdict that the illness is terminal or incurable has to be accepted. Now in this area I do not think there is any serious problem. Theoretically, what is hopelessly incurable today may be curable tomorrow but this is poor consolation to a patient who is in pain and suffering. A practical decision is looking to the immediate available prospects. There can of course be wrong diagnosis or sheer incompetence but one has to allow for these.

There are and there will be people who are afflicted with incurable and very painful terminal diseases who want to die quickly. A law which compels close relatives and friends to watch this pointless pain helplessly, is a very cruel law

Then the next important ingredient which is difficult really to assess is the rationality of the person who wants to die; because what he may desire at one point of time may not necessarily be what he desires later. When in pain, he may really want termination but with its temporary abatement he may desire to live.

Some countries have attempted to solve this by what is known as the 'living will' or a voluntary declaration made by a person while he is in a sane and conscious condition and not suffering pain. This is to the effect that if he is reduced to such a state, his life should be put an end to. The problem here again is to find out whether he has crossed the threshold of pain when his life should

be terminated, because there are some people who really have a very strong desire to live and can withstand a lot of pain and suffering while there are others who may not want to suffer all the pain and who may want their life to be ended. So this is another problem area.

On Suicide

Ideally if a person suffers from pain and wants to put an end to his life, it should be permissible. But I am not sure that simply removing suicide from the statute book of crimes solves the problem. We do require more comprehensive legislation. For example, there may be certain kinds of suicide that one would like to prohibit and punish as a crime.

In this country we have had in the past, a very evil social custom known as Sutte where a woman on account of various social pressures committed suicide by burning herself on her husband's funeral pyre. Now if this sort of a thing is happening, I am sure you need a law which says that this kind of suicide must be banned and it is a crime and anybody who attempts to do this must be punished. There can also be suicides which are exhibitionist, public self-immolations for either private or public ends and I am not sure whether we would like to permit these kinds of suicides to be made legal.

There are a large number of other kinds of suicides which too we would like to prevent but not by making the attempt to commit suicide a crime. If a drug addict or a psychopath were to commit suicide we would like to prevent it. But making it a crime is not really a deterrent at all. In a case like this what the person needs is medical or psychiatric treatment. So we require proper legislation in this area of a different sort.

Under the Indian Penal Code, a person who abets an attempt to commit suicide also commits an offence and in the cases of patients suffering from terminal illness this can raise serious problems for the doctors. If the patient asks for medical assistance in terminating his own life, the doctor would be criminally liable. So this is an area where we perhaps can have a law which permits a medical practitioner to assist the patient without incurring any legal liability.





Some Legal Reservations

R.A. Jahagirdar

I would require more than normal persuasion to be convinced that for whatever reasons human life should be extinguished

I was happy to note that at this symposium the right to live has been given an equally important place with the right to die. In fact a discussion on a subject like the right to die would be somewhat anomalous and incongruous in this country. But I am prepared to go along with the organisers of this symposium in saying that when a society such as ours talks of the right to die, it is only a partial understanding of the nature of the debate. The proponents of the right to die are not the opponents of the right to live. They only insist that when life with dignity becomes impossible, a person should have the right to die and that too, to die with dignity.

The plea for the abolition of the attempt to commit suicide as a crime has been made by several people in this country. In fact if I may say so, without being accused of any undue pride, I wrote an article in the *Illustrated Weekly of India*, in which I advanced several arguments which I thought were sufficiently powerful for the deletion of Section 309 of the Indian Penal Code.

Contemporaneously, Chief Justice Rajinder Sachar working on the same lines at Delhi interpreting relevant sections of the Criminal Procedure Code, quashed all proceedings then pending in the Court subordinate to the Delhi High Court. However, Chief Justice Sachar did not have an opportunity to examine the constitutional validity of Section 309 of the Indian Penal Code. The next best thing he did was to quash all proceedings.

Justice Sujata Manohar mentioned in her introductory speech that judges rush where angels fear to tread. A Bench of the Bombay High Court has recently given a judgement holding Section 309 of the Indian Penal Code *ultra vires* of the Constitution. But I must hasten to add that this judgement

is not an invitation to euthanasia as some members of this society seem to think.

In fact Justice Sawant who delivered the judgement of the Bench, has specifically mentioned that this judgement is not in support of the principle of euthanasia. Even the judgement of the Bombay High Court which unfortunately will be operative only for the State of Maharashtra has not legitimised the attempt to commit suicide in any sense. It has removed only the stigma that would otherwise attach to an attempt of this type.

Euthanasia is of course of two types – voluntary and involuntary. Voluntary euthanasia can be of two types – active and passive. I am not opposed to any of these forms of euthanasia on ground of religion.

Some Reservations

I would require more than normal persuasion to be convinced that for whatever reasons human life should be extinguished. This is not to suggest that I do not value the quality of human life. As a humanist, I value the quality of human life. The emphasis on the quality of human life, the life of exuberance, the life of being useful to other human beings is at the centre of humanist thinking all over the world. Therefore, if the protagonists of the right to die put forth the necessity of good life as an argument for establishing the right to die with dignity, normally I would have no hesitation in accepting the same.

Despite these arguments, in principle I cannot help expressing certain reservations on the subject.

What the law in India is sufficiently clear. If a doctor makes a person die by his acts of omission or commission it is murder punishable under Section 302

of the Indian Penal Code. Similarly, if a doctor knowingly or intentionally withdraws treatment which results in the death of a person, since the act by definition under the Indian Penal Code includes omission, it would also probably be covered by the first clause of Section 300 of the Indian Penal Code. If a person wants to die and if a doctor helps by providing him the means to do so, then the doctor would have committed the offence of abetting a suicide.

It was expressed in a paper read at the Melbourne Conference of this body that in India if you kill a person with his consent, it would not be murder, it would in England be manslaughter and what, we in India, call culpable homicide not amounting to murder. I am afraid this is not the correct position. You cannot kill a person in this country even with his consent. As the law stands today in this country therefore, the right to die in a manner which is envisaged by this Society cannot be sustained.

The subject of the discussion at the Conference seems to be voluntary passive euthanasia. Before I consider the question of law that may have to be evolved to meet the requirements of voluntary passive euthanasia the one question that naturally arises is: is there a need for such a law? A law will be necessary if the cause of this Society is accepted.

The first question naturally would be to determine the magnitude of the problem of the suffering which members of the Society and other like-minded persons in other countries are trying to remove. How many of the millions of patients in all parts of the world are patients who are suffering from terminal illness or terminal injury? How many of them in turn are again desirous





of exercising what we call the right to die with dignity?

In normal life people sometimes express a desire to die but when the moment of departing arrives, one does not know whether that desire persists. Hindu mythology tells several cases of this kind.

Father J. Dias of St. Andrew's Church, Bandra, has, in an article, stated that in three decades of his priesthood, he had people dying in his arms but not one spoke of mercy killing. Many have prayed for release from suffering but not one of them requested him to ask the doctor to put an end to his life.

I am fully aware that among the supporters of the right to die with dignity movement, a large number of doctors are to be found. Indeed among the signatories in support of the Varde Bill are eminent doctors, among them Dr. Praful Desai, a cancer specialist of universal reputation. Despite this, I am afraid the need for changing the law has yet to be demonstrated. Those who want to change the law must demonstrate that there is a need to change the law.

Here I disagree with one of the humanist philosophers, Anthony Flew, who has insisted that the *onus* falls not on those who seek to change the law in this respect but on those who deny the right to voluntary euthanasia. I am afraid that this is basically a wrong approach.

I insist that the proponents of the right to die with dignity must demonstrate beyond all doubt the need for a

change of law in this respect. Apart from a statistical study it is necessary for the medical profession to evolve acceptable norms to determine at what stage the doctor will decide that the injury or illness is terminal and that nothing can save the life of a person though death may be postponed.

For those of us who are acquainted with medical facilities and services available in this country, giving of the right to determine the arrival of the moment of death to a doctor, I think, is fraught with great danger. I am not suggesting for a moment that the doctors who are participating in this Conference or who are otherwise taking keen interest in this movement are not competent to do so. If, however, the law is changed in the manner in which it is sought to be changed, will it not be equally applicable not merely to the best hospitals in Bombay but to a hospital in Karad or a cottage hospital in Dahivali. These are small places where a full-fledged doctor is qualified sufficiently to practice under the law but is he qualified sufficiently either by experience or by knowledge to pronounce upon the arrival of the last moments of a man's life?

Prof. Varde's Bill relates to a person who is in hospital, who has expressed the desire to die and then the doctor withdraws the treatment which is being given to him only for the purpose of continuing his life and not for preventing or curing the disease. There is one lacuna in this viz., in Section 3 it is not mentioned that the person who expressed this desire should have also been told that he is suffering from an

illness or injury which is terminal. Therefore I would suggest that if the Bill commends itself, an amendment may be required to be made viz., that a person of sound mind means a person who is in full control of his mental faculties and who has been informed that he is suffering from a terminal illness or a disease.

Section 5 speaks of a physician or a surgeon in a hospital or an institution who refuses to respect the wish of a person who is suffering from terminal illness. But Section 3 itself does not mention that that person has to be in the hospital. Appropriate amendment in that regard may be necessary.

One important legal aspect which perplexes me is the question of the proof of the terminal nature of the injury or illness. Who will decide? If it is the doctor, naturally the doctor will be in the position of a defendant and the accused when the question arises. Now in our jurisprudence, the burden of proving a case is always on the prosecution. It will require some jurisprudential rethinking. I would like to know how many doctors would like to give an opinion on being called upon to explain in a court of law.

These are some aspects of the legal question. Though what I have said does not fully agree with the object or the views of the society, I am happy that an opportunity was given to me and since the function of this symposium was the expression of diverse views and arriving at some conclusion, I have expressed my views.



Safeguarding the Patients' Rights

Soli Sorabjee

I am not in favour of an absolute right of choice. The idea is to die with dignity, not to die without responsibility.

I think the central issue is the autonomy of the individual, respect for his values, respect for his wishes, and recognition of the right to privacy. That is what the American Constitution, American courts did even when there was no statute. They have evolved and recognised the right to privacy as a constitutional right encompassing even the

right of a patient to decide or rather to choose whether he should continue the treatment or refuse it. In other words, who decides?

I am not in favour of an absolute right of choice. The idea is to die with dignity, not to die without responsibility.

Some of the criteria which strike me are: Firstly that illness must be terminal.

If you accept that, then there is no hypocrisy about the Hippocrates oath because the duty of the doctor is to prolong life not to prolong the prospect or the process of dying. So it must be terminal and by terminal, I mean a very workable definition that there should be no reasonable prospect of the patient surviving. A workable definition that



doctors will refine and improve upon.

The next is the use of life saving devices or the mechanisms plus medication which would entail the unreasonable prolongation of unbearable suffering. I use these words deliberately because I think this right, if at all it is a right, must be defined in narrow terms and must be subject to certain definite limitations.

The third thing about which I am a little troubled about is in the field of prognosis by physicians. By that I mean whether the patient has the prospect of surviving regardless of treatment. Here the physicians come in. But the ultimate decision whether he wants the treatment to continue or not to continue must be that of the patient.

I am a little perturbed about leaving this decision, such an important awesome decision, merely to a doctor. I find it a little unacceptable that merely a physician and a consultant should decide that question. I think there should be a committee of the physician who is treating the patient and two more. In the case of an individual physician it can be that he may have his bias. If there is

more than one mind, the individual bias of the individual physician can be neutralised.

I have always believed in diffusion of authority. If I challenge in the Supreme Court the right of an executive officer (the sole unfettered decision) whether or not to give a permit for some food-grains or transport, I think it is all the more necessary that it cannot be left to the unfettered judgement of a particular doctor, who however bonafide he may act, could be in error.

The patient's consent must be an informed consent. It must be an informed decision.

We must have safeguards and I think the best safeguard would be some element of judicial scrutiny to make sure

that the doctor's prognosis about terminal illness and about there being no reasonable prospect of the patient surviving despite treatment, has been arrived at on a proper basis.

But even more important, the patient's consent must be an informed consent. It must be an informed decision. He must be told clearly what the consequences would be of the nature of his illness or the consequences of continuing the treatment and not continuing the treatment. What is more important is one must make sure that the consent is not obtained under any form of coercion, and coercion sometimes can be economic coercion. It can be emotional coercion. Sometimes a man may not want to die but because of the attitude of the people around him that he is such a nuisance, a burden, the poor man may, just by sheer necessity of circumstances, be made to say yes when he would rather say no.



LEADERS SINCE A LONG TIME CONSOLIDATED COFFEE LIMITED

12,500 acres of coffee plantations. Country's largest curer, curing about 20% of the total production. Over 40 years of experience.

Growing coffee by employing the best cultivation methods. Consolidated Coffee also grows, Tea, Cardamom, pepper and oranges. A leading exporter of Coffee, they are also authorised clearing & forwarding agents.

CONSOLIDATED COFFEE LIMITED

Pollibeta - 571 215
KODAGU



Turning to Prof Varde's Bill I do agree with the Bill in principle, because I think the time has come to make a distinction between just allowing a person to have a kind of vegetable existence with all the consequences which it entails and there is no reasonable prospect of the treatment making any difference, and withdrawal of life support systems. In such cases this Bill does not advocate mercy killing. This is clear in the statement of objects and reasons. It merely provides for voluntary passive euthanasia. So, in principle, I find myself in agreement with it. But what I find unacceptable is that there are not sufficient safeguards and the matter is left to one physician and a consultant. There

is no element of judicial scrutiny at all and there are no provisions to ascertain whether the consent obtained is a real informed consent uninfluenced by any other factors.

I compliment Prof. Varde for the effort he has made, I also compliment Mr. Masani and the Society for the effort made in this direction and which is so necessary in our country where judging from Justice Sachar, there is total insensitivity to human issues.

You see this when you come to the Supreme Court and examine the cases which come up before the Supreme Court, and the public interest litigation cases. In Bihar eyes are carved out and sold for Rs. 10,000; people are held as

under-trials for 10 and 12 years. All sensitivity has been lost and the trouble is, by over-exposure to such repeated acts of carelessness gradually we seem not to be shocked by it.

I think one thing we must always maintain, whether the Bill is passed in this form or not, never lose our sensitivity; never reach a stage where we are not shocked by these instances. So we must press on with this beneficial legislation, beneficial in principle and ensure it forms part of our statute book so that at least we can, with some degree, claim to be a civilized nation whose Constitution includes the right to live with dignity and also the choice of dying with dignity and with responsibility.

Understanding Suicide

Rajinder Sachar

A strange paradox that in the age of euthanasia suicide should be criminally punishable instead of society hanging its head in shame

I claim no special knowledge – ethical, medical or philosophical – about the various aspects of euthanasia. Actually it is Mr. Masani who threw me in the vortex of this because I gave a judgement which I believed was long overdue and, as a matter of fact, came at the very end of my judicial career.

We have a provision in our code of criminal procedure that if investigations in certain kinds of criminal cases are not completed by the police within a period of six months, such cases must automatically lapse. So I called for all those cases and one of them was about a young man who happened to like a girl but not of his own caste. So becoming desperate, he took with him a bottle of "Tik 20" (a lethal insecticide) checked into a five star hotel in Delhi and consumed it. Obviously the dosage wasn't so lethal, for after 20 minutes he had second thoughts, rang up the hotel reception, told them that he had taken the dose, and whether they would please call a doctor to save him. The doctor was called, the boy was saved. One would have thought that the prosecution in any civilized country would have thanked themselves that a young



man's life had been saved. Instead they started a prosecution. Paradoxically, the reason why his case was discharged by the lower court was that the police had not concluded its investigations within six months.

The attempt to commit suicide was still a crime existing on the statute book since the time of Lord Macaulay. Our Law Commission in 1971 had suggested that it should be repealed. I thought that if, as far back as 1971, the Law Commission constituted by the Government of India had recommended that this savage provision to prosecute attempts to commit suicide should no longer be a crime, why do we continue to follow an Anglo-Saxon law in this matter even though in England itself suicide is no longer a crime but abetment is.

Faced with this provision, technicality should have been the only course left to me. I should have sent the case back for re-trial. Here was a dilemma where my judicial role conflicted with my humanist values. Do I act only strictly technically as a judge? Do I lose all sense of proportion, all sense of humanity? Can a person really be a judge if he has no sense of humanity, no sense of compassion, no sense of understanding nor a sense of social values? And I decided I will not send back the case. I said that the young man driven to frustration to seek to end his own life would have escaped human punishment if he had succeeded but is he to be hounded by the police because the attempt failed? A strange paradox that in the age of euthanasia suicide should be criminally punishable instead of society hanging its head in shame. Instead of sending the young man to a psychiatric clinic, it gleefully sends him to mingle with criminals.

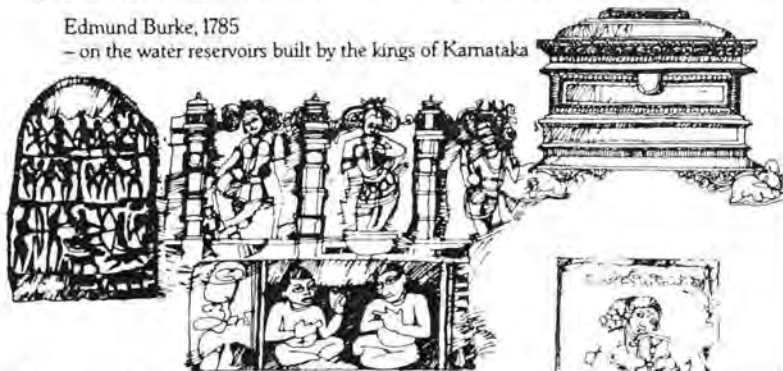
The continuance of Section 309, (that is, the attempt to commit suicide is a crime) is an anachronism unworthy of a humane society like ours. Medical



"These are the monuments of real kings ... fathers of their people. These are the grand sepulchres built by the ambition of unsatiable benevolence ... which, not contented with the dispensation of happiness during the contracted term of human life, had strained ... to extend the dominion of their bounty beyond the limits of nature, and to perpetuate themselves through generations of generations ... the nourishers of mankind."

Edmund Burke, 1785

— on the water reservoirs built by the kings of Karnataka



In harmony with eternity

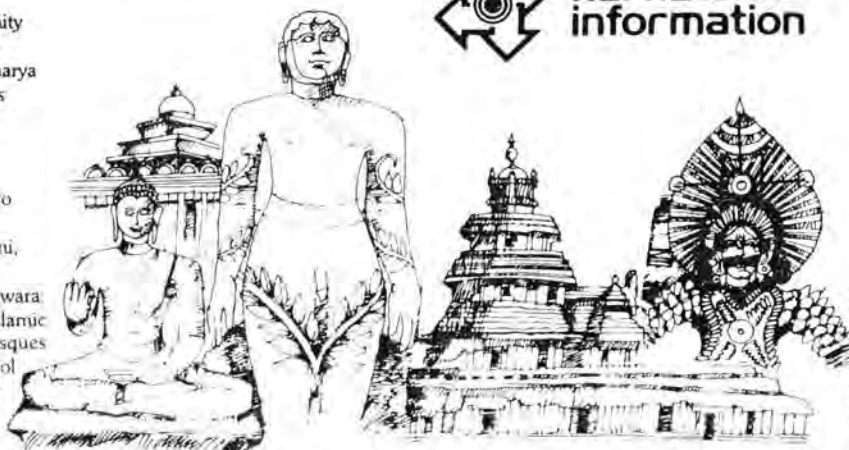
Karnataka. Land of tremendous scenic beauty. Its history a richly-patterned mosaic of kings and their kingdoms. Embellished by an incredible soaring of the creative spirit — in art, music and literature. But it is the remarkable temperament of her rulers that makes Karnataka unique. Embodied in a trinity of sacred traditions carried down through the ages — religious tolerance, patronage of the arts and social welfare.

Sanctuary for the soul

Sarva dharma samanvaya — this sums up the spirit of religious tolerance in Karnataka. Clearly borne out by the Hoysala temple in Belur where Buddha, Jina and Shiva are invoked in the same breath. With the advent of Christianity and Islam, churches and mosques too became important part of community life. The three great saint savants of Hinduism — Ramanujacharya, Sankaracharya and Madhvacharya lived and taught here. So, in Karnataka, religious harmony was and is, a way of life.

Zenith of creation

Art and architecture in Karnataka have evolved to spectacular heights. Witness the innumerable Chalukya and Hoysala temples of Aihole, Badami, Belur and Halebidu. Buddhist stupas. Jain monuments — the giant monolith of Gomateshwara at Shravanabelagola being the finest example. Islamic rule saw the creation of magnificent palaces, mosques and mausoleums. The most famous being the Gol Gumbaz at Bijapur and Tippu Sultan's summer palace.



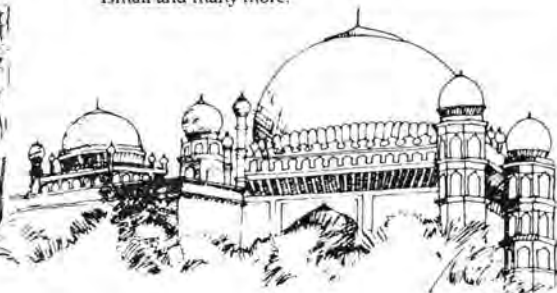
The outpouring of painting and literature is equally prodigious. And Karnataka has given its name to one of the greatest living traditions of classical music — Carnatic music.

Caring for the common man

The credo of every ruler of Karnataka included a very efficient system of government. Governors and administrators took charge of day-to-day affairs. Cultural and intellectual activities were promoted. Social life followed a strict pattern and all rituals were religiously observed. Peace and harmony reigned and all was well with the world.

Reaching for the stars

From past to present, the people of Karnataka have maintained these traditions. Enlightened and motivated by an unbroken cultural heritage which has imbued them with great maturity of mind and purpose. Little wonder then that the state has front-staged some of the greatest stalwarts of our time — C. V. Raman, Visweswaraya, Seshadri Iyer, Mirza Ismail and many more.



This, then, is Karnataka. A land of glorious traditions and great people. Enriched by a culture exhilarating, enduring and rare. Come, see and experience it for yourself.



karnataka
information

Karnataka—a glorious tradition, a great people



clinics for such social misfits certainly, but police and prison never. The very idea is revolting. The need is for humane, civilized, socially oriented and conscious penology. Many penal offences are the offshoots of an unjust society. No wonder that so long as society refuses to face this reality, its coercive measures will invoke provisions like section 309 IPC, which has no justification to continue to remain on the statute book. I ruled that the young man has had sufficient traumatic experience and I, therefore, refuse to disturb the finding of the trial court acquitting the respondent. This judgement was given in March 1985.

Journalists brought this judgement to the notice of our members of parliament but I suppose our legislators possibly have far more important work to do.

Sick of this total unresponsiveness from parliament I decided in November

that whether I am overruled by the Supreme Court or not, I would invoke the provision that a High Court judge could call for pending cases which are in the lower courts. So I asked my Registry to check up how many cases of suicide were pending in the Delhi and subordinate courts. There were about 119. I ordered all those cases to be put up before me. In one case, the most horrible of all those, was that of a person who attempted suicide. What was the allegation? It was that two patrolling constables suspecting the accused of being a gas-cylinder thief, arrested him. They brought him to the police station and at the station he asked to go to the toilet. The police version was that he went to the toilet, where with a razor he slit his throat. How he got the razor is something the police did not enlighten. Horror of horrors, instead of the police being prosecuted for an attempt to murder (because the man did not really die) that very accused was being prose-

cuted for the last three years for attempt to commit suicide!

The police arrest a man out of a whim. An innocent man is prosecuted for an attempt to commit suicide. These were the types of cases that figured among the hundred odd ones. And all were poor people.

The Bombay High Court has declared section 309 *ultra vires* and so has the Delhi High Court which quashed all such pending cases under this section. After this the press went to the Commissioner of Police and to the Delhi administration and asked them what they intended doing after this judgement. Will they go in appeal to the Supreme Court? But nobody has gone to the Supreme Court. And yet, cases under 309 are continuing to be prosecuted by the police and as of now there are about 30 to 35 such cases. That is true of all the other states where the provision has not been struck down.

The 'Bill' in Maharashtra

In July 1984, I moved a private member's Bill in the Maharashtra Legislature to provide for civil and criminal immunity to physicians and surgeons withdrawing life sustaining treatment from patients suffering from terminal illness.

It is quite a problem to get a Private Member's Bill for discussion on the floor of the House. So a year passed before it came up for discussion in July 1985. Lacking a majority a private member's Bill is usually put to the vote and defeated. Mr. Masani and I discussed this and decided that rather than get the Bill beaten without discussion, we should ensure a public debate on this question. Fortunately the Chief Minister of Maharashtra agreed to support our move to circulate the Bill for eliciting public opinion. And this is what has been done.

Majority in Favour

The Bill was circulated among the public. We have compiled the response. Of the 359 replies received 326 are in favour and 33 against. Thus by an arithmetical calculation we could say the majority are in favour. It is now before

the House and I have requested the Chief Minister to support my motion to refer it to a Select Committee to consider legal niceties and get faults rectified. Now a Select Committee is made up of legislators who could consult experts, seek their suggestions, and if the Government is agreeable to these, incorporate them in the Bill.

Now coming to some aspects of the Bill that were highlighted during this discussion, is the question of informed consent. The Bill presumes a person is of sound mind. There is always a danger of misuse. We can insert provisions in the Bill to minimise misuse but it would be difficult to draft a law which cannot be misused.

Justice Jahagirdar referred to various kinds of physicians. He pointed out as an example, a physician in a small town who may or may not be qualified or experienced enough to decide the terminal nature of an illness. The Bill does not give the doctor the power or right to decide but provides for the patient making a declaration in advance and also executing a power of attorney. But the point is that we could say that a person could be coerced emotionally or otherwise into signing such a declaration. I

think these are extreme possibilities and I do not think any legislation can take into account all such extreme possibilities. The Bill therefore speaks of a person of sound mind.

Regarding a committee of more than two including the physician suggested by Mr. Soli Sorabjee. Well, just as no two economists can agree so too no two doctors can agree and in such cases it is a question of time. Some others have questioned the concept of terminal illness. What is terminal illness today may not be terminal ten years hence. But that is no consolation for a person who is in agony and suffering deep pain. Therefore the Bill has suggested that there should be an independent consultant who should be consulted before pronouncing judgement.

In his Preface to the "Guide to Self Deliverance" Arthur Koestler wrote:

The whole concept of death as a condition would be more acceptable if dying would be less horrendous and squalid. Thus euthanasia is more than the administration of a lethal analgesic. It is a means of reconciling man with his destiny."





Making Moral Distinctions

John Beloff

The issue that I want to take up is this recurring distinction between killing and letting die, between active and passive euthanasia and I want to ask whether we have here a valid moral distinction.

Now our movement could be said to have two primary objectives – the one negative and the other positive. The negative objective is to ensure that medical intervention will not be used forcibly to keep alive people who want to be allowed to die in peace. But the positive objective is to win the medical profession over to our side so that in future a patient will be free to call upon the doctor to help ease his passing.

Progress towards the negative objective, I am glad to say, is much in evidence over the past decade. Even the Catholic Church, that bastion of opposition to suicide, has made it known in the Vatican Declaration of 1980 that doctors will not be obliged to prolong life at all costs. They could use pain killing drugs even if it meant hastening a patient's death. Always provided the death was no part of the doctor's intention.

But the situation today is very different when it comes to what I call the positive goal. Because with the exception of the Royal Dutch Medical Association, the medical profession is still everywhere massively opposed to any intervention which would deliberately bring about a patient's demise. The American Medical Association, typically declares: "the intentional termination of the life of one human being by another, mercy killing, is contrary to that for which the medical profession stands and is contrary to the policy of the AMA."

Our legislators are no less adamant on this point so that in all countries, again with the exception of the Netherlands, any doctor who is bold enough to administer euthanasia, is liable to prosecution on a charge of murder or at least culpable homicide.

Clearly, therefore, as things now stand a big distinction is being drawn between passive, (letting a person die) and active euthanasia, (deliberately ter-

A religious person may insist that it is usurping God's prerogative to take one's own life or to help another to do so, but this is no more than dogma

minating that person's life). And the question to which I shall address myself is why this should be so and whether it is morally justifiable.

Now the thesis that I shall be defending is that there is indeed a valid distinction between the two cases but this does not imply that while letting die may sometimes be permissible, killing is always and necessarily wrong. And the rule that I shall propose for your consideration and discussion is that in those contingencies where killing is to be condemned, letting die, however much to be deplored, is not as reprehensible. But on the other hand in those contingencies where letting die may be justified, and of course it is just such contingencies that are relevant to the question of voluntary euthanasia, morally preferable.

Before we proceed with the argument, let us be perfectly clear as to what is involved when we make a moral judgement. One can argue that our moral duty is always to obey the law of the land. A religious person may insist that it is usurping God's prerogative to take one's own life or to help another to do so but again this is no more than dogma. Or perhaps a politician were to argue that to allow voluntary euthanasia would lead inevitably by degrees to the countenancing of various forms of involuntary euthanasia. But this would not be a moral condemnation of voluntary euthanasia but rather of its possible

consequence.

So to pass moral judgement on something is to say that it is wrong in and for itself. Moreover, if we agree that something is wrong, we imply that nothing could ever make it right. Even moral philosophers who are supposed to be experts in these matters often disagree among themselves so that they cannot all be right all the time.

But now let us consider the situation in the case of a candidate for euthanasia. If we believe in the right to die then the only question at issue is whether to exercise that right or co-operate passively by withholding treatment or letting that person commit suicide unaided. There may be a valid moral distinction between the two alternatives but now we may find it tilted in favour of the killing option as opposed to the letting die. Thus if the same aim, namely, the patient's death can be procured more humanely by a lethal injection then it is just not good medical practice to prescribe it, but we have, I would say, a moral obligation to support it. These are the facts. In other words, in those special situations where letting die is good or at any rate better than not letting die, killing in this sense may be better still.

At the present time, the medical profession is not yet ready to embrace active euthanasia. It is very clear again to us that the medical profession and even the legal profession would be very much opposed to it. But while we can sympathise with their reluctance it is not based on moral considerations though of course individual doctors may have their own conscientious objections. It is based on such considerations as the fear of legal consequences from aggrieved relatives or more generally on a universal aversion to assuming some awesome new responsibility. I think we are all more prone to evade our responsibility than to seek fresh ones. And doctors don't want to be cast in the role of playing God. I am hopeful that the position will eventually evaporate as more and more doctors dare to follow the lead of the Dutch pioneers.



We Cannot Encourage Living Death

Somen Das

We cannot accept passively and submissively a degrading and degenerating death. A disproportionate effort to support life at all costs focuses too much attention, too much time, too much energy and too much resources of oneself and of others. This means that we must be engaged in conscious control of death as we try to control birth and life through bio-medical technology, surgical skills and chemotherapy. We need to know whether the right to life does necessarily mean the obligation to *live* especially when continued existence in extreme situations of illness could be demoralising and even dehumanising. There is a profound dread of death in the modern world.

We recognise that death is inevitable but the manner of death need not be, should not be. There is a place for suffering in life. We are frail and finite creatures. Jesus Christ suffered and died and according to our belief his suffering has a redemptive value. We know of

bearable suffering that teaches us or even acts as a catharsis. We also know of uncreative, useless and hopeless suffering that does no good either to the sufferer or to the persons who have silently to observe or prolong such suffering. Human suffering is not a virtue in itself. There is no need to idolise all forms of suffering. In the context of certain types of suffering, we would advocate a person's inalienable right to die. When a person's consciousness become diminished, or virtually absent he or she has a right to die. We do not want to live a puppet-like existence without self-consciousness or self-hood. When we are sedated, comatose and become a test-tube subject, manipulated and subconscious if not sub-human, such a medicated survival takes away the personal dignity and integrity of the patient along with inter-personal relationship. We cannot encourage living death for then, the meaning of life, the right to life has been lost. It is sheer masochism if you delight in keeping a corpse alive.

To maintain dignity in death it is not

good to prolong bodily functions long after the human organism has ceased to be intentionally, self-directing and perforceably viable. Therefore, somebody has rightly stated that it is an assault upon the common good to spend hundreds of hours and millions of dollars to artificially postpone a patient's death and to keep alive a mechanically metabolised human organism. This artificial prolongation amounts to human arrogance, human caprice, indeed human mastery over life and death has become demonic and dehumanising, bereft of human dignity.

Finally, when there is a case of terminal illness like cancer or irreversible injury like brain damage or the incurably infirm leading to loss of consciousness, advocate active euthanasia in consultation with the doctors, relatives and friends. This means that we have a vital role to play both in life and in death and exercise our God given responsibility, with God given freedom to exercise that awesome responsibility.



The Case for Active, Voluntary Euthanasia

Derek Humphry

The Hemlock Society was started by me in 1980. In 1978, I migrated for personal and professional reasons from England to America and, *Jean's Way* my book about the death of my wife appeared in America in 1979. The response to that book was enormous and people approached me by the hundreds, and I found that I was on the edge of something that was happening.

Then I found that there was no organisation in America standing up for *active* voluntary euthanasia. There were two eminent organisations in New York, 'Concern for Dying' and 'The Society for the Right to Die.' Their attitude was

to work for the living for *passive* euthanasia. Over many years they have done a fine job and I have great admiration for the work of these two organisations. But many, including me, began to realise that there was another dimension to this struggle besides passive euthanasia. So I started with a group of people the Hemlock Society in 1980.

We produced a book called "Let me die before I wake" which has become a wellknown suicide manual. There was quite a lot of criticism of it when it appeared but within a year it had taken root, it was selling in the book stores,

popular in the libraries and it has been a source of considerable funds for the Hemlock Society. Now this is a book on how to kill yourself. The main complaint of the libraries is that they keep on ordering new copies because people don't bring the book back. Hundreds of people have taken their lives with the aid of this book. But right from the day when we defended ourselves from criticism of this book we looked forward to the day when we could throw it in the rubbish can. The book was a stop gap because we care about people who are dying in an unsatisfactory way. Our target is to get in a decent law.

With Best Compliments from



WALCHAND GROUP OF COMPANIES

**CONSTRUCTION HOUSE
WALCHAND HIRACHAND MARG
BOMBAY-400 038
PHONE : 268091**

- | | |
|------------------------------------|------------------------------------|
| ★ ACROW INDIA LTD. | ★ PREMIER CONSTRUCTION CO. LTD. |
| ★ BOMBAY CYCLE & MOTOR AGENCY LTD. | ★ RAVALGAON SUGARFARM LTD. |
| ★ HINDUSTAN CONSTRUCTION CO. LTD. | ★ SHARE INVESTMENT TRUST PVT. LTD. |
| ★ INDIAN HUME PIPE CO. LTD. | ★ VIKHROLI METAL FABRICATORS LTD. |
| ★ PAL HIRE PURCHASE LTD. | ★ WALCHANDNAGAR INDUSTRIES LTD. |
| ★ PREMIER AUTO ELECTRIC LTD. | ★ WALCHAND & CO. PVT. LTD. |
| ★ PREMIER AUTOMOBILES LTD. | ★ WALCHAND TANDUR CEMENT CO. LTD. |



We pressed on for a while and it became clear around 1984 that the tide was changing. Our membership began to grow rapidly and, above all, I noticed that the quality of people who were coming to work for us, start Chapters and so forth was extremely high. All of a sudden I noticed the strength in human beings of the Hemlock Society and this indicated to me that this was the time to take another step forward.

In 1985 two lawyers came to see me. One of them had lost his wife in very tragic circumstances and he felt that totally unsatisfactory. Bob Resley and Michael White came to me and said they wanted to help change the law. And with their combined expertise and our knowledge and background, we created a Humane and Dignified Death Act. It is very much to their credit.

Another sign that we were on the right track was a lady from Pittsburgh who made us a generous grant and we spent it on commissioning the Roper Organisation to do a poll of Americans to find out what people thought about euthanasia. The Roper Organisation, put it to 2,000 Americans: Do you want the physicians to help you to die if you are terminally ill? The question was whether or not the doctors should be allowed by law to end the life of a suffering terminally ill patient if the patient requested for this. The answer came back – it should be allowed by law. 62% said yes they wanted such a law.



Socrates who asserted his right to dissent and voluntarily took hemlock

Now interestingly the religion of 63% of those who said yes, were Protestants, less than 59% were Catholics, 71% were Jewish, and 55% said they had no religion. Though the Jewish Orthodox Church condemns virtually any form of euthanasia our membership roll has a large number with a Jewish background. Interestingly the Bible belt was just as supportive of active euthanasia as anywhere else. So the feeling the Bible belts would be against euthanasia did not stand up.

And again it has been well-known that the better educated well-to-do people tend to support such a cause. But even here the figures were not overwhelming. Apart from a 10% jump

in executive professionals, the average middle class was very much on the same lines in wanting this. So we drafted our legislation and wanted to test it out. We went step by step, avoiding sensational publicity or rapid action. The Bar Associations helped in making improvements.

We realised that Hemlock's whole strength lay in publishing books and doing research, speaking and holding conferences. So we set up another organisation, a political wing of the Hemlock Society called 'Americans against Human Suffering' headed by Robert Grisley and dedicated to the getting of this on to the ballot by 1988. In California you can change the law by an Initiative i.e. by getting sufficient people to vote it in and you can bypass the Senators and the Congress. We tested our legislation out with politicians interested in that area in Sacramento, where was introduced the first Living Will to be legislated in the world, The Natural Death Act of 1976. It also introduced a Durable Power of Attorney for health care.

Our lawyers felt that this was such a fundamental change that we will have to change the Constitution of California. So we seek to amend the Constitution of California to say that the right of privacy included the right of the terminally ill to voluntary, humane and dignified doctor-assisted aid in dying. We seek to change the Constitution with that one sentence.



Giving up Life – The Indian Religious Tradition

Laxman Shastri Joshi

Some political saints and even non-saintly activists have been resorting in recent times to fasting unto death as a desperate means to achieve their political objectives. Fasting unto death is obviously a form of suicide. The custom of *suttee* in which a loyal and devoted wife burned herself to death on the funeral pyre of her departed husband used to be regarded in India as a form of holy suicide. The holiness ascribed to it was based on the faith that a woman who embraced death in this fashion was purified of all her sins and amassed infinite spiritual merit (*punya*)

by dint of which she lived happily ever after in heaven. Be this as it may, both Hinduism and Buddhism, condemn suicide as a sin. For instance, *Isopanisad* (verse, 3) asserts "Persons who commit suicide enter after death the dark domains of the demons (*asuras*)". The preceding verse exhorts men to aspire to live for a hundred years, performing their duties to the last. The *Vedas* reiterate in some other places this prohibition of suicide, any attempt to end one's life before natural death.

Hindu *Dharmasastra*, however, provides for some exceptions to this gener-

al prohibition of suicide. In the remote past old men and women practised a rite called the rite of the great departure (*Mahaprasthana-vidhi*) by which the performer ended his life. This rite has been described in the *Ramayana* in the last four cantos of *Uttara-Kanda*. We are told that after Sita ended her life by entering Mother Earth, Laksmana went to the bank of the river Sarayu and resorted to meditation in the course of which he restrained all his senses as well as his breath. Lord Indra then carried him to heaven with his physical body intact. Later on Rama had a dis-



cussion with *Kalapurusa* (Time in the form of man) who informed him that his term of life was over. Rama then abandoned his body by entering the river Sarayu and his soul was merged in the luminous spirit of Lord Vishnu. Bharata, Shatrughna and Sugriva followed Rama and also discarded their bodies. This ritualistic termination of life is referred to in the narration of this episode as '*Mahaprasthanikavidhi*.' *Manusmriti* as well as *Yajurvedic Smrti* state that an old man, if he so desires, should give up food altogether and keep walking towards the north-east (*Isanya*) till the body falls and death overtakes him. They recognise this as the *Mahaprasthanaka* ritual which men may practise in the *Vanaprasthasrama*.

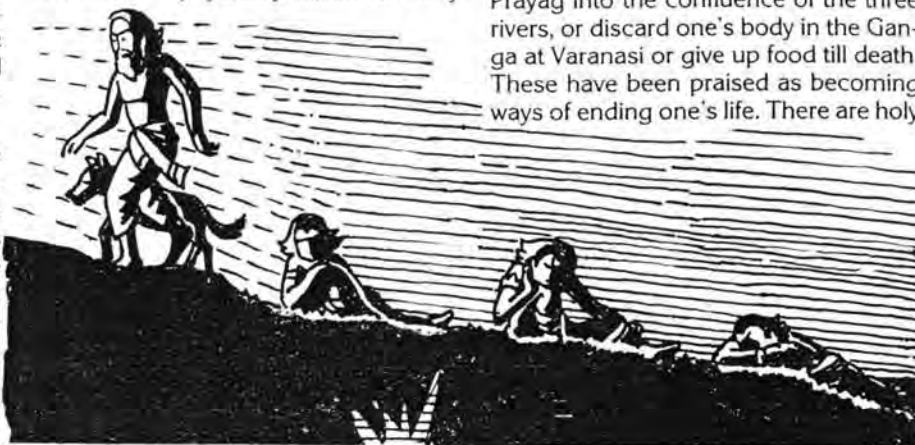
The *Mahabharat* tells us how the five Pandavas along with Draupadi went on the last journey. They kept on walking in the snow-ridden Himalayan regions without ever halting for rest. It was the body of Draupadi which fell first and then those of the four Pandavas in succession. Only Dharmaraja and his dog entered heaven in an embodied state. (*Svargarohana Parvan*)

The *Smrtis* composed by Vasistha,

Vyasa, Jamadagni, Vrddhagargya, Vivasvan as also the *Adi-Purana* and some other *Smrtis* describe many such forms of holy suicide. Men and women of all *varnas* acquired, on appropriate occasions, the right to commit suicide. A person who ends his life on such occasions not only does not thereby incur any sin, he is purged of all his sins and attains heaven. A person may resort to suicide when he is suffering from a severe and incurable disease. So also may a person who finds that owing to extreme debility or advanced age he has become physically disabled. Many

evil consequences may result from such disability. The person may become unable to practise obligatory rituals. Life may become totally distasteful to him. Or he may find that he is involuntarily doing things which amount to mortal sin. In all such situations suicide is permissible.

The texts describe diverse ways of terminating one's life. One may enter a raging battle, or deep water, or a fire, or jump from a precipice, or from a branch of the sacred banyan tree at Prayag into the confluence of the three rivers, or discard one's body in the Ganga at Varanasi or give up food till death. These have been praised as becoming ways of ending one's life. There are holy



WITH BEST COMPLIMENTS FROM

COFFEE LANDS LIMITED

(Registered Office: SAKLASPUR 573134)
KARNATAKA

Growers of Coffee, Tea, Cocoa, Orange, Pepper and Cardamom in
Hassan and Chikmagalur Districts, Karnataka State.

Our Range of Products includes Quality
Tea and Cocoa Products



places on the banks of the Ganga *Vrddhatirtha* or *Agnitirtha* which are regarded as proper places where a person may give up his body, concentrating his mind on God and engaging in meditating on him. This has been described as a means of attaining heaven or liberation. The *Dharmasastras* permit these modes of suicide to every person, irrespective of whether he or she is a householder or has resorted to *vanaprastha* or *Sannyasa*, (*Yajnavalkya-Smṛti*, Prayascittadhyaya, Apararka-tika, Andandashrama edition p.p. 877-80; *Jabalopanisad* 5/2).

The act of desisting from nourishment till one dies has also been called '*prayopavesana*'. The *Mahabharata* narrates the story (*Vanaparvan*, 250) of how the Kauravas once suffered a defeat in a fight they had with Gandharvas who took them as prisoners, and how the Pandavas, who then had been banished to a forest, released them from captivity. Duryodhana, the chief of Kauravas, felt so humiliated by this that he decided to resort to *prayopavesana*. However, Karna consoled him and dissuaded him from that desperate act.

Buddhism condemns all forms of penance (*tapas*) which result in unbearable physical strain or distress. The way advocated by the Buddha is called the middle way, because it avoids the extremes represented on the one hand by those who practised Vedic sacrifices for securing sensual pleasure, and by the Jains, on the other hand, who resorted to forms of penance which inflicted severe pain on the body. The middle path preached by the Buddha was to reduce consumption, in a spirit of detachment, to the bare minimum, which is absolutely necessary for supporting the body, and strive to eradicate all desires. Buddhists hold that suicide in any form, committed for any reason, does not provide a way out of the suffering, of which this life is full. For them, craving for existence is as much a moral blemish, a deformity, as the craving to abolish existence. One ought to be equally detached from life as from death.

But Buddhism like Hinduism makes certain exceptions to the general prohibition of suicide. The *Therī Gāthā* (77) narrates how a senior Buddhist nun called Simha, who began to abhor life as through and through sinful, strangles herself to death as a means to attaining *Arhathood* and succeeds in

winning her objective. There is also the case of Sappadas a monk who as he could never succeed in concentrating his mind, tried to cut his throat with a razor and suddenly achieved illumination. (*Theragāthā*, 408). When the *upasaka* Vakkali contracted an incurable disease, he received a vision in which Lord Buddha appeared before him and assured him that his death would be sinless. Vakkali after giving expression to his deep faith in *dharma* (teaching of Lord Buddha) stabbed himself to death with a sword (*Samyutta* 3.123). The *Bhikshu* Godhika tried hard to practise concentration of the mind with a view to attaining *Arhathood*. But he was so wasted and emaciated by disease that he could not achieve any success in this endeavour. He then decided to end his life and was about to strike himself down with a sword. Mara, who symbolises the power of sin, rushed to Lord Buddha and complained that Godhika was trying to end his life before attaining *Arhathood*. He urged Lord Buddha to dissuade him from this sinful action. Lord Buddha calmly replied that when persons like Godhika raise a sword to kill themselves there is no trace in their mind of any attachment to the body. (*Kathavattu* 1.2). But such cases must be regarded as exceptions to the general Buddhist rule, which prohibits suicide and condemns it as sinful.

Sallekhana : A basic tenet of Jainism is its faith in an extreme form of Ahimsa or non-violence. At the same time in exceptional situations of certain sorts, Jainism does advocate total abstention from food and water with a view to terminating one's life as an extremely meritorious way to follow. One may take this as an extreme instance of the strenuous modes of penance, resulting in severe physical pain which Jainism enjoins as part of spiritual discipline. It should really follow from the principle of non-violence that killing oneself is as much sinful as killing others. Be it as it may, these extreme forms of penance have been described with great elaboration in various Jain religious texts.

"According to the wise and virtuous, *Sallekhana* consists in abandoning the body for the purpose of *dharma*, (for promoting righteousness) in times of *upasarga*, or famine, or when one is (very) old, or suffering from disease, if no remedy is available for these evils." *Upasarga* means calamities, whether

man-made or natural or those visited on us by the gods. In periods of extreme distress it becomes impossible to live in accordance with *dharma*, or even to support one's family which is one's primary *dharma* as a householder. When owing to old age, the body is worn out and enfeebled, one becomes helplessly dependent on others, a burden to them, and is unable to practise *dharma*.

The same is true of an incurable disease which defies all available remedies. It disables a person from living according to the dictates of *dharma*. A person is permitted to resort to *Sallekhana*, in any of these four kinds of adversities and this conduct is regarded as meritorious and exemplary.

The Jain work *Bhagavati Aradhana* gives an account of many forms of *Sallekhana*. *Sallekhana* is also referred to as *Samadhī marana* (to embrace death with enthusiasm or to celebrate death). It is a religious observance which is commended to householders as well as monks in the Jain orders. This is not by any means a religious observance which has fallen in disuse. We, in our own day, do read in newspapers reports of old Jain monks celebrating death.

Yogis like Dnyaneswar voluntarily surrender the body when they come to know intuitively that their end is close. This way of dying is not regarded as suicide. Kalidas in the *Raghu-vamśa*. Canto I remarks that the king-sages belonging to the royal family of the Raghus embraced death by dint of their yogic powers. This is one of the capabilities which accomplished *yogins* acquire. We find this peculiar method of abandoning the mortal coils described in some of the *Upanisads* devoted to *yoga*; and it has been more elaborately stated in the *Bhagavad-gītā*, *Adhyāya*, 8. A person who wants to end his life in this manner "should restrain all his doors i.e. senses, enclose his mind in his heart, (purge his mind of all thoughts and volitions), confine his vital spirits (*prana*) to the centre of his forehead and try to achieve total concentration (*samadhī*), and then repeating the sacred letter *OM* concentrate all his attention on God and surrender the body."





From One Doctor to Another

B.N. Colabawalla

Does the participation of the doctor in the mechanics of euthanasia transgress the traditional code of ethics? Are these ethics and codes immutable or should they not reflect the changing pattern of societal ethics?

Does a doctor have the right to precipitate death vis-a-vis the concept of duty to preserve and respect life? In preserving life, should he or should he not consider the quality of life that he is preserving? Can this concept to preserve life extend to the point where he is preserving merely a biological existence rather than the cognitive existence of the human being? Should he preserve life at the cost of undue suffering and pain to the patient and to the family around? Should he or should he not respect the wishes of his patient to die with dignity without prolonged agony? Under what circumstances can he justify withdrawal of treatment and

life support? Should he carry on to the point of absurdity with modern life support technology which merely stymies natural death rather than prolong life?

The definition of sound mind, informed and uncoerced consent, irreversibility of physiological states, brain death, irremediable disease all have a bearing on the subject. What safeguards should be advocated? Should we have judicial scrutiny before precipitating action? Do we perceive any abuses that are likely to arise? Should the doctor communicate to the patient the impending terminable stage or incurability of his disease? More important, how do we help the patient himself to participate in the decision making process? Is the statistical extent of the problem such as to demand public attention and legal action? Do doctors need a law? Can they not, by

common consent with the family and the patient, achieve the same objectives?

I have three specific questions to ask my colleagues. If we help at the time of birth, if we offer help during one's life to sustain life, why are we trying to shirk our responsibility of helping at that point of life which is death? Have not many of us wittingly practised euthanasia when we offer increasing doses of pain killing drugs? We take refuge with our conscience by saying, I am relieving pain but we are well aware we are hastening death by depression of the physiological process of respiration.

Finally, what when "my conscience does not permit it"? I wonder if we are not mixing our professional egos with our conscience?

Putting Death to Use

Colin Brewer

At this stage of the development of the international voluntary euthanasia movement, it seems to me as a doctor that there is really only one important question and that is what is the quickest way to bring about in my country, Great Britain, what has already happened in Holland, viz. the *de facto* legalisation of active voluntary euthanasia.

People really have to stick their necks out for progress to be made. Derek Humphry years ago stuck his head out by writing about how he had helped his wife to die. I presume that several of the Dutch doctors stick their necks out. And if people stick their necks out and the necks are not cut off, eventually you have to change the law.

In Britain, in 1939, there was a classic example in the related field of abortion. A gynaecologist called Alec Born aborted a girl of 13 or 14, who had been raped by two or three guardsmen, and become pregnant. Born gave publicity to his illegal act. That faced the author-

ities with rather a dilemma because Born was obviously a good man and not the sort of person that the average British jury would want to convict. The circumstances of the case were such as to rouse a fair amount of sympathy and when the case came to trial they bent over backwards to avoid bringing him to trial. But he did eventually come to trial, and the law in practice was changed. That was a very important change and it really paved the way for the progressive liberalisation of the abortion law.

Probably this approach of course involves the risk of martyrdom and martyrdom is unpopular. What if we could guarantee, more or less, the positive results of martyrdom without its undesirable consequences?

I want to put forward a plan that provides a way of using deaths, the imminent deaths of doctors who are themselves terminal cases, to good advantage.

Now if a doctor in this condition hap-

pens to be treating a patient who is a case for the kind of voluntary active euthanasia we have been talking about, he could say to him, "look normally I would not be talking about this sort of thing with you because what I am proposing to do is illegal but I have to tell you that I myself am terminally ill. I have cancer too and I am prepared to help you to die and I am prepared to go public on this because I don't think if I went Court any British jury would convict. If you don't object to this, I think, between us we could put our deaths to some good use'.

Now if the law were challenged in this way, it would be very difficult for the law to get out of it as in the case of Derek Humphry.

We need a few doctors to put just not their lives but also their deaths at the service of the patients. Death is too useful to be wasted on mere inactivity or regret.



The Human Aspect of Medicine

Praful Desai

Let me begin by defining what is voluntary euthanasia. Euthanasia means Eu: Normal or Easy and *Thanatos*: Death

Unfortunately euthanasia connotes "mercy killing". The word 'killing' is inappropriate and seems synonymous with 'murder'. Voluntary euthanasia means competent adults opting for a normal or easy death under special circumstances.

Voluntary euthanasia can be active, meaning the use of medications which intentionally bring about a quick end to life or passive which means withdrawing active medical life support life systems and letting nature take its own course while relieving pain and ensuring comfort to the extent possible. I do not think that we should continue to debate passive voluntary euthanasia.

I only wish that the powers that are and powers that be, decide that the subject of passive voluntary euthanasia when indicated be taught in the medical schools as a part of the human aspect of medicine or include humanities in the medical curriculum.

It is however the concept of active voluntary euthanasia which is more challenging and being debated with religious fanaticism. The thought processes of a dying man can never be deciphered. It is not death but the process of dying — over weeks and months — which is totally degrading and demoralising and robs death of its dignity. Very few of us can be philosophical and saintly in such a situation. Life is indeed dear to all of us and we all surely would clutch a straw, however non-existent the chances of survival.

Misgivings Answered

The opponents of euthanasia — Active or Passive have a few stock arguments.

(1) "It is Murder". I would reiterate it is not murder — it is compassion, it is love, it is affection, it is — sometimes — the only way to heal and love and care. (2) "Only God can give and take a life". To a logical analytical mind God does not exist, though I grant that the con-

cept of God is the noblest thought ever to originate in the human mind — God is just too busy creating life and let us leave Him alone — Today such arguments do not hold in a scientific world. (3) "It is against the law of the Land". This is true. As I mentioned earlier on, active euthanasia is generally forbidden by law the world over. Nevertheless, there have been many advocates of active euthanasia even from the times of Plato and Sir Thomas More to the present day. In ancient Greece active euthanasia was common. The Constitution of India, guarantees a citizen "the right to life" but the penal laws of India take away a person's right to die or commit suicide. In a very recent judgement, as we all know, section 309 of the penal code was struck down in the Bombay High Court — a Judgement which sent shivers down the skin of the conventionals. If the present debate is any indication we are going to hear more about these laws in the years and decades ahead.

(4) "Exploitation and misuse will be a problem if active euthanasia is legalised". Yes, this is a distinct possibility. Human beings have exploited any situation from times immemorial and we are today indeed living in an age of exploitation. The opponents believe that medicine will become manslaughter or the doctors and relatives will become henchmen. This attitude is totally misplaced as there is still much goodness in the human mind. Nevertheless absolute safeguards are essential. What kind of safeguards? A mention about his wish for passive euthanasia included in his or her will. If he remains competent during the illness, he should request this in the presence of two or three consultants in the presence of his kin that he does not wish to prolong his own death because it is no longer possible to provide him comfort and pain-free existence despite the best efforts of his doctors or, if incompetent, his will should be respected by his relatives in consultation with a panel of doctors in the presence of a solicitor.

The relationship between a doctor and the patient, particularly when one is

Medicine is the only profession where humanism and science mix in a harmonious blend. The art of clinical medicine lies in caring for the sick. Only the best doctors and the most human and sensitive medical professionals are able to serve the needs of the terminally sick.

dealing with a serious and life threatening illness, is sacred, sacrosanct and intensely personal. The intensity of this relationship will be directly proportional to the confidence that a doctor is able to arouse in his patients. I can say from personal experience, there are patients (who are at this moment happily no longer patients but are as normal as all of us are) who have confided that if ever they get into a clinical situation which defies all known treatment, that if then existence becomes painful, purposeless and mere prolongation of miserable existence before the end comes, active euthanasia be seriously considered in their cases.

Medicine is the only profession where humanism and science mix in a harmonious blend. The art of clinical medicine lies in caring for the sick. Only the best doctors and the most human and sensitive medical professionals are able to serve the needs of the terminally sick. They need love, affection, compassion not sympathy, relief of pain and communication; but where it is not possible to provide even these basic requirements and life becomes a pitiful, painful, purposeless existence with an inexorable march towards the grave, I submit I would happily advocate even ac-





tive voluntary euthanasia; these hypothetical situations always happen to others; but go ask those near and dear ones who have actually gone through this agony of seeing a person suffer beyond the help of any medication. There will then be little to choose or debate.

The power of science will force us to accept choices about ourselves that could have been avoided when medi-

cine was less able to save life and prolong dying. I would like to redefine William Gaylin's description of a conscientious contemporary physician:

"He is a value-maker, ethicist, social force and political influence in the lives of his patient and beyond. He is, whether he wishes to be or not. To accept this as a fact of professional life is not arrogance but honesty and the first step towards that redefinition

of the physician's role that is necessitated by the coming of age of medicine. It is our success that demands a new sensitivity, a new humility and a training" to break away from conventionally deep rooted ideas and blaze a new trail of compassion and understanding for its onward transmission to the future ages.

Euthanasia – An Act of Love

K. G. Nair

While we celebrate the birth of a child with great eclat, somehow the process of dying is not similarly treated. Most of us do not have a proper education about death and dying. In all text books of medicine, you find scant reference to death and dying. Medical students have seldom thought about this and they do not have mature views. They carry with them traditional views that they have received from their parents or still worse infliction of religion and religiosity.

Euthanasia, voluntary euthanasia, is an act of love. It is an act to be celebrated. It is a moment of spiritual union with the patient. Let me narrate a couple of incidents in my own life.

A few years ago I had a patient suffering from very severe hypertension, and he was in renal failure. He was moved to the intensive care unit and he must have spent a lot of money for his treatment. I consulted a nephrologist and was told that he had a very advanced stage of renal failure and that it would cost over a lakh of rupees a year to maintain him on dialysis and that his prognosis was very bad. I examined this patient and after a week's treatment I too came to the same view. His blood urea was very high but he was very conscious, he was very rational. One morning he met me and said, 'Doctor why do you keep me in the nursing home for so long. Can't I go home? My first impulse was to resist but I talked to him at length and I found that he was a very sober, very clear headed man. He wanted to go to his village, to be with his near and dear ones and save all his money for the education of his children and for his wife who would be destitute if he spent

a lakh of rupees a year. I told him that he had made a very profound statement but that I did not have the power to make this decision. Nevertheless I told him I would ponder over what he had said. I called the nephrologist who concurred with the patient's view. Next morning I met this patient, shook hands and blessed him and we celebrated that spiritually meaningful moment in our lives. With a heavy voice I said; "Mr. Vishwanath, (I shall call him) you can go home". There was joy in his eyes and although we parted on a very difficult note, I didn't feel guilty nor did he.

There was another patient who had cancer of the prostate. It looked like that any way. His doctor told him that he didn't have a chance to live. He went home, wrote his will and, in the meanwhile, decided to give all his money away. Unfortunately his tissue diagnosis was wrong and when he came to see me he said: Look, I have fallen into a very bad trap. I was told by an eminent doctor that I was going to die. The tissue diagnosis was wrong and here I am. My family have rejected me, they have already sent me away, they do not wish to give me back the money, they do not want to look after me. So herein comes the problem where the unwary physician may fall into a trap when he consents to voluntary euthanasia. It is for this reason that we take the opinion of more than one physician and this should be understood by the public that no doctor singly ought to make decisions over another person's life. We do not have domain over another person's life or his death.

I was very touched by Dr. Colin Brewer's very intelligent and useful express-

ion 'put death to use'. Those of us who are dying can give it that rare quality, that last part of brilliance when you can communicate to another dying patient.

A friend of mine had a wife who was a concert pianist and one vacation she said let us get back home. Why, asked her husband "we are enjoying our holiday so much". My God", said his wife "I am bleeding profusely." He took her to the University of Chicago where I was teaching and it was found that she had genital cancer that spread very rapidly. My friend was very depressed. He came from Teutonic stock, was short of Anglo-saxon humour, and he lacked an understanding about this disease. With his permission I talked to his wife. I have not come as a doctor, I told her. I have come to transmit to you a message of life. You are a concert pianist. As long as there is strength in your hands, dear lady, let us sit down and record the magic works of Bach, Beethoven, Mozart and play till your hands can play, no more, and keep those beautiful recordings for posterity, for your children, for me, for everyone around." Within a minute her eyes shone bright and she was so happy and she did exactly that.

She passed away after three weeks. But during those three weeks she recorded beautiful pieces on the piano played with rare spiritual insight. It was a beautiful thing to watch, and it helped the process of dying. It is this process of dying that we are so terribly ignorant about.

Doordarshan – Denying the People's Right to Know

An alert and well informed public who can meaningfully participate in the democratic process necessarily depends on the existence of free and fearless media. The television is a potent medium of information. It can supplement, without replacing, in a powerful way the role of the press in a free society.

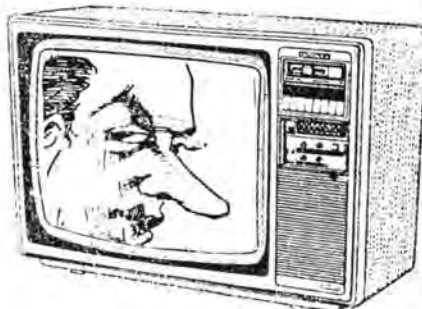
Francis Williams in his book *The Right to Know: The Rise of the World Press* (Longmans, 1969) has a chapter on news and television. He discusses the place one would give the medium in a democratic state. He tells us that Television has a wide span and that it tells the viewers "a great deal about a great lot". The news broadcast by Doordarshan does tell us a "great deal" but not about a "great lot". It tells us a great deal about the Prime Minister, his cabinet colleagues and their activities.

A recent study undertaken on behalf of the Indian Committee for Cultural Freedom and the Indian Liberal Group confirmed that the headlines are invariably devoted to Mr. Rajiv Gandhi and the Central Government. The study, after monitoring the broadcast of English news on television for a period of 90 days, conclusively established that the projection of ministers was excessive, and that inconvenient news either was suppressed or censored.

Observation of news broadcast on 10 days randomly selected between April and August 1986, revealed that on an average at least 5 items are devoted to the Prime Minister and the Union Ministers. This by itself is not objectionable, but when the most inconsequential event is not only mentioned but is also accompanied by a film clip then objection has to be raised on the ground of misuse of the medium. What newsworthiness does the item V.N. Gadgil giving away Harishchandra prizes or Narasimha Rao presiding over a lecture-cum-demonstration on yoga has for a viewer except that it affords exposure to the minister concerned? Can we afford to clutter a half-hour news programme with such trivialities at the cost of more important news?

The report based on the study, cites how Rajiv Gandhi had rebuked Doordarshan for continuing to project him much against his wishes. He had

described the people at Doordarshan as "unimaginative and bureaucratic". Yet the content has altered little. It continues to be, as N.L. Chowla puts it, a V.I.P. oriented news culture.



It is this culture of sycophancy and pandering to those in power that has led to the lack of news credibility of broadcast on Television. What can explain the deletion from the news broadcast on May 27, 1986 of Hegde's invitation to Joshi and Pawar to settle the boundary row or the faction fight in the Gujarat Pradesh Congress Committee or the *Bandh* in Darjeeling while a major part of the news broadcast focussed on the Prime Minister's participation in the function organised at Delhi on Nehru's death anniversary?

Directly linked to the excessive projection of ministers is what Anil Dharker calls Doordarshan's disease of "Seminaritis" and its Delhi-centric view of India, as the Dr. P.C. Joshi report called it. As a medium of dissemination of information television does not have to face the literacy barrier. As the network grows it can reach the remotest corners of India. But so far very little of what happens in these remote areas are part of the news. The precedence that urban India and Delhi in particular gets over rural India is a matter to which we must direct attention.

Any attempt by the Government to control the press, (during the Emergency for instance), is immediately

opposed and resisted, if not by all, at least by some committed to the citizen's right to know and to the freedom of speech and expression. But the control of the Government over television continues unopposed, and it will continue to be so controlled until it ceases to function as a government department.

An alert and well-informed public who can meaningfully participate in the democratic process necessarily depends on the existence of free and fearless media. The television is a potent medium of information. It can supplement, without replacing, in a powerful way the role of the press in a free society. It has the added strength of being able to transmit information immediately. With a capacity for visual coverage it can make the viewer an active participant in the issue concerned. It can unite people in a common sentiment. But all this is meaningful only if the medium is handled in a manner as to place "fair", "balanced" and "objective" news before the viewer. Unfortunately, Doordarshan is engaged in manipulating news so as not to displease men in power.

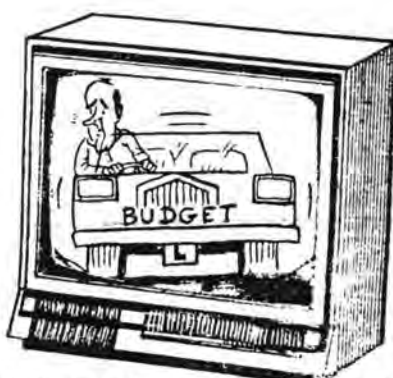
During the emergency the broadcasting media very obviously became the official mouthpiece. Akash Bharati (Ministry of Information & Broadcasting, 1978) relates that a conference was held on September 9, 1975, at which the then Prime Minister addressed the



Akashvani Station Directors. At the conference she questioned the "fuss" over radio's credibility. She stressed "I have said in a public forum that it (AIR) is a government organ. It is going to remain a Government organ. We are proud that it is a government organ". The then Minister for Information and Broadcasting V.C.Shukla went on to add his own 'informed' view that a government controlled media would reflect the policies of the party which runs the government and that nobody should make an issue out of it "... amongst the truth we pick and choose ...". The same traditions have been incorporated by Doordarshan. Truth which is picked and chosen can propagate lies. The news broadcast on Doordarshan on May 17, '86 included a seminar on drought, the inauguration of a machine by Mohsina Kidwai at the AIIMS college, the derailment of a train in Bangladesh. All these were "truths" but "unimportant" truths. The news broadcast did not mention the Arwal massacre in Bihar where 23 adivasis were murdered by the Bihar police. Here was an issue where public opinion should have been aroused, which deserved the widest coverage. It would have made the viewer aware of the oppression that continues under the garb of maintaining law and order. But Doordarshan chose to turn a Nelson's eye to the whole event. What if the news be "bad"? All is not lost. The irrepressible urge to please can, like a magician, call in existence only "convenient" news.

Again on May 15 '86 the news broadcast rambled over the Reserve Bank of India's introduction of machinery for speedy clearance of cheques, a tree plantation ceremony and the handicraft centre at the Aurobindo Ashram. *The Times of India's* headline the next day — Chinese intrusion in Arunachal Pradesh. The news covered in the press and by the broadcasting media seem to be talking of two different worlds as Anil Dharker observed. The omission of the Chinese intrusion in Arunachal Pradesh, was in total opposition to all dictates of good broadcasting. Doordarshan's broadcast lacks credibility. A concerned citizen has to turn to other sources for his facts, for correct information.

For Doordarshan there is only one side to an issue and that is the Government's. Any criticism of the government or its policy cannot be part of Doordar-



shan's broadcast. The voice of the opposition is rarely heard. Standards of objectivity and fairness are rarely maintained. Doordarshan can even use visual aids to tell a lie. Its coverage of the Delhi *bandh* was strongly criticised. In spite of buses and cars being off the road and shops being closed, Doordarshan succeeded in giving the viewer the impression that life in the capital had not been affected by the *bandh*.

Much of their broadcast on economic issues, the report tells us, are exercises in newspeak. "We are constantly bombarded with news about the success of the 20-point programme (20.6.86), share market boom, all high investments (21.5.86), record output of the potato crop at Lahul (8.7.86), World Bank lauding India's system of buffer stocks (8.7.86). Totally omitted are news items on how the crop insurance scheme is likely to be a big drain (T.O.I. 20.5.86), Rs. 350 crore oil lost at Bombay High (T.O.I. 22.5.86), FCI's wheat becoming unfit for consumption..."

The report discusses another event which exposes the priorities that govern Doordarshan's broadcasting of news. Charles Sobhraj's escape from Tihar jail found no mention in the news broadcast on that day. While newspapers wrote at length about the corrupt jail administration and R.K. Laxman's cartoon exposed how "insecure" Tihar jail was, Doordarshan turned a blind eye. Contrast this with the publicity given when bread, with morphine hidden in it, was discovered being handed over to one of the prisoners. Delhi's Lieutenant Governor H.L. Kapur spoke to Doordarshan about how jail administration had been stepped up and how further improvements in jail administration were taking place. Nothing was permitted, he said, to go into the jail without being checked and re-checked. In recognition of the good work the sub-inspector and constable would be promoted," noted

the report.

Another important criticism in the report levelled against Doordarshan's broadcast of news was that it provides little background information to news telecast. Most of it is just strung together. That is why the Sri Lankan problem or the issue in Punjab never grips the viewer. "Little effort is made to really inform, to go beyond the day-to-day event. News has to be treated as a process and not merely as an event."

Television was separated from A.I.R. in 1976 but little has been done by way of giving it any autonomy. Way back in 1948 Nehru spoke of approximating to the British model (the B.B.C.) of broadcasting not functioning as a government department. It was not feasible immediately according to him. In 1986 Rajiv Gandhi does not think the broadcasting media is ready for autonomy yet. But unless this autonomy is granted, distortion, censorship and suppression of "inconvenient" news will continue. Whether the broadcasting media should be open to competition is a matter for thought. But there are no two opinions about the absolute necessity at present of "earning" autonomy, when it comes to the broadcasting media, for "it is prompt access to accurate objective and relevant information that makes the people fully sovereign and renders elected representatives and all others in authority truly accountable."

And finally in wider perspective. The power of the mass media, as William I. Rivers, Theodore Peterson and Jay Jensen tell us in their book *The Mass Media and Modern Society*, (Rinehart Press, New York 1971) is not that of a tidal wave but that of a giant river. "It feeds the ground it touches, following the lines of existing contours by preparing the way for change over a long period. Sometimes it finds a spot where the ground is soft and ready, and there it cuts a new channel. Sometimes it carries material that helps to alter its banks. And occasionally, in times of flood, it washes away a piece of ground and gives the channel a new look".

(Readers interested in the ICC F-ILG report are welcome to write to the Hon. Secretary, Indian Liberal Group, 143, Mahatma Gandhi Road, Bombay 400 023. Copies are priced at a nominal Rs. 5 to cover costs)

The Intellectual In Modern Society

Louella Lobo Prabhu.

The question is whether the intellectual should confine his role to that of analysis, more or less as the scientist does or whether he should more actively shape a society which conforms to his perceptions of the norm.

The Pocket Oxford Dictionary defines "Intellect" as the faculty of knowing and reasoning; "intellectualism" as the doctrine that knowledge can be derived from pure reason, and an "intellectual" as one who so derives his knowledge. In one sense, only the pure scientist or mathematician, deals with pure reason, going wherever his researches lead him, irrespective of their practical consequences or applications. It is a moot point whether the formulator of the atomic-fission theory would have desisted from setting it out, if he had known that it would become the basis of the bomb. It is equally difficult to say, whether, if he could envisage such a consequence, he would have aborted the development of the theory, and its publication.

Scientific truth has an independent existence and validity, whether or not its laws are discovered, and it is for the scientist or the administrator implementing the discovery to fashion its application so that it brings about the greatest good of the greatest number. Again, for example, it is the same atom which devastated Hiroshima, whose peaceful application can destroy the cancer cell in medicine, and create—barring the danger of accidents—a needed energy source in countries lacking fossil fuels. The general proposition which emerges here, is that the intellectual will follow "knowledge, like a sinking star, beyond the utmost bounds of human thought", the second, that such knowledge is more easily obtained, and verifiably and demonstrably true in the physical sciences, than the social sciences.

The Impact of Words

Nonetheless, though science and technology have changed the face of society, an article like this one, starts

with the tacit assumption that it is the social scientist who has a more active role to play in moulding the values by which we live. However, the concept today does not confine itself to the philosopher or sociologist working in a university to produce some learned tome, but embraces the creative artist and the media person, as these people, without perhaps formulating theories, have an impact on the perceptions of thinking people. This is so, not only of those who work with words, but in other media as well. Goya's "Disasters of the War", the most macabre oils ever painted, are a greater anti-war protest than thousands of speeches or demonstrations. However, it is words, whether in direct reporting, or in novels or plays, which have the maximum impact on the evolution of society, whether or not that is the intention of the author. Some, like Bernard Shaw actually set out to change society through their creative work. Others, like Galsworthy, attempted only to present a portrait of their times, but in so doing also became the instruments of change.

We all know of course how the newspaper report in recent times, has dislodged the mighty from their seats of power, when the political process had quite dismally failed. However, whereas in India, such exposure leading to effective action, (as in the Antulay case) is infrequent, discredited people seldom surface again abroad. It speaks volumes for India's lethargy, or more poetically, "the patient, deep disdain" about which Matthew Arnold wrote, that the perpetrators of the Bhagalpur blindings are still at large, and that, shielded for the most part by an administration which is conveniently blind, people censured by the Courts continue merrily in office, perhaps moved from ministerial to governorship, or to party sine-

cures but nevertheless rotating within the charmed ambit of the power circle.

Perceptions of Reality

Unlike the seeker of truth in the physical sciences, however, the social scientist, the creative artist, and the journalist, do not necessarily deal with abstract truths, but with their personal perception of truth and reality. Thus, for a Marxist the evils of society stem from the fact that workers do not own the means of production, while a Friedmann attributes it to unnatural restrictions on the laws of the market place. Like the blind man and the elephant, the social scientist or commentator, seizes on his own partial perception of reality, mistaking it for the whole. This may weaken his influence on society, for, when experts pull in different ways, their effect may be to cancel each other out. This can often be seen in a criminal case where, even for so simple a proposition as showing the defendant to be of unsound mind, two sets of eminent doctors will provide ample reasons to prove or disprove the contention.

The question is, whether the intellectual should confine his role to that of analysis, more or less as the scientist does, or whether he should more actively shape a society which conforms to his perceptions of the norm. Plato, in ancient Greece, envisaged that the ruler of a State should be an intellectual who has spent all his life qualifying himself in the art of governance. But rare indeed is the ruler who combines both the faculties of abstract analysis and executive capability. Alexander, who learnt at the feet of a philosopher, was no example of the philosopher king, drunkenly burning the library of Persepolis which contained all the wisdom of the ancient world. Julius Caesar best fitted the ideal of the philo-

sopher king. He has few rivals in ancient and modern times, except perhaps for Napoleon, whose orgy of conquests, like those of Caesar, were also matched with a certain gift for consolidation and administration, based on a vision which was central to all the activities he undertook. However, if the combination of dreamer and doer is neither possible, nor even desirable (if the dreamer runs amuck as Hitler did) neither should the ruler, or the ruling classes, be totally lacking in the power to think. In the Europe of the Middle Ages, when scholarship was confined to priests, kings and noblemen were almost illiterate and all effective decisions were taken by Churchmen. Not surprisingly, the Holy Roman Empire, presided over by the Pope, claimed larger domains than any single monarch of Europe. In India, too, the division of functions separated the thinking and priestly Brahmin from the Kshatriya, who was the arm of the State. The king made war, while the Brahmin practised statecraft. Islam seemed to change this bifurcation of functions, Akbar being the supreme oriental example of the complete monarch, combining both the faculties of action and ratiocination.

To Qualify for Public Office

In modern times, it would seem that the best attribute of a would-be aspirant to political office in India, is not that of brain but of brawn. The local bully, thug, liquor contractor, coal-mafia man, dominate not only in the ruling Party but in all other parties. This was particularly true during the Emergency era of Indian politics. It would appear (to the unthinking) that this order has changed yielding place to the new. But only in appearance. What started as a government touting its cleanliness is now a government only of cronies, whose position remains secure, despite documentary evidence of foreign exchange violations; luxury palaces beyond their known means of livelihood, and complicity in pogroms against a particular community.

In this atmosphere, what can the intellectual do? In the past, the former Prime Minister made it a practice to "consult" with intellectuals. She took care to choose these tame and captive intellectuals who danced to her tune. Sadly, this included artists like M.F. Hussein. He has now reaped his reward with a nomination to the Upper House.

Other kept-intellectuals profited similarly, sooner or later.

Virtually non-existent, is the intellectual, who in today's political set up, can stand for election and win. To get a party nomination in the first place, he needs to ponder whether he will change the system, or the system will change him. Since no party today is ideologically polarised, we will assume he joins one or the other major political party without a deep conviction in its ideology. If he disagrees with it and says so, he will be expelled. If he disagrees and mutes his writing or expression, he is false to himself. Cho Ramaswamy is an example of an intellectual briefly moving from the role of commentator to activist, without marked success. Few notable intellectuals have triumphed at the hustings, ever since 1952. Evidently, India, like Republican France, which executed Lavoisier "has no use for savants".

Intellectuals could enter the Upper House of Parliament. But this is possible only through nomination, or selection by a party which has that number of seats. Where is the party, ruling or otherwise, which will disinterestedly choose an incumbent for his eminence and expertise unrelated to his utility as a partyman? Last year's Rajya Sabha nominations have, after a long time, focussed on persons of known achievement in their fields. But one, already mentioned, is belatedly reaping the rewards of his "Emergency" support, while two others, Amrita Pritam and R.K. Narayan, are totally apolitical and safe from the ruling party's point of view.

In a Presidential system, intellectuals may fare better as they can be chosen by the President, without going through the electoral process. However, it is also possible that in this guise, the President can induct mere favourites to positions of power. In today's political climate, though the anti-defection Bill was necessary to avoid unprincipled defection only for the fruits of office, it is also a cramp on principled dissent. Assuming an intellectual does get a party "ticket", and also gets elected on the strength of the Party's organisational machine, he is then bound "to vote at his Party's call" and never think or speak for himself at all. The central quandary already posed, emerges again as a central issue.

Not Politicians Alone

Today's political conditions have thus made Parliament almost irrelevant. Parliament, as we have seen in recent years, is reduced to a rather lacklustre debating society. The Cabinet (featuring in India the more virulent form of a disease afflicting even Britain, judging from Crossman's diaries) obeys the *diktat* of one man, advised by a handful of backroom boys, bypassing the Cabinet and the principle of collective responsibility. Nonetheless, in a hangover from the freedom struggle, when Gandhiji battled both for a transformation of the social ethos, and a transfer of government, we tend to look only to politics and politicians, for a lead on important issues. As these have developed, there are issues, certainly: caste, linguistic states, controlled media, and the like. Some of these drive people to inflamed passions igniting in the streets, without bringing them together, as the quest for freedom did.

Ironically, while few politicians personally command respect, politics and politicians are perceived as the source of power and patronage, and are courted by people and institutions to the exclusion of leadership in any other field. Mother Teresa and Baba Amte may have achieved more in altering attitudes than any politician, but receive a miserable fraction of the attention paid to any minister, liable anytime to be ousted from his chair with less ceremony than a peon in an office. It is a pity that the focus of our expectations for change centres only round politics. It must be sought elsewhere too, so that our attack on evils which need redress, is a multi-pronged strategy enlisting people in other walks of life. There also needs to be an awareness of the fact that each of us is responsible for our destiny, and that we do not need to await the coming of a messiah to make our influence felt atleast within the immediate circle of those with whom we are personally in touch. The ripple effect of a stone thrown into water, can gradually revive society through individual effort, although such strivers-after-betterment will only be able to see such improvement in their personal milieu. It may be some time before the total impact of such individual work is perceptibly seen and felt. But eventual-

ly, that day must come, as night follows day.

The professions, two in particular, vie with Parliament as formulators of public opinion and possible instruments of change. They are the Law and the Media, which need to compensate for the deficiencies of Parliament. Apart from the fact that one Party has a two-thirds voting strength, even speaking time in Parliament is calculated on the basis of Party representation, so that both in the expression of views, and voting, only one point of view prevails.

Reforming Election Law

Parliament nonetheless remains an important national forum, and it should be the task of the intellectual to ensure that reform of the election law does take place, so that the electoral process does not make it impossible for an intellectual to stand as an Independent, outside the Party system, and win. All societies need the gadfly of the State, such as Socrates used to be, and such people may generally be found outside the iron clamp of a Party system. It will need sustained pressure to clean up the electoral law. In a step lauded by the public as an earnest of his good faith (for example the swift passage of the long-pending Anti-Defection Bill) the Prime Minister was apparently moving only to safeguard his own position at a time

when he might have had reason to doubt the solidarity of the Party. If his motivation was the public good, then it is surprising that Bills to free the Media, or clean up elections have not followed.

Sadly, as Justice Hidayatullah pointed out, even the Judiciary has been politicised, with one former Supreme Court Judge congratulating Mrs. Gandhi on her electoral victory, and others ignoring lacklustre but necessary cases for disposal, to take up only those issues which hit the headlines. The latter are no doubt necessary, but not more so than the cases which do not make headlines, but nonetheless deny justice by delaying it.

A special responsibility revolves on the media, as this has now become the most high-profile of the professions. Here too, we have seen surprising defections from strange quarters, with noted critics of the Establishment becoming its champions for no obvious reasons. Occasionally, this could be a genuine change of heart. This is generally the exception to the rule. While no one expects the Press to take on an adversarial role it needs to err, if it does, on the side of scepticism. An Establishment with a two-thirds majority at the Centre or in a state, already has everything going for it. The Press must be alert to overt threats, and more insi-

dious ones which come in the form of subtle or not so subtle bribes to the venal. It is good to remember the classical saying *Timeo Danaos et Dona ferentis* (I fear the Greeks when they come bearing gifts). Favours are to be resisted as much as black legislation like the Bihar Press Act.

If...

If election law can indeed be made the vehicle for free, fair and inexpensive elections; if every thinking person practises his calling pursuing the eternal norm and not a temporary gain, if forums outside Parliament, including the Law and Media can become alternative sounding boards of the people's problems and aspirations, the role of the intellectual in our society is not without hope. Its translation into an effective presence depends on each of us, "the marginal men playing our part fully, in the station of life to which we are called."

MS. LOUELLA LOBO PRABHU is
Associate Editor of *Insight*
published from Mangalore.



THE MYSTIC 'AUM' AS IT WOULD APPEAR TODAY IN DEVNAGARI

In ancient India, written communication was through symbols. Gradually the symbols gave place to letters, words and numbers as we know them. But the process took tens of centuries.

Today's pace is more rapid, change more frequent. Thanks to paper... the medium that enables constant revision, quicker progress.



West Coast Paper

Shreenivas House, Hazarimal Soman Marg, Bombay-400 001.

THE RURAL PERSPECTIVE

The Essence of Swaraj

Bhanu Pratap Singh

Rural India, except for a few pockets, continues to present a dreary, dirty and depressed look. This is because in the thinking of our new rulers, the rural people do not deserve equal treatment.

Perfect equality amongst all citizens is neither attainable nor, perhaps, even desirable. Inequality, within reasonable limits, spurs people to greater effort. But the same cannot be said about stratified inequality, which originates in inequality of opportunities.

Denial of equal opportunity leads to fatalism and inertia, the bane of our people. To promote a new work ethic, provision of equal opportunity is the first condition that has to be fulfilled. Also, equality of opportunity is the essence of *Swaraj*, and the stabilizer of democracy. That is why, it has been guaranteed in our Constitution. And yet, it remains denied to the majority of our people living in the villages. If any one doubts this statement, let him try to reply differently to the following questions than those I have attempted.

Q: Has the rural infant the same opportunity as the urban infant, even to survive during its first year of life, and thereafter have an equally long life?

A: The Infant mortality rate in villages is 75 per cent higher than in cities. Life expectancy in villages as compared to cities is about 10 years less.

Q: Has the rural child the same opportunity as the urban child to receive proper education? Has the rural youth, with his inferior education, the same opportunity as the urban youth to enter the civil services and professional colleges for which competitive examinations are held?

A: Rural education is in such deplorable condition, that 66 per cent of those who enroll in standard I drop out before they reach the Vth standard, and 85 per cent before they reach the Xth standard. The reason for this is the poor quality of education, which in turn is due to the reduced outlay on rural education. While in percentage terms, expenditure on primary education has declined, expenditure on higher education, which in fact, is a subsidy to well-to-do classes, has increased. Consequently, sons and daughters of the well-to-do who form 20 per cent of our population occupy 70 per cent of the seats in secondary schools, and 80 per cent at the University level. In the Indian Civil Service, rural representation is now reduced to less than 9 per cent.

Q: Have the farmers the same opportunity, as other producers, to own property and enhance their income?

A: The biggest farmer cannot hold more than 7.2 hectares of irrigated land which, under average Indian conditions, cannot yield an income equal to the average emoluments of an employee in a public sector enterprise, which now exceeds Rs. 2000 a month.

Q: Have the farmers the same opportunity, as other producers to fix the price of their produce and market the same in any part of the country?

A: The price of the farmers' produce is fixed by the government directly, as well as indirectly through decisions taken in regard to subsidy for sale of government stocks at less than their economic cost; import; and restrictions on movement of their produce within the country.

Q: Can there ever be equality in income and status between agriculturists and non-agriculturists as long as the former are treated as "captive-producers and captive-consumers" in the sense, that they have to sell their produce, and buy



their requirements, at prices, which are inequitably fixed?

A: Taking an overall view, the purchasing power in terms of farm-inputs of cereals grown by most farmers is now reduced to about 60 per cent of what it was in the base year 1970-71.

Q: Can villages ever become prosperous when the bulk of public money is being spent on industrialization, and competition in urban elegance with rich nations?

A: The public sector outlay on agriculture, rural development, and irrigation, as proposed in the VIIth Plan, is no more than 20.3 per cent of the total plan outlay. The balance 79.7 per cent is to be spent on industrial development, and creation of such services and facilities in which the share of the rural masses will be minimal. In spite of depressed farm prices, the contribution of agriculture to the national income is still 1/3rd, and the population dependent on it for its living about 2/3rds of the total, and yet its share in public sector outlay has been fixed at 1/5th of the total.

Q: Does agriculture get its due share in power supply and institutional credit?

A: In power supply, the share of agriculture is no more than 1/6th, and in institutional credit, no more than 1/7th.

Q: Is the dictum of equality before the law, of any avail to poor, illiterate and unorganised people living in villages?

A: Inequality in law can be seen in acquisition of the poor man's land for urban development, while farm-houses belonging to the rich are exempted.

Q: Does the pattern of government spending reflect the need for creation of conditions for equal opportunity?

A: The bias of our new rulers can be clearly seen in their distorted priorities and disproportionate spending of public funds. Here are some examples:

As percentage of the contribution made by manufacturing industries and agriculture to the national product, capital formation in the public sector in manufactur-

ing has been nearly four times that of agriculture.

The Union Government spends more on depressing the foodgrain prices by way of subsidy to the Food Corporation of India, than on any programme of agricultural or rural development.

The proposed public sector outlay on housing during the VIIth Plan in urban areas is 3.26 times of the outlay in rural areas, though shortage of houses in rural areas is no less than in cities. On a per capita basis, the outlay on housing in urban areas is nearly ten times the outlay in rural areas.

In spite of 36 years of planned development of the country, the percentage of villages, which have remained without the essential facilities for development within 5 kms of their dwelling places are as follows:

Metalled Roads	30.58%
Middle Schools	20.91%
Hospitals	64.52%

Seed Stores	59.67%
Veterinary dispensaries	54.81%
Repair facilities for agricultural implements	81.24%
Warehousing facilities	79.28%
Markets	62.49%

(Source: Monthly Abstract of Statistics C.S.O., Govt. of India, Jan. '85).

Rural India, except for a few pockets, continues to present a dreary, dirty and depressed look. This is because in the thinking of our new rulers, the rural people do not deserve equal treatment. That is why, even after 40 years of the attainment of Swaraj, the neglect and exploitation of rural masses continue as before. *Swaraj* does not mean mere substitution of alien rulers by indigenous ones. Equality of opportunity is another name for *Swaraj*. Without the opportunity to learn, earn, and advance, *Swaraj* remains an unfulfilled promise for the vast majority of people living in the villages.

Of Free Press and Famines

Not many readers of *Freedom First* may have read the economic writings of Professor Amartya Sen, the Drummond Professor of Political Economy at Oxford. But his book on Famines published a few years ago has remained an important contribution. What he recently observed about famines is significant:

"Perhaps the strongest influence in preventing the occurrence of famines in India has come from a relatively free press. As soon as there are any starvation deaths, at all, however small the number, the press can spread the news and generate a lot of political disquiet and pressure to do something about the problem.

The activities of the press and of political parties have played an informing role as well as a political one in making counteracting measures inescapable.

The fact that most of the famine-stricken countries have nothing like a relatively free press is a matter of some significance.

On the other side, there has rarely been a famine in a country with a free and active press."

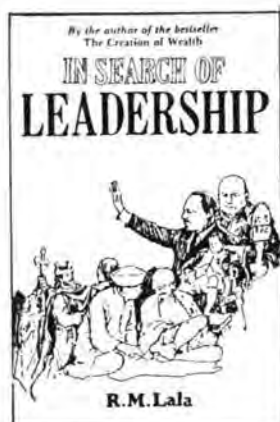
Professor Sen also pointed out at the recent International Economic Conference, held in New Delhi, that Maharashtra in 1971-73 was more successful in preventing famine, in spite of its food production being low, than the Sahel countries of Africa which were subject to extreme famine conditions. The explanation for this according to him was due to the adoption of the cash relief system. This has been described as being Adam Smithian in character. But it seems to work. Not only in Maharashtra, but in Bihar and West Bengal too (despite a leftist government being in power) this remedy was adopted and famines averted. Except Botswana and Ethiopia other states in Africa did not try this method at all.

Obviously both Adam Smith and a free press are still relevant and have unexplored and unpredictable benefits.

RS

BOOK REVIEWS

IN SEARCH OF LEADERSHIP by R. M. Lala; Vision Books, 36C Connaught Place, New Delhi 110 001; Pp. 161; Rs. 50



Leadership is a phenomenon protean in its forms and baffling in its complexity. A major factor in the history of all nations, it is far from clear how leaders interact with the times in which they live. The causes for the failure or success of the men and women who make history remain a puzzle. The question whether leaders change the course of history or are merely instruments of the mood and spirit of the age in which they function, is a point on which historians have differed. Leadership itself defies definition. According to one authority, the study of leadership – kratology as it may be called – has yielded some 350 definitions during the past three-quarters of a century. It is therefore very significant that this elegantly produced book under review is titled *In Search of Leadership*. Its importance lies less in its conclusions than in its capacity to compel the reader to reflect upon the role of leaders and the meaning of history.

Quoting E.S. Bogardus, Lala tells us, that leadership study has two main aspects, namely, the leader and his personality traits and the group demand for direction in crisis. "Together, personality and group write the story of leadership". From this position, few readers will differ. Yet, Lala departs in his treatment and approaches leadership from the point of view of the personality traits of leaders. Among the qualities stressed

are: Communication, Competence, Courage, Decision-making, Humility, Integrity, Man-management, Purpose, Stamina, Team-work, Training and Vision. Nothing is left out. The alphabetical arrangement of these qualities is convenient and avoids the difficult task of determining what set of qualities is most effective in any field of human endeavour. The leaders mentioned in this book are for the most part, from the political and military fields. It is doubtful whether the qualities which would make for good leadership in a military institution would produce the same results in a school or university. Further, it is often difficult to say which trait has been most crucial in the making of a leader.

A central theme in Lala's analysis is that morality is the one essential ingredient in all great leadership. But he warns us against taking too simplistic a view on this point. "It is not enough", he writes, "to have morality within four narrow walls. Nor is it enough to have breadth of vision without the bedrock of moral standards". It would have been useful if Lala had elaborated on this.

The author acknowledges the different levels of leadership; Leadership based on great causes; Pragmatic leadership; Leadership emanating from the barrel of a gun and finally "Transforming leadership that ennoble the leader and the follower in pursuit of their goal".

In discussing each character trait, Lala draws illustrations from his wide reading of the history of many countries. Example is piled upon example to drive home a point. Yet it is perhaps a shade ironical that this endeavour is apt to tire the reader. I wonder how many readers would recall the various episodes after reading the book. Perhaps, a more detailed thematic index might have given the book an importance reference value for writers and public speakers.

What puzzles the reader of history is often the combination of qualities noble as well as ignoble. Round the will of leaders "in concentric layers, like onion skin, are wrapped pride, the drive for success, for security, for sex; and a hunger for self-glorification, for power, for

position. These are subtle factors that influence a hundred decisions, big and small". That is the point. If this is so, it would have been far more illuminating if a dozen or so of the world's great leaders had been analysed in-depth. Napoleon was a great military strategist, a commander of men, a shrewd calculator of events and he had a remarkable understanding of what each situation demanded. His vanity was Napoleonic! His towering ambition and his obsession with the idea of world conquest, his egoism – all these were fatal flaws in his mental make-up perhaps responsible for his ultimate downfall. But this should not blind us to the imprint of his powerful personality on the development of modern France. An outstanding administrator, he looked into every detail of government. A codification of laws and a Code Napoleon are among his lasting contributions. In the age of Napoleon, sculpture, painting, music and literature were all encouraged. He understood better than anyone else the role of science and technology in his time and not in matters military alone. Technical schools were set up and vocational education promoted. The French economy got a big boost. Napoleon firmly rejected socialism and believed in private property, competition and free enterprise. It is generally not known that in his time the wages of workers rose faster than prices. Considering the many sided achievements in the age of Napoleon, it will be less than fair to isolate individual traits in his character.

What is true of Napoleon could be equally so of the world's great leaders. This, it seems to me, is the main defect in Lala's book and it is one inherent in the method adopted. Nevertheless, Lala's choice of the theme and its presentation are praiseworthy and the book deserves to be widely read especially by students.

S.P. Aiyar

The fact of the matter is not so much whether I believe in God but whether God believes in me, and the extraordinary thing is that this belief leads one to oneself.

William Golding

THE GANDHIAN WAY by Amlan Datta; published by M.C. Gabriel for North Eastern Hill University, R-686, New Rajendra Nagar, New Delhi 110 060; 1986; Pp 78; Rs.45



Although literature on Gandhi keeps piling up every year, reading through Amlan Datta's "The Gandhian Way" and Michael Sonnleitner's "Gandhian Non-Violence: The Levels of Satyagraha" provided refreshing fare.

Datta's book is made up of four lectures delivered at the North Eastern Hill University which he visited in 1985 as a "Gandhi Professor". The four lectures cover Gandhi's economic and political perspectives, his views on national integration and God.

In the first lecture Amlan Datta highlights the common features of "the modern industrial society" which Gandhi found incompatible with his own ideals. The author agrees with the Gandhian view that "labour becomes distasteful and unsatisfying under high technology" and this is the case "whatever the social system under which it is adopted". Now, obviously if this be true then one way out is to progressively keep reducing the hours of work. But this is unacceptable since in the Gandhian perspective has its own inherent sanctity. In the author's words, "It is good for men to be able to perform labour and have the feeling that they are serving society". The only way, says the author, to give meaningful work to people is through a decentralized economy. Today, "the meaning of the whole work is not reflected in that minutely subdivided work; hence there is no creative satisfaction in the work to be performed."

Of course at the root of the evil of

industrialization is the idea that progress means multiplication of wants and that happiness lies in their endless gratification. The "competitive spirit" is condemned because it is an adjunct of modern industrial society in which "men set their hearts on material goods of which the supply is necessarily limited". There is also the plea for basing the economy on "non-renewable resources", because "the civilization of the West is based on technology which involves an extremely high rate of energy consumption" and if this civilization "spreads to other parts of the world... the whole system might become untenable within a foreseeable future simply in terms of the availability of energy".

Datta also speaks approvingly of the idea of trusteeship and sees it as "an extension of the idea of non-possession". Datta reasons: "Even if private property is expropriated we have to put it in someone's hands for management; then why not let the owner only manage that property as trustee?"

The author makes his points in a lucid and persuasive style. Nevertheless it may still not be possible for all to see eye to eye with the author and Gandhi. By way of a single illustration one may cite the dissenting view expressed by J.B. Priestley in his preface to "Man and Machines" (edited by H. Williams). Priestley observes, "We forget that to a great many men the machine has offered an opportunity of self-expression hitherto denied to them. For them this is the Golden Age. We do not hear much about the delight in the machine, though we evidence enough of it, simply because the machine minded are not as a rule very good at expressing themselves in words". In brief, just as there is a Gandhian economic perspective, there can be other economic perspectives on all matters ranging from production to distribution and consumption.

Datta's second lecture deals with Gandhi's views on parliamentary democracy. Datta concedes that to the extent parliamentary democracy is based on individual freedom and is a civilized way of constituting authority, even Gandhi must have recognised the merits of democracy "to a certain extent"; but otherwise Datta shares with Gandhi "a deep and disturbing sense of the inadequacy of parliamentary democracy". This is because of the way in which Gandhi and Datta choose to under-

stand "true individual freedom". True individual freedom makes a man "voluntarily surrender himself completely to the service of society". But, such freedom can never be promoted by the so-called democratic state based on majority rule, since it is the "leading example of centralization" which destroys all individuality and because it is "based in the city beyond the control of villages" and "is largely under the influence of money".

The rest of the lecture reiterates the well-known Gandhian critique of parliamentary democracy viz. political parties compete ruthlessly for power unrestrained by any code of ethics; parliament is like a prostitute since it comes under the influence of changing majorities which come to power with the help of money, etc. Now as I had argued years ago (*Vide Sarvodaya: A Political & Economic Study*, Asia Publishing House, Bombay, 1967) such criticism amounts to asserting that a majority opinion is never based on honest conviction and is never in the service of society as a whole. Similarly, to concur with the view that parliament is sterile on the grounds that laws passed by majorities can never be effective in the absence of prior conversion of hearts, is to ignore the reformative value of law itself.

Of course Datta also states that he is not arguing for discarding parliamentary democracy but for recognising its inadequacies and removing them. It is, however, worthwhile, remembering here that the growth of parliamentary democracy itself is the result of bringing politics and ethics together and is still the only workable way we know of doing so. The two major ethical premises on which parliamentary democracy is based are: agreeing to live with honest differences of opinion and preferring to count heads (when honest differences exist) to breaking them. The Gandhian or Sarvodaya alternative of small village communities governing on the basis of the principles of unanimity (*panchas* selected by consensus and policy determined by consensus) and with all the real powers exercised by the village *panchayats* while the higher authorities exercise mere moral authority, does not appear workable (as I have argued in "Sarvodaya") and is more likely to reduce individual freedom.

The last two lectures deal with national integration and Gandhi's view of God

and contain many fine insights. The author speaks of two broad ways of looking at society: one is to view it as plural and made up of many groups and communities that compete and co-operate with one another; the second is to view it as class-based or made up of two opposed interests, the rich and the poor. Liberals would certainly go along with Gandhi and Datta in opting for the Cultural Pluralism theory since it leaves the field equally open for co-operation and conflict among various groups, and reject the class theory premised on the inevitability of conflict. Liberals would also wholeheartedly endorse the author's view that "A large society is not held together by economic and political interests alone, but a sense of shared values is equally important." Values, as Datta asserts, are not the same thing as ideologies. Values like truth and love have towered above the wreck of ideologies. And this is also what talk about God is all about. True religion is made up of abiding values like the desire to seek truth and practise love. "This" as the author points out "is where Gandhi and the missionaries failed to agree."

GANDHIAN NON-VIOLENCE, LEVELS OF SATYAGRAHA by Michael W. Sonnleitner; Abhinav Publications, Shakti Malik, E-37, Hauz Khas, New Delhi 110 016; 1985; Pp 92; Rs. 55



Michael Sonnleitner justifies "one more book" on Satyagraha and non-violence on the ground that "there seems to be very little written on Satyagraha that is both brief enough and sufficiently non-superficial to lend itself to class-room use". From this point of view the book indeed is a wel-

come addition to the existing plethora of literature on Gandhi.

The author claims that he has helped analyze and clarify "the concept more thoroughly than has been done before". Hitherto, following Joan Bondurant, Satyagraha was understood as emphasising the inter-relationship between truth, love and suffering. The new dimension the author claims to have added lies in analyzing the concept by "separating the three levels of understanding of these in inter-relationships" viz. Satyagraha as a secular method or technique; Satyagraha as a religious discipline; and Satyagraha as soul-force.

As a secular method or technique, Satyagraha is a way of enquiring, a method of arriving at the truth "precisely as one's truth comes into conflict with others". Satyagraha as a technique does not require the opponent to surrender or compromise his truth. This is because it is based on conversion—conversion not only of the opponent, but, may be, also of the Satyagrahi himself. Satyagraha has to be based on "ahimsa" or non-violence because "we are unable to learn from our opponent's truths unless basic communications can be established and maintained." Satyagraha also implies self-suffering because, firstly, if we are to respect and learn from such truth as our opponent may possess we must be willing to suffer in order to convert our opponent. ("Suffering is the only way of reflecting one's love for an unloving opponent"). And, secondly, because self-suffering has the added advantage of cutting "through the rational defences of the opponent to promote a cathartic effect".

A question one is tempted to ask here is, is it desirable (on practical as well as moral grounds) to cut through rational defences and produce cathartic effects? May it not be better (as under a parliamentary government system) to agree to disagree and let the majority opinion prevail till such time as rational conversion takes place or a new consensus emerges?

As a religious concept or discipline, Satyagraha is premised on the belief that "he who knows the soul and also knows that it is different from the body, will not try to protect his body by committing violence". Satyagraha is a way of attaining the religious goal of "moksha" (attaining truth and freedom from

Karma) by voluntary self-suffering (*tapasya*) and voluntary self-sacrifice (*yanja*). To the charge made by Stanley Jones and others that such self-suffering "to awaken another's conscience against his will is to be involved in a kind of mental coercion, the author chooses to defend Gandhi by saying (with Pyarelal) that there is a difference between compulsion and coercion. Satyagraha involves compulsion which springs from the motive of love as when a parent's love and self-suffering compels a child to obey, while coercion "springs from a selfish motive to attain a given end." To quote the author, "As long as the brunt of the sacrifice was voluntarily accepted by the Satyagrahis themselves, Gandhi's hope was that the opponent as well as the Satyagrahi would undergo the purification of reflecting upon the truths held by each side".

Finally, the author analyses Satyagraha as soul-force, meaning "resistance to evil with the inner force of the soul or God that 'resides in but is not of the body'". Like the Law of Gravity, soul-force is always at work whether we accept it or not. A Satyagrahi who has perfected himself as a moral being by the practice of *ahimsa* and self-suffering, "can apply the law of love with scientific precision (and) can work greater wonders". Thus, Gandhi claimed, that a developed Satyagrahi could "render venomous reptiles harmless or set a hungry tiger to peace". Soul force can even combat aerial warfare, Gandhi contended, because "behind the death dealing bomb there is the human heart that releases it" which can be touched by the Satyagrahi's prayer. Satyagraha as soul-force thus achieves mystical possibilities.

One can only conclude with a sentence from the last page of the author's book: "Whether or not we agree with Gandhi's perspectives, and on what levels, will be largely a function of our own metaphysical views and beliefs."

Adi Doctor

In a dictatorship, a dictator does not bar demagoguery. He simply monopolises it.

Lindsay Rogers, *Encyclopaedia of the Social Sciences*.

HIND SWARAJ by Nageshwar Prasad; Gandhi Peace Foundation, 221/223, Deen Dayal Upadhyaya Marg, New Delhi 110 002; 1985; pp 254; Rs. 100

THUS SPAKE BAPU by M.L. Gujral; Gandhi Peace Foundation, 221/223, Deen Dayal Upadhyaya Marg, New Delhi 110 002; 1985; pp 168; Rs. 100



These two volumes have been brought out to mark the Silver Jubilee of the Gandhi Peace Foundation. The first is a collection of fourteen Seminar Papers and Reports of discussions centering round *Hind Swaraj*, a basic text of Gandhi's thought, unrivalled for its simplicity and directness. The papers address themselves to various aspects of the message of *Hind Swaraj* and seek to assess its relevance to the present time.

The message is more than a half a century old but remains as fresh as ever. Many of the papers are unavoidably in the nature of general reflections, with *Hind Swaraj* only as a starting point. The editor's introduction provides a useful account of the context of *Hind Swaraj*, making references to earlier studies organised by Aryan Path and Gandhi Marg. Raghavendra Rao's paper analyses *Hind Swaraj* in the light of recent democratic theory and in the Indian setting. More especially, it indicates the lines on which further study of this important text ought to be carried out. Ananthu's paper on education is interesting, though it has not received its due in discussions. Sahasrabudhey's paper seeks to extend Gandhi's line of thinking to the responsibility of science and the scientists. *Hind Swaraj* tells the scientists, he says, that they ought not to work through borrowed "middle level theories" which restrict them to a range

of activity that is indifferent, if not inimical to higher values, though in their personal lives they may not subscribe to the Western world view in toto. Uberoi's paper is an example of the pedantry that would have shocked Gandhi himself. He writes: "Some notes on certain aspects of what may be termed the European underground in science and its context are offered to provide the necessary definition and articulation to the attempt (yet to be carried out) to suitably extend lessons of Gandhi's critique of modernity, which he outlined in *Hind Swaraj* from a critique of what we call the Military Industrial Complex to a critique of Modern Western Science, so as to define its new vision of science as well as politics for the next century of Man and Culture". R.K. Patil writes: "There is a famous saying of Rousseau that in human evolution Society has moved from status to contract".

Thus Spake Bapu by Gujral is an altogether unusual book. It is not a selection from Gandhi's writings or speeches but is a record of the dialogues which the author held with the spirit of Gandhi. These are arranged in three parts: Part - I consists of dialogues on God, Truth, Religion and Non-violence; Part II on Education, and

the constructive Programme; and Part III on Satyagraha or Non-violent Direct Action. These are followed by an epilogue which refers to some recent



thinkers who have broadly followed the Gandhian line of thought. The Spirit told the author, knowing that you are only an average person and not very highly endowed, I have decided to pay you nightly visits and post you with my current views on matters that agitate thinking persons in India and the world outside. You will, therefore, function as a scribe and disseminate my teaching among your own people and the peoples of the world." As the book is intended for school children and the

FREEDOM FIRST
4th floor, Maneckji Wadia Building
127, Mahatma Gandhi Road,
Bombay 400 001

I wish to subscribe to *Freedom First* ☐

I wish to enter a gift subscription to *Freedom First* ☐
(Please type or write in block letters)

NAME _____

ADDRESS _____

_____ PIN _____

Enclosed please find Rs. 20/USD 10/£ 6* annual subscription by
Money Order ☐ Postal Order ☐ Demand Draft ☐
Cheque** ☐ International Money Order ☐

(* for overseas subscribers)

(** for outstation cheques please add Rs. 5)

common man, it may be feared that the author's disclosure might strain the credulity of the reader unduly. What the author says further only adds to the reader's confusion. "(This Book) describes briefly in the author's own words what Gandhi said or, according to this author, would have said, if he were alive today". One may therefore ask how much of the book is Gandhi's and how much of it is the scribe's? Sometimes Gandhi's reference to detail is amazing, sometimes his reticence is puzzling. Gandhi's spirit even cites the census of 1981 and describes the event of 1981-4 as minutely as a contemporary chronicler but would not pronounce his views on the Tamil Nad conversions or on the Birlas or the Bajajs. "Why do you want me to say things which hurt?" says the spirit, and silences the scribe. The book is almost entirely drawn from Gandhi's own writings with some interpolations in the scribe's language which are easily recognizable.

Both the volumes are well brought out. The papers brought together by Nageshwar Prasad can set the reader thinking and serve to continue the dialogue on Gandhian philosophy but the volume of dialogues with the spirit of

Gandhi recorded by Gujral may not serve the intended purpose. Very good selections from Gandhi's writings are already available in good number.

G.N. Sarma

STRUCTURE OF URBAN POVERTY
by S.S. Jha; Popular Prakashan Pvt.
Ltd., Bombay; Pp 184; Rs. 125

S.S. Jha's book 'Structure of Urban Poverty the Case of Bombay Slums' is aimed at studying the whys and wherefores of housing in the city of Bombay. While the author does give the reader a wealth of information not hitherto found between the covers of a book, he fails to come up with any concrete suggestions on how this problem can be tackled. He also fails to see the problem in its larger perspective, set as it is in the country's economic climate.

The author seems reluctant to acknowledge that slums are an overflow of the rural problem. He does not recognise the fact that the slum problem will grow so long as the difference between rural and urban life continues.

What he does suggest in the book is an attempt to patch up the problem, to

improve the quality of life in these slums. The complexity of the problem and the fact that nearly 50 per cent of the 9 million odd burgeoning population of the city is living in slums, makes patching up the problem increasingly remote.

Allowing this problem to fester for so long is quite obviously a major contributory factor to the magnitude of the affliction to the city. The analysis presented by the author of the attitude of the authorities to slums right from the time they began to be noticed in the city, is enlightening. The author rightly points out that "the government and the civic authorities did not show much concern for a long time towards the proliferation of "illegal" squatter settlements on public land since the low cost squatter housing and the money earned by them through the supply of their cheap labour to the city's economic and commercial enterprises ensured that large masses of the poor survive with minimum demands on the public exchequer."

He also explains the lack of interest of the authorities when he says, "The government and the civic authorities continued their attitude of neglect out of fear that if slums improved, they would attract even more migrants."

That there is plenty of land that can be utilised in the city as the author states is completely true. In this context, the author discusses the failings of the Urban Land Regulation and Ceiling Act introduced in 1976. The author points out that exemptions are sought and got under the Act by a number of builders ostensibly for building flats for the "economically weaker sections". After the exemption is obtained and the buildings are built, no monitoring is done and invariably it is the upper middle class people who buy flats defeating the basic reasoning behind the Act.

The latter half of the book is devoted to a field study, wherein various aspects are studied with respect to four selected slums. The sample sizes for the study seem extremely small putting in doubt the conclusions drawn.

Moreover, the slums studied are, what the author calls, 'safe' slums. No study is done at all of pavement dwellers increasingly forming a sizable part of the city.

Vidya Nayak Root

Statement about ownership and other particulars about Freedom First.

Place of Publication	Bombay
Periodicity of its Publication	Quarterly
Printer's & Publisher's Name	J. R. Patel
Whether citizen of India	Indian
Address	285, Javji Dadaji Marg Adenwalla Baug Bombay 400 007
Editor's Names	S.V. Raju
Whether citizen of India	Indian
Address	L-9-72, Tilak Nagar Chembur Bombay 400 089
	R. Srinivasan
	Indian
	Tarun Sadan Behind Aurora Cinema Kings Circle Maturiga Bombay 400 1119
Name and address of individual who owns the newspaper and partners or shareholders holding more than one percent of the capital	Democratic Research Service 127 Mahatma Gandhi Road Bombay-400 023

I, J. R. Patel, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Dated 1st April 1985.

J.R. Patel
Publisher

Raymond's Suitings

The ^{Best} guide to the well-dressed male



FREEDOM FIRST FOUNDATION

Freedom, with social responsibility and the rule of law, is the foundation of civilisation and a precondition for social and cultural progress. Few people however, have an adequate idea and understanding of the meaning and value of freedom and its implication on day-to-day life. Generally, freedom is taken to mean merely the absence of restrictions of whatever one wishes to have or do. It is doubtful whether freedom as a basic value has become a part of our cultural ethos.

There is urgent need to promote the acceptance of the values of freedom and dignity of the individual among our people and specially among the young. The only hope lies in the efforts of voluntary organisations specifically dedicated to the promotion of these values. A long-term programme of sound popular education in the meaning, implications and responsibilities of freedom in all its aspects is necessary.

These considerations, and the desire to make efforts in that direction, have prompted the establishment of the **Freedom First Foundation** as a non-partisan, educational, charitable Trust for the promotion of these values and ideals. The Foundation will organise lectures, seminars, study classes, and other educative and cultural activities, and will publish and/or subsidise the publication of periodicals, books and pamphlets, for the promotion of these aims and objectives.

We appeal to all those who are committed to freedom, democracy and an open society to support the Foundation by sending donations and contributions to the corpus of the Foundation.

The Foundation has been registered under the Public Trust Act and donations of Rs. 250 and above are exempt from tax under Section 80 G(1) of the Income tax Act, 1961.

Cheques should be made payable to the **Freedom First Foundation**, 127, Mahatma Gandhi Road, Bombay 400 023, and earmarked for its corpus.

A book for all those who organise or preside over meetings.



The Conduct of Meetings

*A book for all who attend
or preside over meetings
written by the Secretary, Toronto Board of Trade
G. H. STANFORD
and adapted and abridged for use in India by
MINOO MASANI*

A handbook that takes you through the entire gamut of functions — from preparing for a meeting; through ordering of business to nominations and elections and the writing of minutes.

Useful to anyone who has anything to do with organising, conducting or presiding over a meeting.

Single
copy
Rs.25/-

20% Discount
on Bulk orders of 100 or more.

Only a limited number of
copies available.

Hurry!

'MAIL THIS ORDER TODAY'

Freedom First Foundation
Maneckjee Wadia Building,
4th Floor, 127, Mahatma Gandhi Road,
Fort, Bombay 400 023.

Please send me _____ copy/ies of *The Conduct of Meetings*,
I am enclosing a P.O./M.O./D.D./cheque for Rs. _____
in favour of Freedom First Foundation (outstation cheques please
add Rs.5/-)

Name _____

Address _____

Signature _____