AN INTER-RELIGIOUS AND BIO-ETHICAL INTERACTION ON ABORTION AND EUTHANASIA

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ABSTRACT

Background: This paper explores the medical, religious, and social dimensions of abortion and euthanasia, emphasising the perspectives of major religious traditions, including Christianity, Islam, and various African belief systems.

Research Problem: The study aims to understand the complex interplay between religious doctrines and secular reasoning that shapes attitudes toward abortion and euthanasia.

Research Method: A qualitative analysis of religious texts and contemporary commentaries was conducted, with a thematic exploration to uncover significant beliefs and values related to these intricate issues.

Research Results: The findings indicate that many women navigate the decision-making process concerning abortion by balancing their religious beliefs with secular considerations. In examining euthanasia, the paper highlights a common opposition among the explored religions, which is grounded in an external moral framework and a belief in a hopeful afterlife that offers solace in the face of current suffering.

Conclusion: These insights provide a nuanced understanding of how religious perspectives influence societal attitudes toward abortion and euthanasia, emphasising their importance in ethical discussions and legislative processes.

Key Contribution to Knowledge: This research highlights the necessity of incorporating religious viewpoints into societal discourse on euthanasia and abortion, as these beliefs significantly impact the lives of billions and inform legislative decisions.

Recommendations: Lawmakers should take into account religious perspectives and allow for conscientious objection in jurisdictions where euthanasia is legal, ensuring that healthcare providers and institutions opposed to these practices can opt out while still respecting the choices of those who seek euthanasia.

Introduction

Despite considerable advancements in the fields of science, technology, and social structures, religion continues to exert a profound influence on contemporary attitudes concerning critical issues such as abortion and euthanasia. These topics, characterised by their ethical and moral complexities, increasingly dominate discussions within medical, legal, and religious domains, often eliciting polarised opinions among stakeholders. Advocates for the legalisation of these practices frequently base their arguments on principles of personal autonomy and compassionate care, while opponents typically invoke religious doctrines and moral arguments associated with the sanctity of life.

The existing secular bioethics literature frequently approaches the interrelationship between religion, euthanasia, and abortion through a limited lens, primarily focusing on the doctrinal perspectives of the Judaic and Christian traditions. This tendency results in a somewhat predictable narrative that inadequately addresses the complexities inherent in spiritual beliefs across a wider spectrum of religious traditions. Furthermore, there exists a notable deficiency in comprehensive comparative analyses that would elucidate the nuances of religious doctrine and practices across diverse cultures. This oversight extends to insufficient attention to the rich diversity within and between religious groups, thereby constraining the depth of scholarly discourse. Interactions between secular and religious scholars have, far too often, devolved into polemical exchanges, which further hampers the potential for productive dialogue and mutual understanding.

Definitions of voluntary euthanasia and physician-assisted suicide constitute vital components of the ethical discussions surrounding Euthanasia and Physician-Assisted Suicide (EPAS). Voluntary euthanasia is defined as the intentional administration of medication by healthcare professionals to actively terminate an individual's life, following that individual's competent and informed consent (Materstvedt et al., 2003). In contrast, physician-assisted suicide refers to the provision of a prescription for medication that, when ingested by the patient, leads to death (Materstvedt et al., 2003). Both practices are typically situated within discussions concerning individuals enduring terminal illnesses, where patients face significant pain and distress. Legal frameworks governing access to EPAS vary considerably, with some jurisdictions imposing stringent eligibility requirements based on terminal conditions, while others adopt a more permissive stance centred on individual autonomy.

Despite the extensive ethical literature surrounding these topics, the interaction between religious beliefs and ethical positions remains inadequately addressed. Numerous studies indicate a strong correlation between religiosity and opposition to the legalisation of EPAS (Chakraborty et al., 2017), suggesting that individual beliefs about the ethics of these practices are often significantly shaped by religious teachings (Sharp, 2018). However, much of the existing scholarship tends to overlook variability in beliefs among adherents of the same faith and potential discrepancies between personal convictions and formal theological positions. This lack of nuanced exploration creates gaps in the academic discourse, particularly regarding the influence of official religious teachings on public opinion concerning these contentious issues.

This paper aims to bridge these gaps by promoting a constructive dialogue between secular scholars and religious leaders from diverse traditions regarding the moral complexities associated with abortion and euthanasia. By utilising a 'commentary on their commentary' methodology, this study seeks to enrich the bioethical discourse, facilitating more nuanced discussions that transcend polemics and foster shared understanding.

While atheism is increasingly recognised in numerous Western countries, a significant portion of the population continues to identify with specific religious affiliations (Hackett et al., 2015). In many instances, such affiliations may be more nominal than deeply felt (Hackett et al., 2018), indicating a potential disconnection between reported beliefs and actual practices. The situation is even more pronounced outside the Western context, particularly in regions such as Africa and Nigeria, where religion remains a central element of many individuals' lives, fundamentally shaping their moral frameworks and decision-making processes (Hackett et al., 2015). Among world religions, Christianity, Islam, Hinduism, and Buddhism are particularly noteworthy due to their substantial number of adherents, each encompassing various branches with distinct beliefs and practices. This article endeavours to fill the existing literature gap by providing a thorough examination of the official teachings regarding euthanasia and abortion within these four major world religions. It will utilise both primary doctrinal sources and relevant secondary literature to offer a comprehensive interpretation of how these traditions inform ethical perspectives on EPAS and abortion.

Abortion

Abortion is the ending of pregnancy by removing a fetus or embryo before it can survive outside the uterus Maternal morbidity and mortality related to complications of unsafe abortion have been identified as major public health problems. Around 56 million abortions are performed each year in the world with a little under half done unsafely (WHO, 2012). Since ancient times, abortions have been done using herbal medicines, sharp tools, or through other traditional methods. Abortion laws and cultural or religious views on abortion are different around the world. In some places, there is much debate over the moral, ethical, and legal issues of abortion. Those who oppose abortion often maintain that an embryo or fetus is a human with a right to life and may compare abortion to murder. Those who favour the legality of abortion often hold that a woman has a right to make decisions about her own body. In many places where abortion is illegal or carries a heavy social stigma, medical reporting of abortion is not reliable. The reasons why women have an abortion are diverse and vary across the world.

Abortion is a medical operation, or some other means to end a pregnancy so that the baby is not born alive. It is used as a means to eliminate a fetus. Also, it is frequently seen as an appropriate method of birth control. The methods of abortion can be divided into two major categories, which are spontaneous abortion, and induced abortion (Kunhiyop,2008). The ways spontaneous abortions occur are not usually thought of as abortions. It is because what characterises these classes of abortions is that there is no outside interference, in other words, external intervention (John and Paul 1998). There are two basic types of spontaneous abortions, which are monthly menstruation, and miscarriage. There are high numbers of cases where an egg is fertilised by sperm, but never implants in the uterus. Instead, it simply passes out of the woman's uterus during her monthly period. In this instance, the woman might not know that she was pregnant(Kunhiyop,2008). In the case of miscarriage, "a developing foetus is expelled from the mother's body before the baby can live outside the womb (Anderson 1997:78)". Due to the nature of induced abortions, many people think of it as the only type when they hear people talk about abortion. This category of abortion is characterised by external intervention, which interferes with the reproductive process, intending to terminate a pregnancy. There are several types of induced abortions of which Therapeutic Abortion (TA) is one. Therapeutic abortions are done to save the mother's life to the detriment of the foetus(John and Paul 1998). Surgical therapeutic abortion is done using any of the following methods: Manual vacuum aspiration (MVA). In this case, a powerful instrument is inserted into the uterus where it tears the developing baby and the placenta apart, allowing them to be sucked out into a jar. According to the Encarta dictionary, the placenta is "a vascular organ that develops inside the uterus of most pregnant mammals to supply food and oxygen to the foetus through the umbilical cord." It is expelled after birth. Another type is Dilation and Curettage (D&C). In this process, "the woman's cervix is dilated and a sharp instrument is used to remove the placenta from the wall of the uterus," in the process cutting the baby into pieces (Kunhiyop,2008). Lastly, Dilation and Evacuation (D&E) is also performed (Nigel and Pamela 1986). Due to the present scientific advancement of medicine, some of these abortions are not happening very often. Besides, there are illegal abortions that comprise practices that create hazardous circumstances

during, or after an abortion. Elective abortion is another category of induced abortions. There are cases where the mother's life is not threatened by the pregnancy, and the life of the child has not been faced with any permanent injury or damage, as to whether the child would become lame or a cripple. Thus, some of the reasons for this type of abortion are simply for the convenience of the parents, the control of family size, to avoid physical or mental strain on the parents, or financial hardship on the family. Also, some families go to great lengths to choose a gender specific child and abort those that they think are of the "wrong" sex (Kerby 2005).

The Zimbabwe Reproductive Health Delivery Guidelines (…year…) identified the following clinical types of abortion: Threatened abortion where there is bleeding and/or cramping without cervical dilatation. Inevitable abortion has bleeding and/or cramping in pregnancy with cervical dilatation. Incomplete abortion has bleeding and/or cramping in pregnancy with cervical dilatation and expulsion of part, but not all, of the pregnancy tissue. Complete abortion is the complete expulsion of all products of conception from the uterus. Missed abortion occurs when the fetus dies with delayed expulsion of the products of conception.

Inter-Religious Perspective on Abortion

A Christian Perspective

The issue of Abortion is often presented as an innocuous medical procedure within the Christian faith be it in the Roman Catholic Church, Anglican, Methodist, Lutheran or many other denominations within the Christian fold, abortion in the Christian understanding is a violent act which harms those who choose it even more than those on whom it is inflicted. The Christian Church has a long experience of talking to women who have been harmed morally and emotionally by abortion, and helping them come to terms with what has happened and make their peace with God (John Paul 1995). Having said that, the emotional damage can be persistent (Tankard Reist 2000; Burke and Rearden 2002), and many women understand that they need assistance from post abortion counselling and self-help organisations with the feelings they experience. Historically, the Church's opposition to abortion has been constant throughout, despite differing in scientific and theological opinion as to when a human life comes into being (Jones 2004). In the Catholic understanding, the human person is not a purely spiritual but a bodily being: the soul is the body's 'life principle', albeit directly formed by God. It follows that any living human individual has both a human soul and human rights, including the right not to have one's life unjustly targeted by others. Increasingly, with growing scientific knowledge, the Church has seen abortion as not only seriously wrong at any stage of pregnancy, but also (as in the earliest Christian tradition) as a form of unjust homicide. Certainly, the unborn child, in Christian teaching, must be respected as a person from conception. The rights of human beings do not depend on the circumstances of their conception: for example, the child conceived from rape must be respected no less than any other child. In any case, abortion after rape—often taken for granted as in the woman's interests—can be particularly traumatic and can even be experienced as a 'second rape'. For a woman to go through with a rape pregnancy, in contrast, can be experienced as an assertion of her own strength and dignity and of the value of her child (Reardon et al. 2000). To take a child's life as a response to the crime of her father is, in the Catholic understanding, not an option: the child and her mother are equally precious and must be equally respected. If the unborn child is disabled, again, her life must be respected, like that of any innocent human being. Prenatal diagnosis with a view to a possible abortion is opposed by the Church, as is any diagnostic procedure which puts the baby and her mother at unnecessary risk. A Catholic response to a diagnosis of disability would not be to refer for an abortion but to put the mother or parents in touch with families or organisations (for example, those with experience of the relevant condition) which can offer positive support.

Abortion is sometimes proposed for suicidal women; however, pregnancy appears to protect against suicide, while abortion and suicidal feelings are, in fact, positively linked (Gissler et al. 1996; Fergusson et al. 2006). It is, in any case, no answer to a woman's distress to take the life of her child. Whether a woman's health problems are mental or physical, an attack on her child will not be justified: deliberate killing and/or expulsion before the child is viable are morally excluded. A high-risk pregnancy, such as that of a woman with a heart valve defect, will need to be monitored, and treatment offered if appropriate. If the woman's own body needs urgent treatment for a medical condition, the Catholic Church teaches that the woman may accept the treatment, even if her unborn child

will die. For example, in the case of cancer of the uterus, a pregnant woman may have a hysterectomy: the death of the child is a sad and painful outcome, but is not in any way intended. While some women may generously risk, or even give up, their own lives for their children, this is not morally required, as they have a right to treatment of what is uncontroversial their own body. The same can be said of the removal of a fallopian tube (or part of the tube) which has been damaged by an ectopic pregnancy: the damaged part would need to be removed, even if the unborn child had already miscarried. The death of the child (for example, where the mother's blood vessels are clamped to prevent bleeding) is not the aim of surgery but an unintended side-effect, which may reasonably be accepted. In other cases where the child is on the verge of viability, delivering the child may be in the child's own best interests, as well as those of her mother. A baby who is or who may be viable, and whose mother is in imminent danger, may be delivered early, as this is likely to be in the interests of both mother and child. Both are precious, and both must be respected, even where (as in the case of tubal pregnancy) both cannot be saved. Pregnancy involves not one but two living human individuals—two innocent human beings. The dependency of one on the other does not annul the rights of either, though their intimate connection means their interests are closely entwined.

Islamic Perspective on Abortion

One in four world citizens is Muslim and 57 countries are official members of the Organisation of the Islamic Conference (OIC). Muslims comprise close to half of all Africans, one-fourth of Asians and growing numbers of Europeans and Americans, and represent great variation across racial, ethnic, linguistic and geographic lines. While all Muslims share certain core beliefs, official and practised Islam manifests itself in different ways as it intersects with local cultures, traditions, histories and politics.

In abortion matters all Muslim countries allow for abortions to save a woman's life, in some cases under the 'defence of necessity'.

Arabic texts demonstrate that discussions about contraceptive practices in Islamic jurisprudence, medical journals, and popular literature were very common (Musallem 1983). The Prophet Mohammed practised coitus interruptus, or withdrawal, and encouraged others to do so as long as there was mutual consent. Medieval Muslim scholars debated the circumstances under which abortions were permissible in Islam. Discussions on the latter included an analysis of the pregnant women's circumstances, information on fetal gestational age and deliberations over whether more harm would be caused by continuing or by ending the pregnancy. It was generally accepted that maternal life carried precedence over that of the fetus at least until the fetus achieved the status of person, considered to be at the time of 'ensoulment' defined as occurring anywhere between 40, 90 or 120 days. Abortions after this time were prohibited unless there was 'just cause' – usually defined as saving a woman's life or their health (Asman 2004). The lives of existing children were also considered more important than that of the fetus; breastfeeding women or mothers who could not afford another child were allowed to terminate a pregnancy. Some scholars argued that women should be allowed to terminate a pregnancy for socioeconomic reasons or due to a pregnant woman's desire to maintain her beauty (Musallem 1983). In light of the increased introduction of population planning programmes, several meetings in the 1960s brought together muftis and health professionals to discuss Muslim positions on family planning. A pan-Islamic conference in Cairo in 1965 and another in Kuala Lumpur in 1969 approved the use of birth control for economic reasons, defined as the inability to support additional offspring. This was an important advance, as opponents of contraception and abortion had often pointed to Qur'anic passages stating that Allah will provide for all human beings in their arguments to oppose family planning and pregnancy termination. A subsequent international conference on Islam and family planning in 1971 concluded that Islam forbids abortion after the fourth month of pregnancy, unless the woman's life is in danger but allows for abortion under several circumstances in the first four months (IPPF 1974). In 1979, the Pakistan Demographic Policies and Implementation Research Centre in Lahore published a guide of Fatwas8 by Eminent Muslim Scholars on population and family planning issues that recognises the diversity of opinions about the religious sanctioning of abortion in the first four months of pregnancy. A subsequent meeting of Asian and Middle Eastern experts and religious leaders called on governments to recognise unsafe abortion as a public health issue, review outdated abortion

laws and provide women with more humane treatment and better access to contraception (IPPF 1992).

In recent years, religious fatwas have been issued clarifying contemporary Muslim positions on abortion. In countries with high rates of consanguineous – or interfamily – marriages, debates have centred on whether women carrying impaired fetuses can terminate a pregnancy. After much discussion among religious leaders, a fatwa was issued in 1991 in Saudi Arabia allowing for abortion in the first 120 days after conception in the case of fetal abnormalities (Alkuraya and Kilani 2001). In Iran, the Grand Mufti Ayatollah Yusuf Saanei issued a fatwa in 2005 permitting abortions in cases of genetic disorder in the first trimester (Hamshari Daily 2005).

Rape is increasingly recognised by Muslim religious leaders as a legitimate reason for abortion. The Egyptian Grand Sheikh of al-Azhar, Muhammad Sayed Tantawi, issued a fatwa in 1998, stating that unmarried women who had been raped should have access to abortion (IWRAW 1998). In 2004, he stated that abortion must be provided if the woman's life is in danger and he approved a draft bill that included rape as an indication. In Algeria, the Islamic Supreme Council issued a fatwa in 1998, stating that abortions were allowed in cases of rape, as rape was being used by religious extremists as a weapon of war (Chelala 1998). In contrast, after discussions about the rapes of Kuwaiti women by Iraqi soldiers during the first Gulf War, Kuwaiti muftis decided that rape did not justify the need for legal abortion (Asman 2004). Yet the arguments used by the Kuwaiti muftis – that life begins at conception and the innocent life of the fetus should be protected – have more in common with fundamentalist Christian views than Islamic jurisprudence.

While fatwas are increasingly being used in debates on abortion, they are not legally binding unless they are translated into law. Moreover, their impetus is not necessarily women's rights. In Egypt, the Grand Mufti argued that rape victims should have access to abortions and to reconstructive hymen surgery to preserve female marriageability and virginity (IWRAW 1998). There is also debate over who can issue a fatwa and what occurs in cases of competing religious positions. For example, in Indonesia, a group of prominent Muslim scholars proposed that the abortion law be changed to include cases of rape and incest but this was rejected by the pro-government Indonesian Ulemas Council (Jakarta Post 2004). Moreover, the patriarchal tradition allows only men to serve as muftis. The issuing of fatwas has been criticised by some women's groups as an intrusion of religion into secular matters (Hessini 2007).

Abortion from an African Perspective

Abortion in indigenous African societies was not well documented in the past because of the few available records. This is because the many factors that lead to abortion were absent. A typical example is that there was no way of knowing whether a foetus was deformed or not. Secondly, when a man and a woman had illegal sexual intercourse and the woman became pregnant, it was those responsible for the pregnancy who were punished, and not the unborn child. Similarly, those who committed incest were severely punished, and also made to undergo ritual ceremonies. They were either banished or made to undergo rigorous ritual cleansing (Mbiti 1989). Also, among Africans, children were not solely the responsibility of their biological mothers and fathers, but belonged to all in the community. If a child's parent could not care for it for some reason, aunts, grandfathers, grandmothers, cousins, brothers, sisters, and stepsisters would take over. Nevertheless, some currently argue that a mother should abort an unwanted pregnancy rather than bring an unwanted child into the world. Also, the strongest motivation for abortion in Africa may be poverty. Hence, it is not that a child is unwanted, but that parents who are enduring unemployment and desperately suffering see no way of providing for it. They choose abortion over bringing a child into a home where it will be undernourished, undereducated and doomed to a life of gross poverty. However, this argument will certainly not have been the case in traditional African societies, where no child was dismissed as a "bastard," "illegitimate" or neglected, because children were seen as belonging to all. Today, however, community ethics are being eroded, and babies are sometimes being rejected and left to die. Unwanted children roam the major cities in Africa, begging for money or food. This is the result of their parents' refusal to accept the responsibility that goes with sexual relationships.

Since childbirth is an important event within many African societies, ethnic groups have socio-

cultural practices that mark the child's major transition points, namely the time the child is conceived and when it enters the world through birth. Among Africans, when a woman becomes pregnant, it is an indication that a new member of that family is about to be born. The mother becomes, therefore, a special person and is treated with dignity by her neighbours. This special treatment starts before and continues after childbirth. There are instances where some husbands humorously put their ears on the stomach of the woman to listen to how the unborn baby leaps in the womb. This is because in some African societies, marriage is not fully recognised until the wife has given birth to a child. Kunhiyop(2008), asserted that infertility is seen among Africans as a negation of life, the destruction of the individual and the community. Pregnancy becomes, therefore, the final seal of marriage, the sign of complete integration of the woman into her husband's family. Unhappy is the woman who fails to get children, whatever other qualities she might possess. "Her failure to bear children is worse than committing genocide" (Mbiti, 1989:3). The importance of children among Africans leads to the fact that childless couples are despised among almost all the ethnic groups of Africa. To a large degree, when a child is born, it is considered a great blessing to the family. People who die through the termination of pregnancies, in other words, abortion, are not accorded normal funeral rites. Among some ethnic groups in Africa, rites are performed during pregnancy to protect the foetus or baby from witches. It is believed that witches feed on a foetus and destroy it. This superstitious belief is known as witchcraft. McKinney (1985:59), defines witchcraft as "an inherent power to exert supernatural influence over another person." Hence, to protect a pregnant woman, some items are processed into a talisman to be worn around the waist or knees. Again, seven incision marks are given on the chin or face of the woman into which black powder is inserted to protect the foetus. This is because miscarriage is highly regretted when a married couple experience one. Also, women who are not married and yet commit abortions are not respected in society. This means that in African morality, whilst the foetus is highly regarded and protected because it is believed to be a living being, abortion is frowned upon and abhorred.

Bio-Ethical Interaction on Euthanasia

The Notion of Euthanasia Etymologically, "euthanasia derives from the Greek word, "eu-thanatos" which literally means "good death" (Davis 2008:195). Davis further defines "Euthanasia... as 'the deliberate killing of a person suffering an illness believed to be terminal, ostensibly out of "mercy". The emphasis in this definition lies in two things. First, 'deliberate killing' and second, 'out of mercy'. In a similar sense, Ijezie(2009:195) holds that, "euthanasia is the intentional killing of someone suffering from an incurable or agonising illness by lethal agents or means". The emphasis here is "intentional killing", "incurable or agonising illness", and "by lethal means". Furthermore, Fagothey(1986:247) holds that "Mercy Killing or euthanasia is the giving of an easy, painless death to one suffering from an incurable or agonising ailment"(2009:328). In line with this meaning, Peschike(2009), holds that "The word euthanasia or mercy killing commonly means the intentional killing of a tormented, incurable patient by lethal agents or means". Additionally, Uduigwomen(2003) and Godfrey Ozumba(2003) present to us a contemporary meaning of euthanasia useful to this work. Thus, for Uduig (2003), "euthanasia has sometimes a wide usage which extends to the painless annihilation of so-called good-for-nothing or undesirable elements in the society". Ozumba(2003:140) on his part emphasised that "we must bear in mind that euthanasia is not suicide per se and is not abortion. Euthanasia may well be understood as an attitude, a disposition and a bearer of certain good motive". Euthanasia has been classified into various forms. These include: active, passive, voluntary, involuntary and non-voluntary euthanasia. Active euthanasia is a form of euthanasia also known as positive or direct euthanasia. It involves the killing of a patient. Consequently, the active cause of the patient's death is the intervention of the physician and not the sickness of the patient. This involves an inescapable responsibility of the physician, because one is always responsible for what one is actively doing (Peschike 2009:328-329). Passive euthanasia is another form of euthanasia also known as negative or indirect euthanasia. This type of euthanasia involves letting a patient die. Garrard and Wilkinson (2005, 64-65), explain passive euthanasia as involving the intention to hasten death in a patient's interest (because of their expected negative quality of life). For them, passive euthanasia involves withdrawing or withholding life-prolonging medical treatment. Voluntary euthanasia is the form of euthanasia carried out specifically at the patient's request. Voluntary euthanasia is generally understood to mean euthanasia at the request of the patient.

(Keown 2004:9). Voluntary euthanasia is also called assisted 'suicide', or mercy death. Involuntary euthanasia on the other hand, occurs when the death of the patient is caused by those around him/her against his/her will or wish to live. Paterson Craig(2008:148), holds that "Involuntary euthanasia adds to the wrong of intentionally killing a patient, the further injury of consciously acting against the patient's will... the intentional killing of a patient against his or her will may be achieved by action or omission or by some combination." Here he believes that the decision may be informed by the fact that the patient's life is not worth living. Non-voluntary euthanasia is yet another form of euthanasia which occurs when the person is unconscious, incapacitated to the point of not being able to reason for oneself or otherwise unable to make a meaningful choice between living and dying, and an appropriate person makes the decision on their behalf. Noteworthy is the fact that nonvoluntary euthanasia also involves intentional killing. Thus, "non-voluntary euthanasia entails the intentional killing of a person who has not expressly consented to the ending of his or her life" (Paterson 2008:148). At this point, it is pertinent to expose some of the arguments for and against euthanasia to enable us to employ the Ubuntu notion of mutual care to align with opponents of euthanasia. For instance, it has been argued on financial and economic grounds that sick people with brain damage or malfunctioning vital organs are a burden on their family members and on society financially and economically. Hence, it is not wrong to allow them to die to be free from the financial burdens they create for their family and society. It is also argued that, if euthanasia is allowed, suicide would be reduced in that some critically ill patients, who take their lives in secret and incriminate loved ones, would have died through mercy killing. Another argument from the idea of utility holds that, when a patient becomes so useless or worthless that he/she can do no more good to either himself/herself or to others, it is better to terminate his/her life because the person will die anyway. Those who argue for euthanasia also base their argument on Mercy. According to them, it will be merciful to end the life of such a patient who merely exists as a vegetable. Alleviating suffering is another argument for euthanasia. A person who is suffering from terminal sickness or disease and wishes to die because of the suffering and pain he or she undergoes, his wish should be respected to end the person's pain. Similarly, moral or ethical arguments for euthanasia appeal to the need to respect the sufferer's autonomy (freedom to choose to die) and to allow the individual to value "quality of life" over "sanctity of life" by reducing reliance on life support systems and advanced medical knowledge. Another argument is that which is based on the right to self-determination and the right to liberty, respectively. Concerning the Right to self-determination, those who argue for euthanasia believe that individuals have a right to choose their own treatment and act as the judge of their own best interest. Concerning the Right to Liberty, those who argue for euthanasia believe that the legalisation of euthanasia is based on liberty. There is an argument from the notion of human dignity. This argument stems from the health condition of the critically ill patient that has become so bad that allowing him to continue living will be keeping him in a dehumanising condition. Those who argue from the perspective of human dignity believe that it would be better to help such a person to die with dignity. From the point of view of the Christian religion, the Catechism of the Roman Catholic Church, number 2278 states that discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of over-zealous treatment. On the contrary, several arguments have also been raised against euthanasia. The theory of vitalism, for instance, is totally against the killing of any sort but is in support of preserving life at all costs. The idea of sanctity/inviolability of life has been used to argue against euthanasia. This is because life must be respected and not ignored or relegated to the background whether a person is critically sick or at the point of dying. Most people who argue against euthanasia believe strongly that euthanasia is murder because it involves the killing of a human person. Euthanasia is murder, and it is even forbidden in the scripture because it is a violation of the sixth commandment: "thou shalt not kill" (Ex 20:13). Moreover, it is the divine creator of life that gives life and can take it away. Again, the possibility of scientific discovery of a new cure and the possibility of a miracle for a patient's disease provide good reason for not taking away life by euthanasia. There is a saying that 'once a door is open for one, then it is open for others.' If mercy death, which is carried out at the request of the patient, is authorised or given moral sanction, the next step will be mercy killing, that is, the decision to kill will be readily made by others for those unable to request death by themselves.

Inter-Religious Perspectives on Euthanasia

Christianity

Christianity is the world's largest religion in terms of the number of professing adherents (Hackett et al., 2015). It contains various distinct branches that, although divided by historical separations and contemporary leadership structures, mutually recognise each other as part of the worldwide Christian faith. Principal branches include the Catholic Church (and more specifically, Roman Catholicism), Eastern Orthodoxy (which includes the Russian and Greek Orthodox Churches) and the Protestant denominations. Of the many Protestant churches, two distinct themes of Protestantism have emerged in contemporary society, the evangelical, or conservative, Protestant churches and the progressive, or liberal, Protestant churches. In both practice and theology, these two themes are more relevant than denomination. In this article, the doctrines of the three most populous branches of Christianity worldwide will be analysed: Catholicism, Eastern Orthodoxy and Evangelical Protestantism (which includes many Pentecostal churches). The most important primary source for each of these is the Bible. Other written documents may also be considered primary texts of official church doctrine, although they are less authoritative than the Bible. These include the creedal formulae of church councils in all three branches, and, in the Roman Catholic Church, Papal Encyclicals and the Catechism of the Catholic Church. In more recent decades, denominations have also released specific officially authorised documents about EPAS.

Biblical / Christian perspective on Euthanasia

Although allusions to euthanasia are found in the literature from the Ancient Near East and the Greco-Roman world (Erdemir & Elcioglu, 2001), the Bible itself is silent on EPAS. However, several themes are spoken about within the Bible that shed light on Christian thinking regarding euthanasia, including creation, human life, suffering and hope. Creation: The Bible views the universe through the monotheistic lens of a creator God who, although able to enter into the universe, exists outside of space and time. From the Old Testament's first sentence (Genesis 1:1), a picture emerges of a creator who spoke the universe into existence. This creation theme continues throughout the Bible, including into the New Testament, which describes God as the creator of all things (John 1:1–4). Furthermore, although creation within the Bible is spoken of in terms of an event, there is also a theme of ongoing sustaining of the creation by God himself (Colossians 1:17; Hebrews 1:3). God as the sole creator and sustainer of the universe is an important theological concept, producing a sense of human limitation regarding issues of life and death (Matthew 6:27). The ability of life to be self-sustaining, of the heart to beat and the lungs to breathe, is not merely a natural phenomenon in Biblical terms; rather, this is under God's control. As such, any human interference with hastening the end of life must be very carefully considered and cautiously approached. In the Biblical narrative, humans are seen to be part of the sphere of creation. However, humans have a special place within creation and are especially valuable because they are created in the image of God (Genesis 1:27). The meaning of "God's image" is complex and nuanced. However, even without exploring the depth of this, it can be seen, from the Bible's perspective, that humans are unique. There are many allusions scattered throughout the Bible of this unique value, including from the words of Jesus in the Gospels (Matthew 6:26). The importance of this view of human value is particularly seen in Biblical passages that describe the consequences of judgment that God anticipates upon those who do not value human life. Direct instructions from God prohibiting murder, mandating its punishment and ensuring justice occur in several passages such as Exodus 20:13, Genesis 9:6 and Proverbs 24:11-12. This prohibition on taking life relates intimately to both the value of humans and God's nature as creator and sustainer. The prohibition against taking life is not absolute, however, as can be seen by the implicit support for capital punishment in Genesis 9:6. Nonetheless, the taking of life is restricted to only distinct circumstances. Furthermore, the framework of God as sustainer indicates that the deliberate action of killing should only ever occur at God's command. Consequently, there is an implied prohibition of EPAS in Biblical theology. To argue against a Biblical ban on EPAS, it becomes necessary to understand EPAS in one of the two ways. Either EPAS does not involve deliberate killing but is merely facilitating the dying process, or, although EPAS does involve deliberate killing, it is a compassionate representation of love relieving suffering. However, neither argument is strong in overcoming the straightforward scriptural

mandate that disallows killing except in the framework of the creator's direct instruction. Suffering, Death, Hope and Resurrection Although Genesis' creation account describes a good creation, the Bible develops a theodicy and theology of suffering very early on. It describes the entrance of suffering into the world through the concept of sin, the act of deliberately turning away from God and his instructions. In the narrative of Genesis 3, the first man and woman make the deliberate choice to ignore God's instruction to them, and the result is a separation from everlasting life sustained by God (Genesis 3:17-19). Although suffering and death entered the universe because of sin, the Bible also demonstrates that we are often unable to explain the suffering of an individual. Jesus himself referred to this several times in the Gospels (e.g. John 9:2) and the Old Testament book of Job finishes with verses that emphasise the impossibility of humans ever truly understanding the mystery of suffering (Job 42:3). In offering these two contrasting views of suffering—that it is through human sin that suffering occurs, yet, that suffering cannot be understood fully—the Bible also describes two responses of God to our suffering. Firstly, God cares about human suffering, and secondly, God himself suffers. In many places, the Old Testament describes God's care for his people Israel and his desire to comfort them in their suffering (e.g. Isaiah 66:13). Likewise, in the New Testament, a picture of Jesus as a comforter emerges. For example, in Matthew 5:4, Jesus is recorded as saying, "Blessed are those who mourn, for they will be comforted". The Epistles also share this image of God as a comforter (2 Corinthians 1:3–4). God is not only portrayed as one who cares and comforts; he is also portrayed as the God who suffers, especially in the person of Jesus, God the Son (Isaiah 53:3). The suffering that God endured not only places God in a position to understand our suffering but is part of God's redemptive plan for humanity. The book of Revelation describes the future of humanity as one without suffering. God himself wipes every tear away from his resurrected people who have received eternal life (Revelation 21:4). The redemption is inaugurated in the suffering of Jesus on the Cross (Ephesians 1:7). In other words, God does not delight in human suffering but instead is in the process of bringing suffering and death to an end. At the same time, the Bible acknowledges that suffering and death are realities that will be part of the lives of all people in this world. This Biblical description of suffering and death immersed in hope is complex. Humans, in imitating God's love and care for his creation, aim to bring relief from suffering and hope to the world. In this sense, this could be extrapolated as Biblical acceptance of EPAS; however, suffering in this life is inevitable according to the Bible, and suffering is not presented as the ultimate evil as it is transient and temporary. Instead, the Bible explains that this life, with its associated suffering and death, occurs along the path to a better future of eternal life without suffering. In this theological framework, living right in this life, following the path set out by God and being obedient to his rules, is of more importance than avoiding temporary suffering (Matthew 5:30). As such, there is a strongly implied theological opposition to EPAS throughout the Bible. Consistent with this, Roman Catholic, Eastern Orthodox and most evangelical Protestant churches present a unified official stance in opposition to EPAS all are against Euthanasia.

Islamic Perspective on Euthanasia

Islam, the world's second-largest religion, has two major branches, Sunni and Shia (Hackett et al., 2015). Both consider the Quran as God's message and the primary source for determining religious beliefs. In addition to the Quran, Muslims rely on Hadith or records of the words of Islam's major prophet, Muhammad and Ijma or expert reasoning and consensus (Avci, 2019). Sunni Islam, accounting for almost 80% of Muslims, consists of several distinct schools of interpretation, including Shafi, Hanbali, Hanafi and Maliki. These schools broadly agree on matters of doctrine. Shia Islam, the second-largest branch of Islam, accounting for almost 20% of Muslims, also consists of various similarly minded sub-branches, including the Zaidis, Ismailis and Ithna Asharis.

No Muslim-predominant nations have legalised EPAS. Furthermore, in most Muslim-predominant countries, the degree of secularity and atheism is less than in the West's traditionally Christian nations, where EPAS has risen to prominence (Hackett & Grim, 2012). Therefore, broader Islamic theological discussions about EPAS have not naturally occurred to the same degree as in Christian denominations. Nonetheless, there has been increasing consideration by contemporary Sunni and Shia scholars of the topic.

Quranic Perceptive on Euthanasia

The Quran has minimal direct discussion on the topic of EPAS (Avci, 2019), but it does contain passages about Allah's authority, human dignity, life, perseverance, death and paradise. These passages give guidance towards an Islamic interpretation that, in general, strongly opposes EPAS in any context (Avci, 2019), considering it to be a form of murder (Sobotkova, 2019). Allah's Authority In the Quran, all existence is explained as having come into being through one God, Allah, who is the creator of all life. As the creator, Allah is understood as the trustee over everything in existence (Quran 39:62). He has sole authority over life (Quran 3:145) and death (Quran 16:61), which includes determining the timing of every person's death. From an Islamic perspective, recognizing this truth is an essential part of being a good servant of God (Avci, 2019). Human Value In addition to Allah's complete authority over life and death, human life is presented as having special value in Islam and is considered sacred. This is a particular honor given to humanity over all other creatures and is connected with the ability to learn (Quran 17:70) and receive faith (Quran 33:72). Consistent with these axioms of human value and Allah's authority, murder or the deliberate taking of life outside the context of justice is forbidden (Quran 17:33). In other words, there are certain times when the taking of life is allowable in Islam, but the Quran is explicit that this can occur only when it represents justice for crimes committed or on the instruction of Allah. This prohibition on the taking of life also extends to suicide (Quran 4:29). Suffering, Perseverance, Comfort and Paradise the Quran's view of human value extends to a philosophy towards saving life (Sobotkova, 2019). Even in hardships and suffering, there is a command to persevere in Islam (Quran 31:17), which includes patiently bearing through the suffering of illness, either experienced personally or by a loved one. The need for obedience to Allah's authority is a central theme in Islam (Avci, 2019). Through choices of obedience to Allah and belief in his instructions, the Muslim travels the road to heaven, or paradise, after a resurrection and day of judgement for all people. In contrast, actions performed in disobedience to Allah and rejection of Quranic teaching result in a judgement of guilt and entry to hell (Quran 84:25). Through obedience to Allah and perseverance in illness, the believing Muslim may have comfort and hope of resurrected life in paradise (Quran 13:24). Although the Quran speaks particularly of a distant future of resurrection and paradise, it also promises comfort for those suffering in this life. Allah is called gracious and merciful, and comfort is promised in hardship (Quran 94:5). Associated with this is a recognition that a Muslim can, and should, seek spiritual and emotional support to help soften their pain (Avci, 2019). There is also some comfort offered in the Quran's representation of Allah's omnipotence with the teaching that Allah understands our hardships but that sometimes these occur for our good (Quran 2:216). These Quranic descriptions regarding Allah, human life, obedience and paradise weigh against Islamic acceptance of EPAS. Therefore, there is widespread agreement among Islamic scholars and leaders, both Sunni and Shia, that EPAS is in contradiction to Allah's will (Avci, 2019; Ayuba, 2016; Sobotkova, 2019).

African perceptive on Euthanasia

African ethics has some moral values or virtues which guide harmonious living. These values include mutual respect, mutual caring, mutual sharing, honesty, co-operation, empathy, fairness, compassion, reciprocity, hard work and harmonious living etc. Our interest here is with mutual caring. Care or caring has to do with the feeling and exhibition of concern and empathy for others. It has to do with showing compassion, kindness and love towards others. Caring implies providing for others, assisting others. Within Ubuntu ethics, Etieyibo(2011:127), holds that "Ubuntu espouses the values of caring… integral to the flourishing of the individual and community". He further stressed that Ubuntu fosters collaboration and solidarity; it does not set up one person against another. In encouraging everyone to communally care about others, it encourages that we all work out together solutions to our problems, whether social or economic (Etieyibo, 2011:126). Care becomes one of the yardsticks for living together. Mutual care or caring has to do with love, kindness, compassion, responding and finding alternative to the needs of others in order to flourish the well-being of each other. Within the African context, caring is an integral part of the African people when it comes to the sick. Africans care for the sick until the point of death. This is why we argue in this work that from the point of view of mutual care, euthanasia is not permissible within the African traditional society. This is because life is an important value and should be preserved.

On the other hand the issue of euthanasia arises when a person that is terminally ill places

burden on the family members either because of the expenses they incur or the psychological stress they go through. Western and traditional African societies are concerned with issues relating to the sick especially the terminally ill. While western societies may support the discontinuance of treatment of the sick as seen in the Dutch laws, no African country has legalized euthanasia. Consequently, in traditional African societies, the relatives of the terminally ill patient will for instance, not discontinue treatment even though that may be the last option. If euthanasia is an option, what will be the essence of African Traditional Medicine (A.T.M.)? Mutual caring thus becomes very necessary for the terminally ill patient. In caring for the sick, the family members, the community, the traditional doctors, African Traditional Medicine (A.T.M.) and the ancestors all play an important role respectively. We contend that mutual care plays an essential role in the healing of the terminally ill patient, such that euthanasia which is the medical killing of the terminally ill becomes an anathema in African society. What will be the value of Traditional African medicine if euthanasia is the last resort? Before the influx of western medicine, Africans cured themselves through their herbal medicine. Africans are still finding cure to the various ailments through their traditional herbal medicine. Within the context of Africa, traditional African medicine preserves the humane and compassionate dimension of the African community. (Ramose 2005:71). Traditional medicine is against the exchange of mutual care for uncompassionate euthanasia. Ramose stresses this when he lamented the emigration of mutual concern, mutual care and compassion for one another to the unsympathetic, formal and uncompassionate structures. Traditional medicine is against this kind of emigration. The emphasis here is compassion, concern and care. Through traditional African medicine, the sick is shown love by the family members, community and native doctors. The thought of euthanasia is completely ruled out within the African society. The sick is also perceived to be useful within the African Society. Everything and everybody is important. Plants and animals are significant. The dead and ancestors are vital. The terminally sick are also useful. Useful in the sense that it gives the family members an opportunity to express love, care, concern and compassion to them. Also it gives the African native doctors an opportunity to discover more African medications. As such no human being is completely useless. This means that if and when a choice must be made between preserving the life of a human being and making wealth then the former must be preferred and prevail… this means that no single human being can be thoroughly and completely useless. For this reason, even the demented still have a meaning in life, otherwise the ancestors would provide for their passage out of this world. (Ramose 2005:70). The implication of this is that Africans care for the sick and do not see it as inconveniencing. Within the traditional African society, caring does not require the law. In fact, it is against the African communal settings not to care for one another. Law is meant to guide human conduct within society. That is, law helps regulate human behavior. Laws have been formulated as to whether someone who is critically sick should be killed mercifully through euthanasia. Some western countries have legalized euthanasia. But it should be reemphasized that no African country has legalized the practice of euthanasia. “The significance of this observation is that it is unnecessary, particularly in the case of illness and diseases, to invoke laws in order ensure the provision of care and possible cure” (Ramose 2005:69). If laws are formulated within the African society to kill the terminally sick, where lays the value of mutual care which is highly placed and cherished by Africans? Consequently, it is very necessary to care for the sick especially the terminally ill and unnecessary to formulae laws to kill the terminally ill. The African life is communalistic in nature. The individual identifies with the family and community. As such, “the individual is recognized from the perspective of the wholeness in the form of the wider community” (Ramose 2005:68). For Ramose, medical care in traditional African society has to a large extent been provided without recourse to… separated or isolated… centers (Ramose 2005:69). This implies that hospitals, asylum centers etc. make the individual isolated or separated from the community. Medicine is not only a yardstick for healing; proper care plays an important role. When proper care is given to the terminally ill by the family or community, euthanasia will be uncalled for. Within the African society, terminal illness may be as a result of an offence against the ancestors. The ancestors are believed to be the living dead. When a person dies within the African society, he/she automatically becomes an ancestor. Ancestors are believed to be close to the gods. Ancestors are believed to intervene for the living individual or community in general. If a person is terminally ill within the African society, it is believed that he may have offended

the ancestors. Through incantation and pouring of libation, the family members or community can find out from the ancestors "…what wrong the victim has done to deserve such an affliction" (Ramose 2005:69). If the sick person has committed an offence against the ancestors or the gods, "the effect of this report should be a cure in the sense that the healthy member of the family will then do what is necessary to appease the ancestors" (Ramose 2005, 69). On the contrary, "…the members of the family of the victim - patient will continue to share the burden of the illness until the victim-patient is cured or dies at the pleasure of the ancestors" (Ramose 2005, 70). This shows that euthanasia is not the last resort.

Conclusion

Through development and advanced technology, human life has been improved through medicine, agriculture, better housing, better means of moving for one place to another and better ways of recreation. Despite all these, humans still suffer and die. Human beings still go through dehumanizing ailments like brain damage, kidney failure, paralysis, liver failure, etc. Based on these terminal sicknesses, most countries have opted for euthanasia, medical killing of a patient. We have argued that the value of life is sacrosanct and should not be tempered with. The philosophy of Ubuntu states that "I am a person through the community or I am because we are" just like in the words of Mbiti (1969) Using Ubuntu's notion of mutual care which has to do with love, kindness, compassion, responding and finding alternative to the needs of others in order to flourish the well-being of each other, we argued that euthanasia and Abortion is not permissible in Africa. This is so because in Africa even the terminally ill is useful and as such, the family members of the sick are given the opportunity to show love, care and concern to the terminally ill. We further demonstrated that African medicine and the ancestors play a great role in curing the terminally ill, thereby giving no room for the practice of euthanasia in African societies, while that is sustained the researcher maintains that for no reason should abortion be encouraged Since the study seeks to ascertain the position of religions on the subject matter, a conclusion must be drawn that the pro-life position is morally acceptable because it is in accordance with the African, Christian and Islamic view that abortion is immoral. As a result, the study shows that induced abortions in general are immoral. Given the large number of abortions, the study concludes that an unwanted child by its mother should not necessarily be aborted, because there are many options to choose from, such as adoption, abstinence and the use of contraceptive. This will go a long way to avoid complications that could lead to death of pregnant women and other life-time consequences. As argued, abortion is not free of problems or illness that happens after it has been performed. Also, when someone is raped or involved in incest and tries to escape the stigma that goes with it by committing abortion, it makes the innocent baby a victim of the crime as well. While the woman is already a victim of rape or incest and tries to commit abortion; the act only adds another problem to the one she already has. Sometimes economic hardship seems to be the cause of many abortions. Though economic issues are factors, there are views that it is never right to commit abortion in order to alleviate suffering. This is because abortion is considered to be murder. Having been conceived, the foetus has no choice but to grow, since it has no choice in its conception. Hence, the inference drawn is that abortion should be discouraged, especially, among African Christians and other Bible believing Christian deontologists whose duties are to obey the rules of a moral God. To the Christian, Jesus Christ must always be Lord and ought to be obeyed in even difficult situations. Finally, Christians should not forget that ".... takers of life, those who commit the sins of the flesh, and all those who are false, will have their part in the sea of ever-burning fire which is the second death" (Revelation 21:8).

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