

THE CONTEMPORARY EUTHANASIA DEBATE IN THE LIGHT OF AFRICAN WORLD VIEW AND ETHICS

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ABSTRACT

Life in the current world is significantly propelled by people's consciousness of human rights and the eager to defend them. Euthanasia and assisted suicide are perennial problems which are gaining more strength since they have come to be seen in the new light as human rights. Some scholars have fronted arguments either to support or reject permissibility of Euthanasia and assisted suicide in a civilized society. These arguments are usually based on the western worldview, definitions of personhood and understanding of fundamental concepts like human rights, especially the right to privacy and self determination. According to some western ethicists, people without consciousness are said to be outside the definition of personhood. They are devoid of human rights and therefore killing them is permissible. Besides, if we have to respect the human right to self determination, then we should obey people's choice to be assisted in suicide. This article analyses permissibility of euthanasia and assisted suicide from the western and African points of view. In African thought and Ethics, an individual's pursuit or practice of moral virtue is intrinsic to the conception of a person. This renders the defense of euthanasia basing on western definitions of personhood unviable within African ethics.

1.0 The Contemporary Euthanasia Debate in the Light of African World View and Ethics

Euthanasia is defined as the beneficent timing or negotiation of death of a sick person. In a more narrow sense, it is the killing of a human being on the grounds that he is better off dead. In an extended sense, the word 'euthanasia' is used to refer to painless killing of non-human animals, in our interests at least in as much as in theirs.¹

Etymologically, euthanasia is derived from a Greek word "euthanatos" meaning good or painless death (from Greek, *eu*, 'good' and *thenatos*, 'death') which came to be used in the last decade of 20th century to mean a death that is perpetrated or accelerated with the help of medicine.²

"Euthanasia is also called mercy killing act or the practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical order."³ For that reason, "euthanasia" is sometimes used interchangeably with "mercy-killing."

¹Robert Audi, *The Cambridge Dictionary of Philosophy*, (Cambridge University Press, United Kingdom, 2001), 292.

²Kyriaki Mystakidou, *Perspectives in Biology and Medicine*. (The Johns Hopkins University Press. 2005). 95-104.

³Euthanasia--*Britannica Online Encyclopaedia*, <http://www.britannica.com>

2.0 Extent of Euthanasia

Similar to euthanasia, is assisted suicide, in which the patient is assisted to commit suicide as a way of alleviating pain. Euthanasia is distinguished from murder by the intention behind killing, in the sense that, murder would be committed for a reason other than kindness. The act of administering a painless and merciful death to patients is classified as either active/positive or passive, and as either voluntary or involuntary.

2.1 Active Euthanasia

Active euthanasia is when one brings about a patient's death directly by some means. It involves taking of steps to end a person's-especially a patient's-life.⁴ The steps that are taken to cause the patient's death are such as injecting the patient with poison. In most cases, this is usually an overdose of painkillers like morphine or sleeping pill.

2.2 Passive Euthanasia

Passive euthanasia is a conscious act of withdrawing medical treatment with the deliberate intention of causing patient's death. The omission or termination of means of prolonging life is done on the grounds that the patient is better off without them.⁵ According to John Keown, passive euthanasia falls in the wider definition of euthanasia as he says:

On this wider definition, 'euthanasia' includes not only the intentional termination of the patient's life by an act such as a lethal injection but also the intentional termination of life by an omission. Consequently, a doctor who switches off a ventilator or withdraws a patient's feeding tube performs euthanasia if the doctor's intention is to kill the patient.⁶

A good example is when a doctor deliberately withdraws a dialysis machine for a patient who needs it to survive so that the patient may die fairly soon. Another example of passive euthanasia is when the medical staff deliberately fails to resuscitate a patient who has a heart attack or any other similar sudden interruptions in life when they can successfully do it.

The fundamental difference between active and passive euthanasia is that in active euthanasia, an action is consciously done to end the patient's life, while in passive euthanasia an action that would preserve the patient's life is deliberately avoided. In other words, active euthanasia is administered by the act of commission while passive euthanasia is done by an act of omission. For further clarification on the difference between these two, Thomasma distinguishes them as:

Active euthanasia brings about death through direct intervention. The act performed directly kills the patient. Passive euthanasia, by contrast is the withholding or withdrawing of life-prolonging and life-sustaining technologies. Death is brought about by the underlying disease or assault on the body. This disease or assault was initially sufficient to kill the patient, but the technology and

⁴R. Audi, Op. cit., 292.

⁵Ibid., 292.

⁶John Keown, *Euthanasia Ethics and Public Policy: An Argument against Legalization*, (Cambridge University Press. 2002). 12.

our medical skills arrested that process. Withholding or withdrawing such treatment means that the dying process continues unabated.⁷

2.3 Voluntary Euthanasia

Voluntary euthanasia occurs when the patient in question requests that action be taken to end his life, or life saving treatment be stopped, with full knowledge that this will lead to his death. In this case, a patient is mercifully put to death in order to end his suffering according to his own wish.⁸

2.4 Involuntary Euthanasia

Involuntary euthanasia is when a patient's life is ended without his/ her knowledge and consent or against the patient's wish. This happens in the circumstance where a patient is competent and pleading with the medical practitioner not to euthanize him or her, but the medical practitioner ignores the patient's plea and goes ahead to administer euthanasia to him or her. Involuntary euthanasia also occurs when euthanasia is administered to an incompetent patient who had explicitly rejected euthanasia before falling in a vegetative state.

2.5 Non-voluntary Euthanasia

Non-voluntary euthanasia is painless death which is administered to subjects whose agreement cannot be obtained because of their physical or mental state. As Peter Singer puts it that: "If a human being is not capable of understanding the choice between life and death, euthanasia would be neither voluntary nor involuntary, but non-voluntary".⁹

3.0 Euthanasia in Relation to Some African Traditional Communities

Certainly, there were killings that were executed among some African traditional societies which might seem to be euthanasia. In some African communities, for instance, in the traditional Yoruba community of Nigeria, newborn twins, or "Ibeji," were killed immediately they were born. They were believed to be evil, monstrous abnormalities, and infanticide was a common practice.¹⁰ It is also noted by Helen and Catherine that:

A perspective held by southern Bantu groups is that twins have a strong association with wild animals. In this context twins are viewed as unpredictable, deceitful and disruptive to the society. This association of twins with disruption and harmful influences is accompanied by fear of the birth of twin infants, and it has been argued that this precipitates the killing of one or both of a pair of twins- "twin infanticide".¹¹

The action of killing twins as explained above is not euthanasia; it is sheer infanticide due to ignorance of human genetics. This kind of killing has no good reason that would qualify it to be called euthanasia even though it might seem to be active non-voluntary euthanasia.

⁷David C. Thomasma and Glenn C. Graber, *Euthanasia Towards an Ethical Social Policy*, (The Continuum Publishing Company. New York. 1990), 3.

⁸Cf., R. Audi, Op.cit., 292.

⁹Peter Singer, *Practical Ethics*, (Press Syndicate of the University of Cambridge, London, 1979), 130.

¹⁰Africadirect, *The Yoruba People of south West Nigeria, Africa.*, <http://review.ebay.com>

¹¹Helen L. Ball and Catherine M. Hill, "Re-evaluating Twin Infanticide," *Current anthropology*, (The University of Chicago Press. Dec, 1996), Vol. 37, No. 5, pp. 856-863.

Here, the twins are mercilessly killed without necessarily suffering from any severe disease or condition; they are killed for some cultural taboo reasons which are rooted in the people's ignorance of the root cause of twins' birth.

Another instance that might be easily confused with euthanasia in Africa is the way the traditional Kikuyu community treated their terminally ill or the dying elderly. In short, they used to abandon their dying patient in the bush with some food so that he may die by himself. If euthanasia means good death or merciful killing, does this kind of death qualify to be called euthanasia? It seems to be passive euthanasia but it is not because, euthanasia should not be painful for it is primarily supposed to relieve one from painful dying process. Suppose the food got finished before the patient dies, the patient will then die of hunger! This is neither good death nor merciful death; therefore, this practice is not euthanasia by definition.

There is a wide range of euthanasia that patients or physicians choose to utilize in ending the unbearable pain of terminally ill patients or those in an irreversible coma. The biggest problem here is not whether one should choose euthanasia or not, but what are the rights of the patients and the duties of the physicians and above all, what are the ethical implications of their choice?

4.0 An Overview of Ethics of Euthanasia in African Context

In the world euthanasia debate, one might wonder whether Africans (except in South) have any problem with dying since they hardly participate in the debate. Most probably, it could be because most Africans may have no access to sophisticated medical technology that would warrant them to undergo futile treatment. It also could be because, in most cases when a patient dies from hospitals in Africa, the family members hardly question the doctor or investigate the circumstances under which a patient lost his/her life, since this involves legal costs. But to be sincere, is it true that doctors in big and sophisticated hospitals in Africa like the Nairobi Hospital, Kenyatta Hospital among others do not experience the dilemma of choosing between quality of life and sanctity of life in their line of duty? Or is it that Africans do not suffer from painful terminal diseases like cancer and diabetes among others? Or, is euthanasia a normal thing to them that needs not to be debated about? Or is it due to the fact that, in most African societies, issues like euthanasia, assisted suicide, abortion, incest, or homosexuality are always kept as family secrets, hence discussions over them are overlooked. That is, if someone seeks to be euthanized or assisted in suicide, it is done and kept as a secret hence blocking the euthanasia debate from thriving in Africa? But whether these actions are kept as secrets or not, they remain subject to law and medical ethics. Closing one's eyes to important ethical problems does not mean that they don't exist, or that have been solved. Whether euthanasia is a hot debate topic in African medical practice or not, it remains true that Africans also experience painful terminal diseases that would make them wish to be assisted in suicide or be euthanized.

This is the reason why we have to take the pain of thinking about morality of euthanasia, palliative care and end of life ethics in African context. Africa has been renowned as a dumping site beginning with industrial production to morality. Some Africans simply *cut and paste* what is done in the west in the name of modernity without subjecting it to

rigorous evaluation first. If debates about ethics of euthanasia are not taken serious, some Africans might start asking for euthanasia and assisted suicide simply because; it is already being done in the west. The fact that euthanasia and assisted suicide has been legalized in some countries in the west, does not prove that such legislations are ethical and that are founded on the principles of just laws. So, let us take the task of relating euthanasia and assisted suicide to African Ethics and see which among quality of life and sanctity of life will thrive. In this case, the sanctity of life would be expressed in practical palliative care.

5.0 The Implications of Euthanasia and Palliative Care in the African Context and Ethics

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress. It is administered to people suffering from serious and chronic illnesses including cancer, cardiac disease such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), kidney failure, Alzheimer's, HIV/AIDS and Amyotrophic Lateral Sclerosis (ALS). Palliative care relieves the symptoms of these diseases, such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. It helps one gain the strength to carry on with daily life. It improves your ability to tolerate medical treatments. And it helps you have more control over your care by better understanding your choices for treatment options.

Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

The point of palliative care is to relieve suffering and provide the best possible quality of life for both the patient and his/her family.

Human Immune Virus (HIV) and Acquired Immune-Deficiency Syndrome (AIDS) is one of the contemporary medical problems that Africa and the whole world at large face. Patients who are HIV positive are vulnerable to opportunistic infections like tuberculosis and sexually transmitted infections. If these opportunistic infections are treated, the patient will remain looking healthy.¹² However, if these infections are not treated, the patient will suffer unbearably and begin to think he would be better off dead. At this stage, the patient will not be implying that he has lost his right to life due to his poor quality of life and therefore terminating his life is ethical. He will only be expressing his wish to alleviate the pain and suffering. As it is now, our medical technology at this stage cannot treat to cure a HIV positive patient, but physicians can cure the opportunistic infections in order to alleviate the patient's pain. Therefore, would be unethical for a physician to end a HIV positive patient's pain by killing the patient instead of alleviating his/her pain?

Africa being the most hit by the HIV/ AIDS pandemic in the whole world, must find ways of caring for AIDS patients before it becomes common for the HIV positive and AIDS

¹²Virginia Bond, M.D and Sanyukta Mathur, *Stigma Associated with Opportunistic Infection and HIV and AIDS in Zambia*, <http://www.icrw.org/docs/stigma.pdf>

patients to request euthanasia or assisted suicide. Physicians should also receive better training on how to carry out palliative care for HIV positive and AIDS patients. If possible, movements like the hospice should be started or strengthened in order to deal with hopeless cases which not only should be of HIV/AIDS but also cancer, cardiac disease such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), among others.

If pain relief methods are made possible, then there would be no need to go the F. Peter Omonzejele way in his article, “*African Ethics and Voluntary Euthanasia*”, in which he suggests that; African ethics with all its aspects of culture should be dynamic to deal with new issues such as request for euthanasia and to allow assisted suicide¹³. Dennis Masaka makes a similar argument that: “if an AIDS patient rationally and competently feels that his life must be ended then physicians must assist him in ending his life. Refusing him the right to end his life is insensitive because it simply worsens his situation. Thus, Voluntary euthanasia can be morally justified in the context of the terminally ill AIDS patients.”¹⁴

Omojenzele’s and Masaka’s defense of euthanasia do not hold water within African ethics. African ethics is generally founded on the vital force that constitutes the hierarchy of being and keeps it in a perfect harmony. Any action that diminishes the vital force is unethical for it disorders the ontological harmony. A human being is a vital force and killing him/her is to diminish the vital force. Therefore, an intentional killing of a human being is unethical since it diminishes a vital force and causes disharmony in the hierarchy of beings. In fact, Placid Tempels emphasizes the same point according to *Bantu philosophy* as follows:

Every act, every detail of behavior, every attitude and every human custom, which militates against the vital force or against the hierarchy of the “*muntu*”, is bad. The destruction of life is a conspiracy against the Divine plan; and the “*muntu*” knows that such destruction is, above all else, ontological sacrilege: that it is for that reason immoral and therefore unjust.¹⁵

Basing on the above reasons, euthanasia and assisted suicide cannot be justified within African ethics without contradiction. To be dynamic in ethics does not mean accepting any unethical action that our contemporaries do as ethical, even when it contradicts the fundamental principles of our ethics. Omonzejele defends euthanasia in African scenario but basing on the western criterion of justifying euthanasia.

6.0 Personhood as the Criterion for Defense of Euthanasia in the Contemporary Western Ethics

Euthanasia debate in the contemporary society has taken two contra opposing dichotomies. One of them, which has always been defended especially by Peter Singer, is that which defends euthanasia basing on the quality of life. That life needs to be sustained so long as it is of that quality which deserves to be termed rightly as human conscious life. In other

¹³F. P. Omonzejele, “African ethics and Voluntary Euthanasia”, *Journal of Allergy and Clinical Immunology* 2004, Vol. 23, Issue 3, pp. 671-85.

¹⁴ Dennis Masaka, “A Theoretical Defense of Voluntary Euthanasia in the context of AIDS” *Journal of Sustainable Development in Africa*. Vol. 12 No. 5 (2010), pp. 51-60.

¹⁵Placid Tempels, *Bantu Philosophy*, (Presence Africaine, Paris, 1969), 121.

words, life needs to be taken care of only if it has the potential to generate some sort of benefit. This implies that euthanasia would be justifiably administered to those individuals whose life may lack consciousness-which is the ground for personhood-or may not have any potential benefit from treatment (e.g. the irreversible comatose and the deformed infants). Morality is rooted in personhood and personhood is rooted in consciousness and since such patients are irreversibly unconscious, they don't belong to the moral community. Therefore, there is nothing immoral about ending their lives or harvesting their organs for transplant. In this situation, the ethical equation of taking an innocent human life changes, in a way that some innocent lives may be taken ethically and justifiably, so long as they permanently lack personhood (consciousness) or might not benefit from treatment. Consequently, the only way such individuals' lives could be beneficial to the society, is by donating organs from their bodies to those patients who are in dire need of them to survive, instead of letting the irreversibly dying patients to die with their good organs, while there are those who need the same organs. For these reasons, euthanasia is justified and ethical if it is administered to an irreversibly dying patient, irreversibly comatose or a deformed newborn in order to harvest organs to save other lives or for economic reasons.

As regards assisted suicide, Singer holds we are supposed to respect persons' autonomy and self-determination. So, if a person judges his life not worth living and decides without coercion that he wants to end his life, then we should assist him to commit suicide. For the worth of life depends on its quality, and if one judges his life not worthy to live due to unbearable pain, who else can judge it better than himself?

Peter Singer bases on the above arguments to reach his conviction that the ethics of universal sanctity of life as a basis of medical practice, has changed to quality of life since basing on the above argument; some innocent lives might ethically be taken as it already happens in the contemporary society.

7.0 The African Verses the Western Context of Defense of Euthanasia Basing on Quality of Life and Personhood

The above Singer's defense of euthanasia based on the Western definition of 'person' cannot stand within African ethics. This is because the African understanding of 'person' is different from the Western definition of 'person'. For that reason, the African understanding of who qualifies to be 'a person' or 'not a person' is different from the Western understanding of the same.

The Western understanding of the concept of personhood is fundamentally rooted on an individual's capacity for rationality and consciousness. Singer himself says: "person' is now often used to mean, a being with certain characteristics such as rationality and self-awareness."¹⁶ He explicitly says that he gets his meaning of a 'person' from John Locke who defined a 'person' as: "a thinking intelligent being that has reason and reflection and can consider itself as itself, the same thinking thing, in different times and places".¹⁷

¹⁶P. Singer., *Rethinking Life and Death*, op.cit, 180.

¹⁷Ibid., p. 162.

Singer holds that some non-human-being e.g. animals are persons so long as they exhibit some degree of rationality and self-awareness.¹⁸ He says: “Boethius confirmed this by defining ‘person’ as ‘an individual substance of rational nature’, a definition subsequently used by Aquinas...”¹⁹ For Singer, the definition of personhood includes only self-conscious beings, hence, those human beings who lack self-consciousness, like infants and the irreversibly comatose, are not persons. It is unethical and illegal to kill a person but the irreversibly comatose and infants are not persons. Therefore, it is neither unethical nor illegal to kill them.

8.0 The Meaning of Personhood in African Worldview and Ethics

Charles Nyamiti, an African contemporary theologian/philosopher, exposes different meanings of ‘person’ and its derivative ‘personality’ as approached from different angles. In his analysis, he emphasizes the following meaning:

Personality sometimes connotes dignity or worth. In relation to human beings this implies the qualities to which a human subject acquires an honourable or respectable condition and deserves esteem from his/ her fellow human beings. Thus the sentence “these is a true man” can be understood ontologically or in the sense of dignity or value. In the ontological sense it would mean: “this is a being composed of body and soul”. In the second sense (often found in Africa and elsewhere) it would imply that the individual in question poses the moral and other human qualities which endow him with dignity and make him valuable and worth of respect... It is especially this understanding of person –more than the others – that the African traditionalist manifests in his daily behaviour towards his fellow men or other personal beings.²⁰

For Kwame Gyekye, one acquires the status of personhood not simply as a matter capacity for rationality or gradual socialization, but as attaining and practicing a particular moral life that contributes to the well-being of one’s community. Therefore, if one can be thought, “not to be a person,” this is because of a deficient moral life. In his own words Gyekye says:

The judgment that a human being is “not a person”, made on the basis of that individual’s consistently morally responsible conduct, implies that the pursuit or the practice of moral virtue is intrinsic to the conception of a person held in African thought.²¹

Gyekye goes ahead to explain that: for any p , if p is a person, then p ought to display in his conduct the norms and ideals of personhood. For this reason, when a human being fails to conform to the acceptable moral principles or to exhibit the expected moral virtue in his conduct, he is said to be not a person. The evaluative statement opposite to this is “he is a person” means, ‘he has a good character’, ‘he is peaceful - not troublesome’, ‘he is kind’,

¹⁸Ibid., p. 182.

¹⁹Ibid., p. 180.

²⁰Charles Nyamiti, “The incarnation viewed from the African Understanding of Person”. *The Journal of the Catholic University of Eastern Africa*, Vol. 6, No. 1, March 1990, pp. 3 – 4.

²¹ Kwame Gyekye, *Tradition and Modernity; Philosophical Reflections on African Experience*, (Oxford university Press, 1997), 50.

'he has respect for others', and 'he is humble'. "The statement he is a person", then, is a clearly moral statement. It is a profound appreciation of the high standard of the morality of an individual's conduct that would draw the judgment; "he is truly a person".²²

9.0 A Synthesis of the Western and African Meaning of Personhood as Implied in Biomedical Ethics

As it has been explained above, in the African context, the word 'person' is properly used in reference to that human being who is practicing a moral virtue. Contributing to the same argument, Richard Bell says: "Children will mature into exercising this moral virtue 'in the fullness of time,' as they engage and re-engage various individuals and incorporate ethical boundaries in their life, not just because they pass from one status to another."²³ This means that even infants are persons who are yet to mature through experience. To kill an infant is to kill a person, and it is unethical to kill a person. Therefore, it is unethical to kill an infant.

If we are supposed to rightfully kill or harvest organs from those individuals who are not persons (in African ethics), then we shall kill or harvest organs from those who do not express the expected moral virtue in their conduct, for instance, the disrespectful, the troublesome, the inhospitable and the unkind, among others. However, this will still be unjust and unethical in the African context. The African understanding of 'person' does not exclude the ontological meaning of 'person' as a being composed of body and soul. Even if one loses his moral pre-requisite for personhood, he still possesses the ontological residue of personhood. For that reason, it will still remain unjust and unethical for him/her to be killed in the name of harvesting organs from non-persons.

It would be a total anarchy and genocide if African ethics were to support the fact that those human beings who do not qualify as persons should be killed, or be reduced to organ donors. This is because; it will not be the unconscious that would be killed, but the conscious ill-mannered human beings. Omonzejele should have thought twice before he attacked African ethics for not being flexible and dynamic enough to allow euthanasia and physician assisted suicide.

It is the sanctity-of-life ethic that is intrinsically founded in African ethics. Nyamiti exposes different aspects of evil in "African Traditional Religions and Cultures", under vitalism and dynamism aspect; evil is that which attacks life by effacing or diminishing it. Hence, the highest form of evil is that which affects life directly, e.g. death, murder, abortion and suicide.²⁴ African society is anthropocentric, for that reason, man's well-being, security and protection are a must to procure. The African worldview is also *cosmotheandric* (centered on Cosmos, Theos-God, and *anthropos-man*). Consequently, in African ethics, according to Tempels, "the destruction of life is a conspiracy against the Divine plan... It is for that reason immoral and therefore unjust."²⁵ This is similar to what

²²Ibid

²³ Richard H. Bell, *Understanding African Philosophy; A Cross Cultural Approach to Classical and Contemporary Issues*, (Routledge, New York, and London, 2002), 62.

²⁴Cf., Charles Nyamiti, "The Problem of Evil in African Traditional Cultures and Today's African Enculturation and Liberation Theologies", *The Journal of the Catholic University of Eastern Africa*, Vol. 11, March 1, 1995. pp. 39-42.

²⁵P. Tempels, *Bantu Philosophy*, op.cit., 121.

the contemporary anti euthanasia ethicists like Luke Gormally are defending too. For Luke Gormally like the African ethics, Singer's reasoning does not provide a defensible ground for euthanasia of the incompetents who were once competent, the reason being:

Though sadly weakened or wounded or scarcely or no longer able to exercise their autonomy, they remain the very same persons they always were. Their state is in a sense undignified, but *is not an indignity* (the kind inflicted upon people by demeaning actions). Right down to their death they continue to share in the radical equality in dignity of human beings.²⁶

Therefore, in any just society, respect for human dignity is of at most importance. For that reason, the theological understanding of human dignity has been transformed into secularized doctrines of the equal dignity of all citizens, and this is the basis of equal basic rights and entitlements of the citizens. So it follows that, because all living human beings have equal rights, including that of life, none of them should be put to death.²⁷

Furthermore, the worth of human life is rooted in his dignity. It is not rooted in thinking alone because thinking is just but one of a human being's abilities. Basing on the fact that human dignity belongs equally to all human beings in the virtue of their radical nature; all human beings possess the rights that are derived from it, be they deformed infants or comatose adults.

One's poor quality of life does not eradicate his human essence, so any intentional killing of oneself or the other due to poor quality of life is immoral, unethical and a crime against humanity. There is no separation between human rights and person's rights, and even if there is, then the non-person human beings lack the person's rights but have the human right to life. We all have human right to life that we need to protect. For that reason, euthanasia and physician assisted suicide carried out on the basis of one's quality of life as held by Peter Singer is unethical and uncalled for. Besides, euthanasia is not supposed to be carried out by physicians because physicians are meant to care for human life and not to kill their patients.

The distinctive dignity of human beings belongs to them in virtue of a radical capacity inherent in their nature. Since it belongs to them in virtue of their nature, it belongs to all human beings equally. Hence it follows logically that, the principle of sanctity of human life as expressed in African ethics is formulated in the requirement that; one ought to never intentionally terminate an innocent human life whether by commission or omission. This is a clear indication that Singer's grounds for defense of euthanasia can neither suffice to warrant euthanasia in African worldview nor African ethics.

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