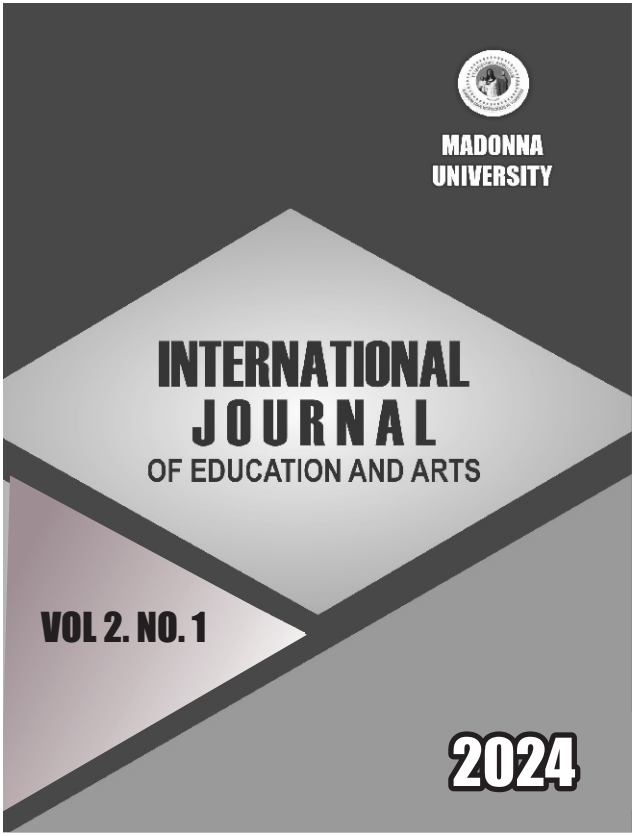
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The Sacredness of Life and the Right to Die A Christocentric Review of the Euthanasia Questions in Postcolonial Nigeria

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Abstract

Euthanasia is a complex global issue and a sensitive theme in the field of ethics, philosophy, law, religion and bio-ethics with no clear global consensus. This is not unconnected with the fact that the core of the euthanasia controversy is human life. Prompted by the apparent disregard for the human life in today's society and the grave implications of any attempt to legalize euthanasia in Postcolonial Nigeria, this paper explores the euthanasia questions in contemporary academic discourse in Nigeria. Its goal is to review the euthanasia debate through the lens of 'Christocentric humanisation. Employing a qualitative ethnographic approach, the paper highlights that, healing, saving, and protecting lives as well as making sure that harm is not done to life is the goal of medicine. It reiterates also, that in the traditional Nigerian socio-philosophical worldview, life is seen as

sacred and must be protected. The paper conclude on the above notes that euthanasia is an attack on human life; and that arguments for its legalization is a distorted notion which undermines the sacredness of human life and destroys our solidarity with our fellow humans. The paper therefore recommends that, euthanasia should not be encouraged especially by the Nigerian law.

Keywords: *Sacredness of Life, The right to die, Christocentric and Euthanasia*

Introduction

On the 20th of January 2003, the British Broadcasting Cooperation (BBC) reported that a 74 year old Briton, who was terminally ill, travelled to Zurich Switzerland and paid $60 to a group Digital, (dying with dignity) and he drank a cupful of barbiturates with a straw and died. His wife who assisted him was arrested on arrival in Britain. She was arrested in Britain because euthanasia was illegal in Britain (BBC n.p). The concept of euthanasia is one that has pre-occupied many scholars and commentators in the field of Bioethics, Theology, Ethics and Philosophy. The supporters of euthanasia call for the ending of human life in order to spare the sick person from much suffering or further suffering. Euthanasia, a term simply translated as mercy killing or good death, which seeks to eliminate suffering is being advocated in many circles. This study intends to study the euthanasia issue by addressing the following questions: What is life and what is the purpose of life? Why euthanasia? Whose suffering is being considered in the process of euthanasia? Is human life a thing or concept to be debated in the court of law? Do the terminally ill, the disabled and aged persons no longer have the right to life? Should those advocating for the legalization of euthanasia be allowed to have their way on euthanasia? If euthanasia is legalized, how will euthanasia be controlled? This study sets out to address

issues raised by these questions and it is also out to take a look at some of the arguments on the legalisation of euthanasia with special reference to the Nigerian situation using the theoretical framework referred to as Christocentric humanization (siramen 54). This will assist us in analysing arguments in favour and against, and finally draws a conclusion.

Theoretical Framework

This paper is theoretically underpinned by Dietrich Bonhoeffer's "Christocentric humanization (n.p)." First, Christocentricism' as used here simply entailed Christ-centeredness. It is what Celestina Isiramen described as the ideology based on the life and teaching of Jesus Christ. It simply implies, an explanation of a concept from a Christian perspective. The Christocentric approach emphasizes its Christian nature (54). It is Christian-centered because it focuses upon the gospel and thus occasionally called gospel-centered hermeneutics or interpretation (Abner Chou 114).

Christocentic humanisation as a theoretical model is the actualization of the personhood of any person, taking into account the goal of human life as set forth by the creator for every human being in his/her uniqueness and in relation to Christian ideology (Dietrich Bonhoeffer n.p). According to this theory, Human beings are humans by God's gift. It is not within the human power to choose to be human (Isiramen 54). However, the humanisation of the human gift of God is based on choices we humans make. The implication of this is that as human beings there are choices we can make and there are choices we cannot make or choices that are not required. To be human is by divine choice and not ours (Isiramen 54). Again, the humanisation of our humanness as human beings is within our power to make; it derives from the choices we make (Isiramen 55). We are able to fulfil our full humanity by prudently choosing morally good actions or frustrate it by morally bad actions (Isiramen 55). This means that human action should take into account the full meaning of life and its morality in relation to human rights and justice. These morality, human right and justice musbe based on Christian ideologies (Isiramen 55). The

actions of human beings must be related to the concerns for human development or the actualization of the human person in relation to other persons in the community of persons (Isiramen 55).

The Sacredness of Human Life: A Christocentric Clarification

For about five decades the phrase "sanctity-of-life" has been part of the Anglo-American biomedical ethical discussion related to abortion and end-of-life questions (Heike Baranzke n.p). The sanctity of life as explained by David Gushee "is the conviction that all human beings, at any and every stage of life, in any and every state of consciousness or self-awareness, of any and every race, color, ethnicity, level of intelligence, religion, language, nationality, gender, character, behavior, physical ability/disability, sexual orientation, potential, class, social status, etc., of any and every particular quality of relationship to the viewing subject, are to be perceived as sacred, as persons of equal and immeasurable worth and of inviolable dignity. Therefore, they should be treated with the reverence and respect commensurate with this elevated moral status, beginning with a commitment to the preservation, protection, and flourishing of their lives" (474-475).

From a Christian perspective, the Bible does not directly address medically assisted death, as it is a modern ethical dilemma that did not exist during Biblical time. As a result, no specific verse or passage provide a clear and direct answer to this question (Guardian n.p). However, the belief that human life is sacred flows from biblical faith. In particular, life is sacred because, according to Scripture, God created humans in his image, declared them precious, ascribed to them a unique status in creation, blessed them with unique, godlike capacities, made them for eternal life, governs them under his sovereign lordship, commands in his moral law that they be treated with reverence and respect-and forever elevates their dignity by his decision to take human form in Jesus Christ and to give up that human life at the Cross (David Gushee 475). Be that as it may, from a Christian point of view there is good reason to single out humankind when speaking about the sanctity of life. Indeed, one of the dictums of Christianity is that humans are the crown of creation, having been

created in the image of God (Genesis 1:26,27; 1 Corinthians 11:7; 2 Cor. 3:18; cf Psalm 8:5-9; Hebrew 2:5-8). The purpose of human life on earth is to actualize the reasons for which God created humans: that is, perfecting creation. Austin Fagothey clearly brought this out in his work when he opined thus:

> …after man's duties to God come man's rights and duties toward himself. First among them is the right and duty to maintain himself in life, to preserve his existence as a human being compounded of soul and body, for there will be no further acts if the human being no longer exists. But is it not more important to save one's soul than one's life and therefore should not the duties of the soul come first? They do, emphatically, but the saving of the soul is man's general and paramount duty accomplished by the morally good acts he performs. If a man finds himself in an inescapable dilemma of losing either his soul or his life, he must yield his life. Life is but the means; the soul's everlasting happiness is the end. Apart from cases demanding the supreme sacrifice, man's right to life is fundamental (275).

In Fagothey's analysis, Man's right to life is evident. He is made to attain its last end, and the only way he can reach it is by performing morally good acts, acts that merit the last end as their reward (275). To perform such acts, he must live. The natural law, therefore which obliges man to attain his last end, confers on him the right to life (275). But is this right also a duty? Is it an inalienable right in the sense that not only may no one lawfully take it away but that the person himself may not even give it up? Is it always wrong to deprive another of his life, even incurable sufferings, and even unborn babies?

Euthanasia takes no account of God's rights or man's last end or of the value of patience in acquiring merits for next life (Fagothey, 282). Euthanasia flouts God's providence and the fact that God cannot allow a person to be tried beyond his strength (Fagothey, 282). It appeals to sentiment in disregard of reason, and it is the most flagrant use of false principles that the end justifies the means. Once we admit this, there will be an end to all morality. Even if euthanasia is permitted

by law for which there is strong propaganda in some quarters, nothing can make it moral (Fagothey, 282). According to John Paul II, "man's life comes from God; it is his gift, his image and imprint, a sharing in his breath of life. God therefore is the sole lord of this life. Man cannot do with it as he wills" (Austin Fagothey, 1959). To buttress this, God made it clear to Noah after the flood, "for your own life blood too I demand accounting … and from man in regard to fellow man I will demand an accounting for human life". (Genesis.9:5). This biblical text emphasizes how the sacredness of life has its foundation in God and in his creative activity "for God made man in his very own image (Genesis. 9:6). Human life and death are thus in the hands of God, in his power: as Job exclaimed, "In his hand is the life of every living thing and the breath of all mankind", (Job 12:10). Again, it is written that "the Lord brings to death and brings to life; he brings down to Sheol and raises up" (1 Sam 2:6). He alone can say: "it is I who bring both death and life (Deuteronomy. 32:39). In summary therefore, happiness with God and the attainment of the promises to him while on earth is the ultimate goal of life in the hereafter.

The Concept of Euthanasia

The word "euthanasia" was derived from two Greek words – "Eu" meaning, 'Good' or 'well' and "Thanatos" meaning, 'death', It can be deduced therefore that, euthanasia implies the painless termination of the life of a person. The Black's Law Dictionary explains that such assisted death is carried out as an act of mercy mainly on patients suffering from an incurable and stressful disease (Cited Okeke Chukwuemeka n.p). This is why euthanasia is also known as 'mercy killing'. Mercy killing (euthanasia) practically mirrors the choice of a person in a critical state who has lost hope and death becomes the only option to end the misery. The terms of reference of euthanasia are to be found in the intention of the will and in the methods used. Euthanasia is thus the practice of directly killing human individuals or the overall process of allowing human beings to die by not following basic and normal medical procedures (Reynolds R. Ekstrom 115).

From the definition above, euthanasia, in the first place, could

be in the form of consciously shortening the life of a vulnerable person by directly withholding helping treatment to which the patient is entitled". Secondly, it could also be in form of "directly taking measures to bring that life to an end or to shorten it". In both cases, Bernard Haring maintains that there is a positive decision against the life of the other and against the commandment "not to kill" (85).

Forms of Euthanasia

Euthanasia is carried out in different ways. Euthanasia could either be active or passive; voluntary of involuntary. When death is induced by the patient himself with the knowledge and cooperation of other persons; or when it is induced by others at the request or with the consent of the patient, then we speak of voluntary euthanasia. But when death is induced without the knowledge or consent of the patient, then we speak of involuntary euthanasia (Varga 267). Euthanasia could be positive, active or direct and could also be negative or passive or indirect.

a) A Direct Intervention in Response to a Request (Active euthanasia): According to Peter Stravinskas, "is the deliberate killing of a disabled; dying, or chronically ill persons by positive means to enable the person to escape suffering" (395). Obi explains that active euthanasia involves causing the death of a person through a direct action, in response to a request from that person. In this case, 'the doctor does something directly to bring about the patient's death: he kills him'. In active euthanasia, the physician is the instigator of the death. The doctor who gives the patient with cancer a lethal injection has himself caused his patient's death (77)

b) Allowing Nature to Take Its Course (Passive euthanasia): Bashiru Adeniyi Omidiran describes Passive Euthanasia as the refusal of treatment by the patient or with the consent of the patient. In this case, the doctor does nothing, and the patient dies of whatever ills already afflict him. The important difference

between active and passive euthanasia is that, in passive euthanasia, the doctor does not do anything directly to bring about the patient's death (213).

c) Voluntary euthanasia (Active/Passive): Where a patient (who understand the nature and implication of his or demand) requests a doctor to put an end to his or her life. According to Omidiran, such patient might have also given this consent in the form of an advance directive before he or she becomes incapacitated, or unconscious (coma) as a result of the sickness (213). Voluntary euthanasia either be voluntary active or voluntary passive. Voluntary euthanasia is said to be active when for example, a doctor intentionally administering medications or other interventions to cause a patient's death at the patient's explicit request and with full informed consent. In passive voluntary euthanasia, a patient dies as a result of withdrawal of his or her treatment. This withdrawal includes disconnecting the patient from a life support machine. Under this circumstance, the patient is competent and has already expressed her/his willingness to be disconnected from a life support device should the continuation of treatment become futile in the future (Omidiran 213-214).

d) Involuntary euthanasia: The killing of a person who has not explicitly requested aid in dying is what is called involuntary euthanasia. According to Omidiran, This is usually the case with who are in a persistent vegetative state and who probably will never recover consciousness (213). Hence, in the conclusion of the executioner, it is in the best interest of such patient that he or she is euthanized." Chekwube Obi adds that, the majority of those who are victims of involuntary euthanasia are mostly infants or babies born with deformities by physicians in conjunction with the parents of such babies (78).

e) A Hybrid Approach (Between Passive and Active Euthanasia): This is also called Physician-assisted suicide; and according Obi,

it is when a physician provides medications or other interventions to a patient with the understanding that the patient intends to use them to commit suicide. In this situation, a physician supplies information and or means of committing suicide (Obi 77). This this form of euthanasia exemplified in the case of Dr. Kevorkian, who, in 1990, facilitated the suicide of a woman suffering from Alzheimer's disease using a machine that administered a lethal poison (Bright Ogunka Ebuka 3).

The Right to Die in the Euthanasia Question

Ethicist, Arthur Dyck states that, "individual's life belong to that individual to dispose of entirely as he or she so wishes (cited in Ikhidero 206). Dyck argued that, if euthanasia is considered morally wrong, then a martyr or hero who deliberately offer his or her life is morally wrong (Ikhidero 206). In fact, many advocates of the 'right to die' philosophy sanction euthanasia using John 15:13 which says: "There is no greater love than the love of a man who lays down his life for his friends" as rationale. This means, if the coma has to sacrifice his life because he does not want to burden his family – maybe a matter of cost or a matter of time to wait for him – then euthanasia is a biblical way (Ming et al 98).

Speaking to the press after three years of house arrest a 'right to die activist' Sean Davison (co-founder of Dignity-SA), said he had not committed a crime or murder, but had helped his patients because they were desperate to die (Chris Jones n.d). The said patients; Anrich Burger, Justin Varian and Richard Holland were suffering unbearably with no hope of recovery and unable to end their own lives (Jones n.d). Chris Jone reiterates that, the late South African emeritus Archbishop Desmond Tutu, in whose honour Davison wants to fight to change the laws around assisted suicide, once wrote that he would want the option of an assisted death. Tutu argued that dying people should have the right to decide how and when they wanted to leave this life. Three arguments have been put forward in support of active euthanasia.

1. Personal (Patient) autonomy should be respected. According

to this argument, euthanasia can be regulated, and that death is a private matter and if there is no harm to others, the state and other people have no right to interfere (this is libertarian). Fausto Gomez explains in this regard that 'autonomy of the patient' justifies a patient's request for assisted. In his words, a patient has the right to choose to die or not to die. Meaning, when a patient believes that s/he is better off dead than alive, not assisting such person to die amount to a violation of his/her right (Cited in Solomon Ikhidero 205).

2. Unbearable suffering should be prevented. Nobody should be forced to endure suffering – often at high medical cost (Jones n.d). There should be compassion towards the Dying. Ethicist Dan Brock argues that euthanasia is justified also on the ground of compassion for the suffering patient (cited in Ikhidero 206). In this case euthanasia becomes the means of ending pain and suffering of a patient hence an act of kindness or beneficence. 'Right-to-die' supporters argue that people who have an incurable, degenerative, disabling or debilitating condition should be allowed to die in dignity. Dyck Thus opines that, when life is no longer good, and death is no longer bad, and when death is therefore preferred to continuing life, the role of medicine could change from healing and preserving life to helping someone die in a way that is compassionate, kind, gentle and respectful (in Ikhidero 206).

3. Moral equivalence. Physician assisted suicide is like other practices that are already morally acceptable – such as passive euthanasia. To withhold treatment is viewed as an omission while physician assisted suicide and voluntary active euthanasia are regarded as acts. But people are morally and legally responsible for both acts and omissions.

Euthanasia in Precolonial Nigerian Society.

Euthanasia and assisted suicide have no prior history in Nigeria, According to John Onimhawo mentally retarded individuals

and those suffering from "down Syndrome" were not killed but considered members of the family and cared for (23). On this, Onimhawo reiterates thus:

> Among the Etsako, the mentally retarded and other handicapped persons were not killed but catered for and allowed to live in the society. In fact, their disabilities did not rid the handicapped of their right as human persons which was considered given to them by God and therefore, inalienable. Victims of 'Down Syndrome' mixed freely with people, and they were well cared for. The mentally retarded were at times isolated for treatment but if it was clear that the condition was not improving, such a person was left off the hook… on the whole, these handicapped persons attracted a lot of sympathy and compassion from other healthy members of the community (23).

The terminally ill persons and the aged were not killed rather nature was usually allowed to take its course. Again, according to Onimhawo, referring to the Igbo experience, human life was held in high esteem (26). Old people especially the sick ones were well taken care of by their children. In fact, it was quite scandalous for a child or family to neglect a sick elder in the community.

However, Onimhawo was quick to add some practices involving the terminally ill or aged persons. According to him, in Etsako, when a terminally sick old person begins to suffer intolerable agony and it could be seen by other experienced old people that death was close, the patient's lying position may be altered to assist him or her to die without much difficulty. There were also certain cases of some old people who requested that certain charms be neutralized, so that they can die naturally (27).

Mike Chekwube Obi in his explanation of what may also be said to be something similar to non-voluntary euthanasia in precolonial Nigeria as practiced by the beleaguered Nupe in the present Niger State was the killing of infants during inter-tribal wars. This practice was not limited to them alone; it also extended to all other ethnic groups who were involved in inter and intra tribal wars of

the 19th and 20th centuries (75). These infants as Obi points out, were usually exposed by their parents as a way of running for cover to avoid being caught by the enemies. Considering the fact that lots of things happened during wars, the children usually cry endlessly, largely due to illnesses and hunger. These cries may attract the enemies to know the hiding place of their allies. So as a way of avoiding being caught, they will abandon the children. This is so because the wailings of the babies could attract enemies to their place. To therefore avoid being caught by the enemies, babies will be abandoned while they too scurry to hide. Thus, after being bitten by rain, sunshine, infections and most importantly hunger, many of them died. By implication therefore, even though traditional Nigerian maintained the sacredness of human life, there were some practices that could be equated with the western world practice of euthanasia.

Postcolonial Nigeria and the Euthanasia Question

While postcolonial Nigeria strongly desire to improve their healthcare sector, discussion about adopting Western practices often arise. However, euthanasia is an issue that does not ring bell in Nigeria as it is in the rest of the world. The silence of the euthanasia debate in Nigeria may not imply that its practice does not occur in Nigeria. It seems that Nigerians do not have access to the sophisticated medical technology that may give room for the futile treatment that may warrant the need for euthanasia. It is also probable that when a patient dies in Nigeria hospital, the medical team is not questioned or investigated by the family to know what really killed the patient as this usually involved huge financial and legal cost. It may also be probable that the issue of euthanasia is treated as a family issue, hence the debate is not heard or discussed, as is the case of abortion, incest, adultery, suicide, HIV/AIDS, homosexuality etc. Those in the medical profession sometimes encourage euthanasia, and sometimes discourage euthanasia. A respondent to the study who spoke on condition of anonymity narrated thus:

> A few years ago, I took my aged father to the hospital and after some days in the hospital he was referred to a teaching

> hospital. As the processes of transfer were being worked out, a nurse called me and said that I should take my father home, because his condition was not medical but old age (n.p).

This implied that some medical personnel are involved in the practice of euthanasia. In another instance, a young boy had an accident and the accident resulted to spinal cord injury. The young boy was given the necessary medical attention. He was discharged after three or four months in the hospital. The doctors said that physiotherapy was the next step that may possibly help in the recovery of the young man. When the young man was brought home, he was never taken to the physiotherapist, neither was he placed on the wheel chair that was bought for the young man. After about two years and half, the family started to punish him with food. He was fed with pap once a day. The young man told some visitors that he was dying not of sickness but of hunger. Not many days after, the young man passed on.

The idea that active euthanasia does take place in postcolonial Nigeria may not be hundred percent correct. This is because there are cases that seem to suggest the contrary. A respondent to this study speaking on the ground of anonymity mentioned a case in one of the communities in Igueben local government area of Edo State, where a woman was said to be a witch and the reason for the children not being able to progress in life. One of the children came and took the mother who was healthy for medical check-up. Three days after, he returned to say that the mother was dead. The community cried foul and accused the son of injecting the mother with lethal substance (n.p).

Another respondent relays the case a woman who was quite old. The children were educated and were wealthy, and some of them were dying but the old woman was lying helplessly in a place waiting for death that was not forth coming. One day, a doctor was brought to check the woman and few hours after the doctor's check, the old woman died. There was cry of foul play as some people in the community believed that the doctor was called to put an end to the old woman's life. These examples suggest that in spite of the sanctity of life upheld by the Nigerian people, euthanasia is secretly and illegally carried out in the Nigerian communities by families, healthcare

practitioners and many others with no one talking about it.

Euthanasia and the Nigeria Law

Unarguably, Nigerian Law, cultural norms, and religious beliefs prohibit intentionally taking one's own life or the lives of others, considering it a grave sin. It is important to note that Nigeria's Legal System combines Customary, religious and statutory regulations (The Guardian n.p). Chukwuemeka Okeke emphatically reiterates that it is forbidden in Nigerian jurisprudence for doctors to pay heed to such wishes and requests by their patients (np). The Constitution of Nigeria 1999 provides in Section 33(1) that: "Every person has a right to life and no one shall be deprived intentionally of his life, save in execution of the sentence of Court in respect of a criminal offence for which he has been found guilty in Nigeria". There is no provision of law in Nigeria that recognizes any form of euthanasia (whether voluntary, involuntary, active or passive) whatsoever. All forms of homicide and infanticide are subject to the death penalty under the Nigerian Criminal Code Act. Ikolo and Ottuh affirms that, Nigeria, a country with a long history of taboos and religious convictions, has a strong stance against euthanasia. The country's constitution guarantees the right to life, with exceptions for criminal offences and legal arrests. International human rights agreements, such as the Universal Declaration of Human Rights and the African Charter on Human and People's Rights, prohibit euthanasia and assisted suicide (5). According to Ikolo and Ottuh, healthcare providers are not exempt from this rule, as they must protect the lives of those under their care. The legal system of Nigeria's constitution and its religious beliefs both have an impact on its position on euthanasia (5).

In affirmation of the position of the Nigerian Law on Euthanasia, Dr Bala Audu, who is the newly elected President of The Nigeria Medical Association reaffirmed its stance against euthanasia, otherwise called mercy killing, emphasizing that it remains illegal in the Nigerian medical practice. Dr. Bala Audu, made this assertion

during a press conference marking the conclusion of the 64th NMA Annual General Conference, which took place in Cross River State from May 5 to 12, 2024 (Daniel Adaji n.p).

By implication therefore, euthanasia is not legalized in Nigeria. Section 306 of the criminal code complements the Constitution and provides that: "it is unlawful to kill any person unless such killing is authorized or justified or excused by law". According to Section 308 of the Criminal Code, "Except as hereinafter set forth, any person who causes the death of another directly or indirectly by any means whatsoever, is deemed to have killed that other person". According to Section 299 of the Criminal Code, "Consent by a person to the causing of his own death does not affect the criminal responsibility of any person by who such death is caused". Also, Section 326 of the Criminal Code provides: "Anybody who procures, counsels or aids another in killing himself is guilty of felony and is liable to imprisonment for life; punishment for manslaughter is life imprisonment while that of murder is death sentence". Apparently, the stand of Nigeria on the issue of euthanasia is borne out of the importance of the sanctity of life.

The Euthanasia: An Aberration of Christocentric Humanisation

Christocentric humanisation framework supports the Christian (Catholic) tradition that life is a "unique creation of God, and it is to be revered" (Bonhoeffer n.p). Man, therefore possesses life as a gift. This gift is given so free that man may choose to frustrate the personhood by acting outside of God's plan of good, and so lose the gift. According to Pope John Paul II, life is not just an idea or an abstraction; human life is the concrete reality of a being that lives, that acts, that grows and develops; human life is the concrete reality of a being that is capable of love, ad of service to humanity. Human life is precious because it is the gift of God whose love is infinite, and when God gives life, it is forever (Bonhoeffer n.p). By acting along this line, human beings would actualize their humanity according to God's plan.

The core of euthanasia debate is human life. This life in the

Christian religion and most of the religions in the world is sacred and inviolable and must be respected and protected at all cost. In the arguments for euthanasia, the sacredness and the inviolability of life is not discussed, or brought to the fore. Euthanasia has not helped any society in anyway. It is on record that in places where euthanasia is legalized, the relationship between doctors and patients are on the decline. In Nigeria, we should be advocating respect for life like that of the traditional African society was known for. The traditional way of treating life is in accordance with the theoretical framework of this essay which is Christocentric humanisation. We should begin to see life in the way Christ saw life, treated and gave life new meaning. According to Christ, *I came that they may have life and have it to the full* (John 10:10). The arguments in support of the legalization of euthanasia are not Christocentric. Christocentric humanisation will help us look for alternatives to euthanasia. In other words, the question should always be asked, in terminal cases, disabilities, old age, how would Christ treat the lives of these people? Christ would help to alleviate suffering, restore health and bring comfort. This is what this paper is requesting everyone to start doing to these people and not to propose and defend policies that would destroy life that we ought to protect.

The advances in medical and palliative care imply that no one needs to die in pain. Following the line of the Catholic Bishops of New Zealand, this paper maintained that when treatment is no longer effective for a person in the end stages of an illness, the priority is to provide sufficient pain relief to make the person comfortable, while supporting their physical, emotional, mental relational and spiritual needs. This can be a very important time in a person's life, involving growth and the healing of relationships

Concluding Remark

It should be reiterated at this juncture that, the Nigerian nation must be cautious not to begin to swallow hook, line and sinker what appears to be fashionable in the developed countries of the world but

actually spells danger for a society. Human life in postcolonial Nigeria is gradually becoming meaningless. It is already being threatened. Killings take place on daily basis and at will. Those who are supposed to protect life take life at will, kidnappers and ritualists are doing theirs, and the medical profession that ought to protect this life is gradually becoming medical execution and the polity is apparently becoming a lawless nation.

Legalizing euthanasia will only succeed in worsening the already devalued situation of human life in Nigeria. If euthanasia is ever legalized the sick, disabled and elderly may be seen by relations and society as burden both financially and emotionally. The slogan of the proponents of euthanasia could graduate from the 'right to die' to a 'duty to die 'especially in the present comatose economy bedeviling the Nigerian people. For this not to happen, everyone should say no the policies against life especially to the legalization of euthanasia in its entire ramification. We must remember that the vulnerable members in the society depend upon the protection of the society. An early outcry is potent in stopping the legislators from taking a wrong and devastating step.

If the vulnerable members of the society are well cared for, there will be no request for euthanasia. It is the care that the traditional Nigerian society was known for that this paper is advocating that everyone must uphold, so as to treat the vulnerable members of the society with compassion. When this is done, the thought of euthanasia will never arise. Treating human life with dignity is ultimately valuable and much more important in the actualization of the humanity of the human person, especially with reference to Christocentricism. Euthanasia is a choice capable of frustrating the finite personality in the human person as he or she relates with other persons in a community of persons.

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