

# The Shona Conception of Euthanasia: A Quest to Depart from Zimbabwe Tradition

by

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## Abstract

Euthanasia is among the most popular titles of several academic debates on studying prevailing social norms concerning medical ethics, and thus, most of the literature focuses either on arguments for or against euthanasia. The Shona culture of Zimbabwe is one culture that abnegates euthanasia. This paper therefore invites and critically reflects on the position of euthanasia maintained by the Shona through *tsumo* (proverbs), *zvira* (riddles), *madimikira* (idioms) and *ngano* (folklore) which were traditionally used to inculcate traditional values, customary laws and general rules of conduct in society. The piece then advances the argument that the conception of euthanasia by the Shona is extreme, rigid, narrowly focused, and therefore philosophically implausible. This also applies to arguments that have been forwarded for euthanasia by Western scholars throughout history. There are some cases that warrant euthanasia and others which do not. Hence, the debate between pro-euthanasia partisans and anti-euthanasia partisans can't be settled unless 'the right to choose death' is recognized as a civil right and not as a natural right or otherwise.

**Key Words:** Euthanasia, moderate view, Shona culture, tradition

## Introduction

The concept and definition of euthanasia have been well documented in the literature, and scholars have provided a number of interpretations to the term. When looking at different kinds of theoretical debates on euthanasia held in several academic journals, it is striking how many articles especially from the Western world, just arguing for or against euthanasia. There is, indeed, a need for a more comprehensive research on euthanasia, especially from Africa where research on euthanasia has been sketchy, and very narrowly focused. The latter factor is also true of research by Western scholars on this important topic wherein most are limited either to pro- or con- euthanasia arguments. This paper argues for the need to move beyond this to create a more radical holistic and balanced approach to further developing the field of medical ethics that takes greater account of factors such as liberal life-style, moral intensity and intention development.

‘Choosing death’ should be recognized as one of the human rights and civil rights to be accorded members of society. Hence Donnelly (2003) suggests that “human rights are those basic standards without which people cannot live in dignity”; the rights or entitlements one has, for the plain reason that s/he is a human being. Likewise, “human rights can mean either natural rights or civil rights” (Turner, 1993). Whereas natural rights are possessed by all human beings and are derived from nature, and civil rights are derive from society rather than God or nature and thus can be changed and therefore depend on a particular degree of social organization.

This paper conceptually analyses euthanasia before advancing a moderate view of euthanasia and demonstrates through ‘cases’ the plausibility of this view like the ‘right to choose death’ which is useful in that it represents a human right oriented response from a more liberal and autonomous perspective. Second, the emancipator approach of the paper uses ‘exemplary cases’ to demonstrate how we can seek to understand euthanasia from credence values of autonomy, liberty, mercy and simple logic. This paper therefore is an attempt to integrate a moderate view, the principle of autonomy and civil rights into the main stream of euthanasia discourse. In the Shona culture and other cultures of Zimbabwe and the world over, this is necessary because in the name of African communalism and biblical ethics, some civil rights are often neglected, yet there are long term advantages to be gained by actively promoting them. In view of this, it can be concluded that a moderate view of euthanasia is not only necessary but sometimes indispensable in a culture such as the Shona. And in short, the virtue of this paper is to ascertain how useful and influential a moderate view is, especially as a strategy where forces of medical ethics would essentially benefit healthy professionals and the public in general, not only in Zimbabwe, but in the global world community concerning decision making relevant to euthanasia issues. Nevertheless, it is worth noting that the answer to the moral problems on euthanasia is very difficult to stipulate; thus the role of judging and deciding cases of euthanasia should not be solely accredited to medical doctors, nor should it be accredited to relatives or the clients themselves. Instead, many parties such as non-governmental organizations, euthanasia committees, relatives of the patients, the patient (in the case of active euthanasia), physicians and academics should contribute before a final deliberation on a euthanasia case is made.

## Conceptual Analysis of Euthanasia

Euthanasia is an issue in the medical fraternity that has aroused the interest of many professional ethicists, academicians and the public in general. The concept is deeply controversial, for moral and practical reasons. As a result, a number of interpretations to the term have been provided by scholars. Some have generally considered euthanasia as killing. Others have understood it 'as letting die and or mercy killing'. However, besides these generalizations, various attempts to formulate a workable definition of this obscure term have been made. Dyck, for instance, argues that euthanasia originally meant "a painless and happy death" (Dyck in Arther, 1981:159). This understanding still appears in the modern literature. The Oxford dictionary, for instance, defines euthanasia as "a gentle and easy death" (Bucherfield, 1989:444). It can however be argued that these definitions are ambiguous, because they do not make any reference to whether such death is induced or not. A definition which seems more encompassing is that of Helga Kuhse which states that euthanasia is "the bringing about of good death, mercy killing where one person ends the life of another person for the sake of the dying person (1991). He gives an example of a doctor who may disconnect the life support system of an irreversible comatose person for the sake of the comatose. Kuhse derives this definition from his analysis of the etymology of the term euthanasia. He notes that the term euthanasia is a compound of two Greek compound words, 'Eu' –well or good and 'thanatos'- death, which literally means "good death" (ibid). But one may ask, 'what is good death?' It is curious to note that what Kuhse is saying in effect that the method employed in causing death is painless, though not always, and that the act is undertaken solely for the sake of the patient, that is, to end the sufferings of the patient and nothing else. Moreover the one whose life is terminated is presumably hopeless whereas s/he has a progressive, incurable condition expected to end in death.

As has been highlighted above, in the act of euthanasia, termination of life is deliberate, and is done solely for the patient's own good. In this sense, one can loosely understand euthanasia as the termination of a patient's life by another person for the sake of the patient, and nothing else. The two features of the act of euthanasia, that is, an act done by another person and for the sake of the patient are important in the discussion of euthanasia which therefore clear the confusion on the distinction between euthanasia and acts of killing like murder, abortion, infanticide; where for example in the case of abortion, a fetus may be killed for the mother's sake and not for its own sake.

It should be noted however that there are different types of euthanasia, active euthanasia and passive euthanasia. Active euthanasia is "the practice of directly bringing about a person's death according to or against that person's wishes" (May, 1994:488). Thus there is a direct intervention to bring about death of the patient-facilitating either voluntarily or involuntarily. It is voluntary when the act of euthanasia is "carried out at the request of the person to whom it is to be applied and for the sake of the latter (Singer, 1979:128).

In other words, a patient who is normally competent may request to have his or her life terminated perhaps because s/he feels that his life is now 'miserable,' 'meaningless' and 'hopeless'. S/he may also be suffering from considerable incessant distress, pain that can no longer be alleviated or is terminally ill such that there is no hope of recovery and cure (a person who wishes to die may also request a lethal injection). On the other hand, euthanasia is involuntary when the patient's life is terminated for his own sake against his wishes or views. Or the people or person who kills the patient does not even ask whether the patient wants to be killed or not. Put differently, the one whose life is terminated even if he is competent is not given room to decide on the fate of his own life. The patient's 'will' or views are thus overridden by those of the second or and third parties. Those who initiate the death of the patient normally appeal to the principle of mercy which establishes two component duties; "the duty not to cause further pain or suffering and the duty to end pain or suffering already occurring" (McDonald, 1981:160). This is to say that those who induce the death feel that the patient will continually live a 'miserable' and 'unworthy' life. A case in point is that of a severely injured (beyond cure) and dismembered casualty, although this characterization is problematic insofar as a miserable life and that which makes life worth living may vary. Yet, it should be emphatically reiterated that the bottom line for involuntary euthanasia is that the patient's life is terminated for his or her own sake and nothing else, however, it is also worth noting that cases of involuntary euthanasia are rare.

In contrast, passive euthanasia is "the practice of doing nothing to prevent death from occurring" (May, 1994) wherein the person who is perhaps demented or mentally retarded is incompetent or too inactive to decide between life and death such that euthanasia is administered without his/her explicit permission. Brain dead infants, severely handicapped infants, the permanently comatose, Down's Syndromes, hoolar syndrome patients and conjoined twins (twins joined at the back at birth) are some cases in point. Such patients are incompetent and cannot be surely known whether they want to continue living or not. Of course, one may argue that every human being has a natural inclination to continue living but it remains a fact that nobody knows for certain whether such persons have interests in life. Passive euthanasia can be non-voluntary if initiated by parents, family members, friends or physicians who pity the patient or who strongly believe that the patient will live a life unimaginably awful. Thus they would want to satisfy the duty not to cause any further suffering and the ending of pain. For example, if someone is suffering from an incurable disease, decision may be made not to provide adequate necessary medication to the patient. Or a decision may be made not to treat the patient at all, thereby allowing him/her to die naturally, and nature is simply allowed to take its course resulting in the death of the patient.

There is no consensus amongst those who labor themselves to reflect on the morality of euthanasia. As a result, the two schools of thought (active and passive euthanasia) have formed, making the morality of euthanasia even more complex, obscure and difficult to philosophically unravel. And this is possibly the reason why the issue deserves incisive intellectual investigation, especially in an African context when we know that both types of euthanasia are considered morally wrong in the Shona culture and most, if not all African traditional cultures (in Zimbabwe, both forms carry a jail sentence).

### **Arguments against Euthanasia by the Shona**

The Shona people have a tradition rich with knowledge, culture and wisdom that enriched and inspired our ancestors. *Tsumo* (proverbs), *madimikira* (idioms), *ngano* (folklore) and popular sayings are traditionally used to inculcate traditional values, customary laws and the general rules of conduct in Shona society, hence it is in these sociological models that the position (against euthanasia) by the Shona people on euthanasia is drawn. In the Western tradition, there are also some scholars who like the Shonas argue that euthanasia is morally wrong for the simple reason that everything naturally loves itself. Besides, every part belongs to the whole and so death injures the whole society. Thomas Aquinas for example, argues that “everything naturally loves itself and, every part as such belongs to the whole. Every man is part of the community. As such man belongs to the community. By having his life terminated, he injures himself and the community to which he belongs” (McDonald, 1998, 159).

Thus, the Shonas hold the same view, as this is captured in the idiom, *Kufa izuva rimwe, kuora igore* (Death is one day, corruption is a year). This idiom warns people to beware of what may harm a person and have long-lasting consequences to oneself and society, like euthanasia. Thus, in Shona society choosing death in whatever circumstances is considered harmful, destructive and a loss not only to the bearer of life but to family, friends and the community to which the one whose life is terminated is a member. For this reason, traditionalists in Shona society agree with Aquinas that euthanasia is morally wrong. It seems clear that though this view is contentious, it has gained wide acceptance and veneration through the ages, especially in the African cultures because of a respect for the sanctity of life and conformity to the biblical ethics of “Do not kill” (Deuteronomy 20) which is commonly taken as the foundation for ethical concern by the Shona culture and African cultures in general.

For the Shona, anyone's life (whether poor, rich, young or old) is sacrosanct and precious in itself. This is confirmed by the Shona idiom, *Chembere ndeyembwa yomurume ndibaba vevana* (Respect should be accorded also to the aged because they are human beings and their life is equally important). The Shona thus are traditionally against any form of euthanasia, even to the extremely aged and the ill, and believe in the proverb *Regai ndiseke zvangu vanhu vakuhire* (A man who regards his or other people's lives as meaningless is not only unhappy, but is unfit for life) and *Kuwanda huuya, kwakarambwa nemuroyi* (The more we are the better, only the witch is against being many). These proverbs encourage people to value life under whatever circumstances, and the later even discourages individualism and all forms of euthanasia. Thus, anyone who performs or assists one in performing euthanasia is considered individualistic or a witch, and when one is ill, friends or family members should run around to see that the patient receives treatment. This is because the Shona believe that *Munhu haarerwi nebonde* (A sick person is not nursed by means of a sleeping mat, treatment is needed as well). Hence, nursing a sick person by means of a sleeping mat is applying passive euthanasia to the sick, which is discouraged and punishable in Shona society, although the Shona are not only against active euthanasia, but also passive euthanasia. A lingering question can however be raised against the Shonas and Aquinas' argument that euthanasia is morally wrong because one belongs to the whole; thus, 'should one suffer for the simple reason that he belongs to the whole community?'

It is the contention of this paper therefore that it is unfair and wrong on moral grounds to generalize cases of euthanasia for there are some cases that might warrant euthanasia.

In line with the Shonas and Aquinas' view, Fletcher has advanced a consequentialist argument against the morality of euthanasia. His argument can be called 'the argument from practical effects'. He argues that "sometimes the euthanasiasts (those who perform the final act) commit suicide or suffer from psychological traumas afterwards thus making two deaths instead of one. Sometimes they are tried of murder in courts of law" (Fletcher in Clark, 1986:192). The Shona people confirm the same view with their idiom; *Atandavara aguta apfunya ndowavata nayo* (the one with crossed legs is the one who went to bed hungry viz the effect of an action whether good or bad show itself by external signs or the results that would follow). In the Shona culture people involved in a killing or in euthanasia would suffer havoc from the *Ngozi* (avenging spirit). Father Emmanuel Ribeiro, in his Shona novel *Muchadura* literally translated as, 'You shall confess,' notes that the avenging spirit can wreak havoc, for example, can cause a series of inexplicable deaths, diseases and unaccountable misfortunes on the murderer and his or her family. This is because the Shonas consider life as something sacrosanct that no other human being except *Musikavanhu* (Human Creator) has the power to kill or facilitate another's death (Mawere, 2005). To those patients judged competent and request that euthanasia be applied on them (active euthanasia), the Shonas traditionalists urge that *Usarasa chiri mumaoko nokuombera* (Do not lose what is already in your hands by clapping viz it is better to be contented with what you already have than losing it for that which you haven't get hold of).

Thus for the Shona traditionalists it is advisable for a patient to be contented with the life he has for no one knows what the future holds. This is to say that euthanasia has consequential effects, both social and psychological, which are so difficult to contemplate. The Shonas and Fletcher's argument thus makes a lot of sense. However, the cosequentialist argument against the morality of euthanasia is only true where the final act of euthanasia is performed by a single person, a physician, for example. Where many parties – a euthanasia committee is set, the practical effects cited in the previous discussion can be hardly seen.

Williams contributing to the debate on euthanasia has advanced a 'slippery slope argument'. A slippery slope argument can be defined as an argument which shows that a tricky situation may be allowed to prevail not because it is the most desirable one but due to lack of clarity and consensus over it. And, once the situation is allowed to take root, it becomes extremely difficult to stop or control. The Shona culture upholds the same view. For the Shonas *Muti unowira kwawakarerekerera* (a tree always falls in the direction where it bends. It will never fall in another direction). This is to say that there are some situations which once allowed taking roots it becomes extremely difficult to control forthcoming ones of the same nature since they will simply follow suit. Euthanasia is one such a situation. Thus for Williams as with the Shonas if people relax the prohibitions of killing and allow euthanasia, this might lead to uncontrollable killing of people. Even those patients who are not very ill but no longer want to continue living would want their cases considered as well. Williams confirms this when he argues, "if a person apparently hopelessly ill may be allowed to take his own life, then, he may be permitted to deputize others to do it for him should he no longer be able to act. The judgment of others then becomes a ruling factor. Already at this point, euthanasia is not personal and voluntary for others are acting on behalf of the patient as they see it fit. This may well incline them to act on behalf of other patients who have not authorized them to exercise their judgment"(Williams in White, 1991:195). The Shonas and Williams thus conclude that euthanasia is prone to abuse and can lead to appalling increase of crimes such as infanticide, geronticide and genocide, among others. Those looking after the patient might terminate the patient's life if they feel it necessary and not because death has been requested. They can do so out of hatred, boredom or in order to inherit patient's property. The Shona people of Zimbabwe share the same line of thinking. One may however ask; 'Shall those with cases that really warrant euthanasia suffer for the mere reason that if allowed it will be prone to abuse?' It is the contention of this paper that it is unfair and morally wrong to so. Instead, strong conditions to control or curb a slippery slope situation should be put in place, not judging the whole exercise as morally wrong or otherwise.

## **Arguments for Euthanasia**

Fredrick Stenn, Margaret Battin and Carl Becker among other scholars have defended euthanasia on moral, religious and rational grounds. Generally, their views claim that euthanasia is morally right. It is a fundamental right of anyone wishes to have his or her life terminated, and to deny one who wants his life terminated is inhumane and unjust.

Thus, it is out of this simple logic that euthanasia is considered as inherently morally right. Stenn, for example, employs a principle of autonomy in reinforcing his argument. The word 'autonomy' is a legacy from ancient Greece. It is derived from the Greek compound "autos" (self) and 'nomos' (rule or law)" (Beauchamp, 1984:44). The most general idea of personal autonomy in moral philosophy is self-governance; "the ability to think for oneself and to decide what to do by standards of one's own knowledge and understanding free from controlling interference by others, government or personal limitations" (Liszka,1999:100). The general idea of autonomy is linked in philosophical literature to several allied concepts such as the freedom to choose, the creation of a personal moral position and accepting responsibility for one's actions. The principle of autonomy thus contends that values and beliefs of the patient should be the primary moral consideration in determining what is to be done to the patient or in deciding the fate of the patient. In the light of this principle, Stenn further argues "man chooses how to live, let him choose how to die. Let man choose when to depart, where and under what circumstances the harsh winds that blow over the terminus of life must be subdued" (Stenn, 1980:891). Stenn's argument springs from the assumption that all individuals, whether young or old, are in a position to ascertain their own interests either verbally or otherwise more competently than anyone else. This is to say that, for Stenn, euthanasia is a fundamental moral right of anyone who wishes to have his/her life terminated. Stenn's argument is strong in that it respects the principle of autonomy which potentially promotes individual rights. Nevertheless, Stenn seems to be unaware that the principle of autonomy is a prima facie obligation, not an absolute one, and so can sometimes be overridden when conflict with a stronger obligation. As a result, his argument is narrow, rigid and extreme.

Battin has also supported this line of thought. She argues that "various forms of euthanasia are taking root in some cultures, for instance, active euthanasia has been practiced without major difficulties in Netherlands. In Germany assisted suicide is allowed. Why not in America?" (Battin in Deveer & Regan, 1987). It is against this background that Battin argues that even though passive euthanasia in the form of withdrawal or withholding of treatment is common in the state of Oregon in the United States, still, more forms of euthanasia should be allowed. It can however be argued that Battin committed a fallacy-appeal to sentiments in arguing that more forms of euthanasia should be allowed morally in the United States simply because they are allowed in other countries. Instead, she must have strongly argued for her case.

In line with the above contention, Becker argues that all forms of active euthanasia are morally right. He explores Buddhist view of death and suicide and applies these ideas to recent debates about euthanasia. Becker thus enters the debate from a Buddhist perspective which unlike the Western one, does not regard death as an evil or as something to be avoided. Traditionally, Buddhism "does not view death as a bad thing or even as an ending. Rather, death is a transition from one stage of life to another. For this reason, euthanasia is not condemned as long as a person had placed himself or herself in the right state of mind" (Becker, 1994:517). One only have to be physically, spiritually and rationally prepared to die.



It is from this background that Becker argues that it is inhumane and morally unjustifiable to keep someone alive who is physically, spiritually and rationally prepared to die and indeed wants to die. He thus further argues that “a key to this is that a person accepts responsibility for his or her own life choices. When euthanasia is prohibited, it means that a person is deprived of the final act of taking responsibility for his or her own life” (ibid). It is interesting to note that Becker seems to be employing two principles of medical ethics namely, the principle of autonomy and the principle of mercy. The former has been discussed in the preceding paragraphs. The latter principle establishes two component duties-“the duty to act to end pain or suffering already occurring and the duty not to cause further pain or suffering” (McDonald, 1998:159). It should be emphasized that these duties are to be satisfied merely for the sake of the patient. As interesting as Becker’s argument is, he committed an error in considering the principles of autonomy and mercy as absolute; in reality they are prima facie duties. For this reason, his argument is rigid and narrowly focused.

From the prior discussion, it is apparent that arguments for and against euthanasia are narrow, rigid and extreme. They seem to realize that there are some cases that warrant euthanasia and others which do not. All cases of euthanasia cannot be judged as morally bad or otherwise. The virtue of this paper therefore is to ascertain how powerful and influential a moderate view of euthanasia can be as a vehicle for stimulating change and attitude among the Shona traditionalists, other cultures and researchers the world over.

## **A Moderate View of Euthanasia**

In general terms, the moderate view of euthanasia contends that euthanasia is not a ‘fundamental right’ for anyone but a prima facie obligation and each case is special in its own right. As a result, each case should be treated individually. The moral rightness or wrongness of euthanasia or the ‘ought’ is therefore determined by the circumstances that surround each case. To concretize the view, this work shall make reference to ‘three exemplary cases’ which warrant euthanasia.

In this section, the paper presents exemplary cases that warrant euthanasia. It should be noted that this is not to contend that euthanasia should be considered in the Shona culture as a fundamental right. Instead, euthanasia should be considered as a civil right. Nevertheless, all other cases of euthanasia that are not similar to exemplary cases in the presented heretofore should be considered morally wrong. They are not genuine cases to warrant euthanasia. The first of the cases that warrant euthanasia is that of the severely defective newborns. Suppose as sometimes happens in the Shona culture and the world over; “A child is hydrocephalic with an extremely low intelligent quotient (IQ) is blind and deaf, has no control over its body, and can only lie on its back all day and have all its needs taken care of by others, and even cries out with pain when it is touched or lifted.

Infants born with *spina bifida*- and these number over two per one thousand births- are normally not so badly off, but sometimes they are so” (Brandt in Arthur, 1993:160). Should such an infant allowed to live given circumstances surrounding her case? From the Shona culture and the anti-euthanasia perspectives, it is morally that euthanasia be applied to the infant. It is the contention of this paper however those individuals (such as the one born with *spina bifida* cited above) and the brain dead infants live unhappy lives. They should not be made to suffer simply because if euthanasia is allowed in some cases this will create a situation difficult to stop or control-a slippery slope situation, as Williams would argue. Though some would say that the prospective lives of many defective newborns are modestly pleasant and such it would be some injury to them to be terminated, justice will have been done if the lives of the severely defective newborns are terminated. This is because the lives they will live are the ones many of us, if we are to be sure, would prefer not to live at all. To deny ‘the right to die’ as a civil right, as is happening in the Shona culture, to such defective newborns with very critical circumstances is grossly unfair and morally unjust. I would rather suggest that very strong and well thought conditions should be set in place for those who would want their cases to count instead of taking William’s extreme position. Moreso, it seems severely defective newborns, as cited above, undoubtedly live bad life and so it would be a favor to them if their lives were terminated. Of course one might argue that “it is not for their (severely defective infants) sake but to avoid trouble to others that they are allowed to die” (Foot, 1977:85) But I remain convinced that such patients as brain dead infants and those infants born with *spina bifida*, among others, live bad life- the kind of life which if we think vividly of what it will be like in any case, none of us would prefer it. But still, two mind boggling questions can be raised; ‘If a decision to terminate a severely newborn is to be morally acceptable, how soon must it be made and the conclusion be effected? And, which defects should be considered severe and serious that they would definitely call for euthanasia?’

In response to the first question, as Brandt suggested; “the time of termination should not be postponed to the age of five or of three or even a year” (ibid). This is because at these ages all the reasons for insisting on consent are already cogent. It can therefore be recommended that if life is to be terminated, this should be done within ten days especially given that doubtless advances in medicine will permit detection of serious prospective defects early in pregnancy. In view of the second question, it seems obvious that guidelines after thorough analysis of the case under consideration must be established. Lorber proposed five guidelines he said should be used as a yardstick to judge the prospective life of a defective infant. Firstly, he considers the cases of *spina bifida*. He notes that “if this is on the lower half of the back, the baby will be severely paralyzed and incontinent and probably have severe hydrocephalus” (ibid). The second condition considered by Lorber is paralysis whereby if a baby is paralyzed at birth, it will never recover its muscle power. The third is gross distortion of the spine as a result of, for example, kyphosis. He notes that “those newborns affected by paralysis are among the most handicapped children and the consequences tend to worsen with time” (ibid). Fourthly, Lorber does consider the condition of gross hydrocephalus.

The fifth and last condition Lorber considers concerns other gross congenital malformations along with *bina fida*. According to Lorber and convincingly so, a child with any of these conditions should not be recommended for treatment but should be let dying. It should be emphasized that this is not advocating for the termination of all defective infants but only those infants with conditions stated above. Thus even though Lorber did not go further to pronounce and advance the view advanced by this work, a moderate view of euthanasia seem necessary and worth adopting in dealing with such critical cases. The Shona culture should therefore reconsider its position and break away from tradition.

Consider yet another case: A thirty year man has been involved in a fatal car accident. He has been fatally injured. Both legs and hands have been amputated, eyes blinded for his face has suffered serious deformations. Also, he has sustained other injuries all over the body which are continually bleeding and not clotting. He is also experiencing persisting unbearable pain which causes him to spend sleepless nights. Worse still, he has lost a bit of his sanity that he is no longer competent. Now considering the life of this man, taking note that his life has completely changed for the worse and is seemingly miserable, bad and hopeless; would it, then, be morally right to allow him to live? Surely, this is a somehow trick and no easy question. One may argue that the life that one considers to be miserable, bad and hopeless might be considered vice versa by the patient concerned. This paper however contends that this could not be so with the patient presented in the case above even if he is financially sound to survive on feeding and respiratory systems. In fact any normal rational being with a fair mind can easily judge that the patient (casualty) is undoubtedly living a 'miserable life'- a life that the patient himself truly feels is bad and hopeless. The patient can no longer work, bath, walk, or even feed by himself. He can no longer enjoy discussions with his fellow comrades. He seems to have no single happy moment in his life. Kant would use his categorical imperative to argue that "Act as if the maxim of your action were to become through your will the universal law of nature" (Hartman, 2002:18). Thus for Kant an action is morally right if we can will it to become an absolute and universal law of human conduct. Given that no one would want to live such a miserable life that the man is experiencing, it is therefore morally wrong to allow the man living. Even if one is to employ Brandt's criterion (explicated in the prior discussions) of judging life as bad or good – the 'happiness criterion', it will be revealed that the enjoyments, if ever there, being experienced by the patient are brief if ever any. They can hardly balance the long stretches of boredom, discomfort and pain the patient is experiencing. For this reason, one can speculate that on the whole, the patient's life is undoubtedly miserable; one that many of us would prefer not to live at all. This paper therefore contends that even though the victim cannot consent, his fellow comrades can still make a decision on his behalf which they think is altruistic and would be in accordance with his best wishes had it been that he was competent. In this case, though euthanasia is not a right for anyone, a decision can be made that the patient's life be terminated for his own sake (considering his situation). Such cases are rare but a reality in the Shona culture and the world over. They are cases which demonstrate the need to adopt a moderate view of euthanasia in the Shona culture of Zimbabwe and the world over.

One final case may still be introduced: A 65 year old woman is terminally ill in hospital and require a respirator to continue living. She is suffering from cancer and other diseases such as HIV/Aids and asthma. She is in the terminal stage with uncontrollable pain and other symptoms which make her spend sleepless nights. She now has wounds all over and is getting thinner by the day. Worst of all, her condition no longer allows her to walk, bath and feed alone. But she has been judged competent and requests to have the respirator disconnected. Such cases are a reality in Zimbabwe. A question now can be raised; 'should the patient be allowed to have her life terminated?' According to the Shona culture, it will be morally wrong to allow the woman's life terminated. Nevertheless, one should note that here the duty to preserve life is in direct conflict with the principle of mercy and the duty to respect one's autonomy. All are prima facie duties and to fix the actual duty becomes extremely difficult. It will however be suggested that the patient's choice should be allowed to override the duty to preserve life because considerations of autonomy are here, though not everywhere, weightier. This is to reason that a moderate view of view of euthanasia is worth considering in some cases of euthanasia. In the case under consideration, it seems morally right to allow the patient, for her own sake, to 'have a rest' as per her wish. This would enable her to escape from the life-long misery of pain and thinking about her own health status and family. However, this is not to say that all terminally ill patients should allowed euthanasia. Each case should be independent of others depending on its surrounding circumstances.

A moderate view of euthanasia deserves serious consideration by the medical fraternity and members of the public in general. This view helps us to promote individual principles and values and harmonizes them with civil rights. Under the conception of human rights paraded in the prior discussion, civil rights derive from society rather than God or nature and thus can be changed. It is in view of this reason that this paper is questing for the Shona culture to break away from the tradition of considering euthanasia as morally wrong. The Shona culture, and indeed other cultures country-wide, should incorporate 'the right to choose death' as a civil right. This civil right, though should be kept as a prima facie rule, has to be exercised by the society on behalf of a member in the case of passive euthanasia or by both the society and the member (patient) in the case of active euthanasia. The UN understood way back in 1948 the vital need to institute a set of values that individuals and societies around the world should esteem and circulated them under the label, the Unilateral Declaration of Human Rights (UDHR) (UNO,1948). To violate someone's human rights is to treat that person as though s/he were not a human being. According to the UDHR, human rights are violated when, a certain race, creed or group is denied recognition as a legal person; life liberty or security of person are threatened; a person is sold as or used as a slave; cruel, inhuman or degrading punishment is used on a person; arbitrary interference into personal, or private lives by the agents of the state, among others. In view of this, denying the right to choose death to cases such as raised above is cruel and arbitrary interfering into personal or private lives by the agents of the State.

It is easier to give examples of civil rights than natural rights because in practice, the rights have varied from culture to culture (Maritain, 1971), but it seems that to deal with the critical situations as of 'some patients' cited in the prior discussion a moderate view of euthanasia is necessary. The two opposing views, the pro-euthanasia and anti-euthanasia camps, because of being too rigid, extreme and narrow cannot handle such situations. However, one should note that this is not to argue that a moderate view should be applied to all cases of euthanasia lest it will be as good as arguing that euthanasia is fundamental right for everyone. Each case should be treated differently depending on circumstances surrounding it, not just giving the same respond to all cases. For example, in cases where pain is short-lived, where there is a possibility of an inaccurate prognosis of death, where a patient is suffering from a curable or where a patient's condition is not severe (even is suffering from an incurable disease), where there are possibilities that a patient can recover and other such cases; euthanasia should not apply even if the person asking for euthanasia is judged competent.

## **Conclusion**

It is apparent that euthanasia is a contested notion. Its moral status is too complex to be epitomized in a word as either a form of cruelty or altruism. Some people still hold on to arguments for euthanasia and others like the Shona traditionalists of Zimbabwe still hold on to those of the opposite. It appears that one of the biggest stumbling blocks to solving the euthanasia question is the cultural characteristic of a society. Multiple factors such as politics, religion, economy or level of civilization, education and other cultural variables impact the conception of euthanasia in any society. The internal and external environment must be considered as well. Not only does reform require internal changes but it must be supported and in some cases encouraged by external organizations and forces. The biggest problem encountered when attempting to deal with euthanasia thus is cultural shift. Since culture is part of the fabric of society it is difficult to change. However, it is the contention of this paper that if either of the two strands of thought (pro-euthanasia and anti-euthanasia perspectives) is seriously considered and adhered to, it would lead us to either absolute disjuncture of morality from medicine or to 'medical moral fanaticism', which are both misconceptions of the real states of affairs prevalent in human societies. For this reason, either of the views should be overemphasized and practiced to extreme, lest this would result in rigidity, conservatism, dogmatism and cultural paralysis which are all pointers to 'intellectual or cultural death', and a fiasco to draw the clear-cut relationship between morality and medicine related issues. There is need to break away from tradition. This paper therefore contends that though it appears extremely difficult to judge the moral precision of either of the intriguing and contending parties, it should be borne in mind that euthanasia is not a natural right for anyone. However, it should be considered as a civil right and each case should be considered special in its own right. As a matter of fact, both pro-euthanasia and anti-euthanasia partisans should not hasten to take the question of morality of euthanasia for granted. They should be encouraged to think and reflect carefully on each case with a 'fair' mind.

The moderate view of euthanasia has the advantage that it tries to reconcile arguments that have been presented for and against euthanasia throughout history. It also harmonizes credence individual principles and values with those of the society in which s/he is part. The moderate view so conceived, stresses the need for a new force of change in the way the Shona people and others the world over treat euthanasia. If the question on the morality of euthanasia is to be treated fairly, then, it is necessary that a moderate view ought to be adopted. Each case should be treated differently and the circumstances surrounding it thoroughly analyzed. Thus some euthanasia cases are morally right and others morally wrong, and to take all euthanasia cases for granted is to fail totally to understand the whole question under consideration.

## **Recommendations**

The literature has shown that euthanasia is one of the most debated issues in Medical Ethics. Its morality is very difficult to epitomize in a word. However, to deal effectively with the issue of euthanasia in Zimbabwe, there is need to move away from cultural prejudices and biases. It is imperative that various factors from both an individual perspective to societal perspectives are considered and harmonized. A moderate view of euthanasia is a fruit of such a line of thinking. It is true that one might want to know who should participate in the act of euthanasia if a moderate view of euthanasia is adopted in Zimbabwe. It is the contention of this work that deliberations on euthanasia should be accredited to independent organizations like Human Rights Organizations, World Councils of Churches, the patient (in the case of active euthanasia), patient's family members, Euthanasia committees which comprise physicians, academicians and moralists. It should not be done by national governments lest politicians would take advantage of their powers to impose their views and cultural prejudices on the case.

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