

EUTHANASIA, FEMALE GENITAL MUTILATION, CHILDREN WITH DISABILITIES: AS CONTROVERSIAL SOCIETAL ISSUES AND THEIR SCIENTIFIC IMPLICATIONS

Abstract: This paper discussed some societal challenges, their causes, possible scientific solutions to them and the controversies arising from each of them. Three societal problems were identified which are; Euthanasia, Female Genital Mutilation (FGM) and Children with Disabilities (CWDs). The different types of Euthanasia were identified as the active and passive euthanasia respectively also the FGM was discussed under three main types, namely; clitoridectomy, excision, infibulation and others, while the CWDs was also discussed, the causes and challenges they go through such as discrimination and institutional and environmental challenges. In each case their causes, effects and scientific solutions were proffered.

Keywords: Euthanasia, Female Genital Mutilation, Children with Disabilities

INTRODUCTION

We face lot of different problems in our individual lives and society in general, for example power shortages, bad roads, bad infrastructure, corrupt officials, anti-social elements, communal problems, bad weather, drought disease outbreaks, global warming, food shortages, unemployment, poverty, malnutrition, terrorism, insurgency and many more. The idea is not to list all the problems in the world but to figure out some ways to study these problems and proffer scientific solutions to them. In this paper three societal problems will be discussed namely;

- a. Euthanasia
- b. Female Genital Mutilation (FGM)
- c. Children with Disabilities (CWDs)

a. EUTHANASIA

Euthanasia is the deliberate killing of a person for the benefit of that person (Harris, 2011). It is also known as mercy-killing, right-to-die, physician assisted suicide (PAS) (Masterstvedt and Clark, 2013). Is the act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person or animal suffering from an incurable, especially a painful disease or condition (Nick, 2002, Euthanasia, 2010). But there are other instances where some people want their life to be ended.

In many cases, it is carried out at the persons request but there are times when they may be too ill and the decision is made by relatives, medics or, in some instances, the courts. The term is derived from the Greek word euthanatos which means easy death.

The Ethics of Euthanasia

Euthanasia raises a number of agonizing moral dilemmas;

- Is it ever right to end the life of a terminally ill patient who is undergoing severe pain and suffering?
- Under what circumstances can euthanasia be justifiable, if at all?
- Is there a moral difference between killing someone and letting them die?

At the heart of these arguments are the different ideas that people have about the meaning and value of human existence. Should human beings have the right to decide on issues of life and death? There are also a number of

38 arguments based on practical issues. Some people think that euthanasia should not allowed, even if it was morally right,
39 because it could be abused and used as a cover for murder,

40 **Why People Want Euthanasia?**

41 Most people think unbearable pain is the main reason people seek euthanasia, but some survey in the USA and
42 Netherlands shows that less than a third of requests for euthanasia were because of severe pain (Oluyemisi, 2004).
43 According to Oluyemisi (2004), terminally ill people can have their quality of life severely damaged by physical
44 conditions such as inconsistence, nausea and vomiting, breathlessness, paralysis and difficulty in swallowing.
45 Psychological factors that cause people to think of euthanasia include depression, fearing loss of control or dignity,
46 feeding a burden, or dislike of being dependent.

47 **Forms of Euthanasia**

48 Euthanasia comes in several different forms, each of which brings a different set of rights and wrongs as outlined by
49 BBC (2018).

50 **1. Active and Passive Euthanasia**

51 In active euthanasia a person directly and deliberately causes the patient's death. In passive euthanasia they do not
52 directly take patient's life, they just allow them to die.

53 This is a morally unsatisfactory distinction, since even though a person does not actively kill the patient; they are aware
54 that the result of their inaction will be the death of the patient.

55 Active euthanasia is when death is brought about by an act, for example when a person is killed by being given an over
56 dose of pain killers.

57 Passive euthanasia is when death is brought about by an omission- for example when someone lets the person die. This
58 can be by withdrawing or withholding treatment.

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- Withdrawing treatment; for example, switching off a machine that is keeping a person alive, so that they die of
60 their disease,

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- Withholding treatment; for example, not carrying out surgery that will extend life for a short time.

62 Traditionally, passive euthanasia is thought of less bad than active euthanasia. But some people think active euthanasia is
63 morally better.

64 **2. Voluntary and Involuntary Euthanasia**

65 Voluntary euthanasia occurs at the request of the person who dies. Non-voluntary euthanasia occurs when the person
66 in unconscious or otherwise unable (for example, a very young baby or a person of extremely low intelligence) to make a
67 meaningful choice between living and dying and an appropriate person takes the decision on their behalf.

68 **3. Indirect Euthanasia**

69 This means providing treatment (usually to reduce pain) that has the side effect of speeding the patient's death since
70 the primary intention is not to kill, this is seen by some people (but not all) as morally acceptable.

71 **4. Assisted Suicide**

72 This usually refers to cases where the person who is going to die needs help to kill themselves and asks for at. It may
73 be something as simple as getting drugs for the person and putting those drugs within their reach.

74 **Arguments on Euthanasia**

75 Pro-euthanasia arguments are based on rights.

- 76 i. That people have an explicit right to die
- 77 ii. That it is possible to regulate euthanasia
- 78 iii. Death in a private matter and if there is no harm to others, the state, and other people have no right to interfere
- 79 iv. Allowing people to die may free up scarce health resources

80 Anti-euthanasia arguments are based on ethical

- 81 i. Euthanasia weakens society's respect for the sanctity of life
- 82 ii. Accepting euthanasia means accepting that some lives are worthless than others,
- 83 iii. There is no way of properly regulating euthanasia
- 84 iv. Allowing euthanasia will lead to less good care for the terminally ill.
- 85 v. Allowing euthanasia undermines the commitment of doctors and nurses to saving lives.
- 86 vi. Euthanasia undermines the motivation to provide good care for the dying, and good pain relief.
- 87 vii. Allowing euthanasia will discourage the search for new cures and treatments for the terminally ill.

88

89 Religion and Euthanasia

90 Death is one of the most important things that religion deals with. All faiths offer meaning and explanations for
91 death and dying; all faiths try to find a place for death and dying within human experience. Most religions disapprove of
92 euthanasia. Some of them absolutely forbid it. The Roman Catholic Church, for example, is one of the most active
93 organizations in opposing euthanasia. Virtually all religions state that those who become vulnerable through illness or
94 disability deserve special care and protection, and that proper end of life care is a much better thing than euthanasia.
95 Religions are opposed to euthanasia for a number of reasons;

- 96 1. God has forbidden it
 - 97 2. Human life is sacred
 - 98 3. Human life is special
- 99 It is believed that God gives life, so only God has the right to take it away

100 b. FEMALE GENITAL MUTILATION (FGM)

101 According to UNICEF (2013), and WHO (2014) Female genital mutilation (FGM) comprises all procedures that
102 involve partial or total removal of the external female genital, or other injury to the female genital organs for non-medical
103 reasons. The FGM is recognized internationally as a violation of the human rights of girl and women. It reflects deep-
104 rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always
105 carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health,
106 security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to
107 life when the procedure results in death.

108 Key Facts About FGM

- 109 i. Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital
110 organs for non-medical reasons.
- 111 ii. The procedure has no health benefits for girls and women.

- 112 iii. The procedures can cause severe bleeding and problems like, urinating, and later cysts, infections, infertility as
113 well as complications in childbirth and increased risk of newborn deaths.
- 114 iv. More than 125million girls and women alive today have been in the 29 countries in Africa and Middle East where
115 FGM is concentrated (WHO, 2014).
- 116 v. FGM is mostly carried out on young girls sometimes between infancy and age 15.
- 117 vi. FGM is a violation of the human right of girls and women.

118 **Types of FGM**

119 According to Euthanasia (2019) FGM is classified into four major types;

- 120 1. **Clitoridectomy:** Is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female
121 genitals) and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)
- 122 2. **Excision:** Is the partial or total removal of the clitoris and the labia minors, with or without excision of the
123 labia majored (the labia are “the lips” that surround the vagina).
- 124 3. **Infibulation:** Is the narrowing of the vaginal opening through the creation of a covering seal. The seal is
125 formed by cutting and repositioning the inner or outer labia with or without removal of the clitoris.
- 126 4. **Other:** All other harmful procedures to the female genitalia for non-medical purposes, e.g pricking, piercing,
127 incising, scraping and cauterizing the genital area

128 **Health Benefits**

- 129 ▪ FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging
130 healthy and normal female genital tissue, and interferes with the natural functions of girls’ and women’s bodies.
- 131 ▪ Immediate complications can include severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial
132 infection), urine retention, open sores in the genital region and injury to nearby genital tissue.
- 133 ▪ Long-term consequence can include recurrent bladder and urinary tract infections, cysts, infertility and increased
134 risk of children complications and newborn deaths, the need for late surgeries - for example the FGM procedure
135 that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse
136 and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes
137 through repeated opening and closing procedures, further increasing and repeated both immediate and long-term
138 risks.
- 139 ▪ Procedures are mostly carried out on young girls sometimes between infancy and age 15, and occasionally on
140 adult women. In Africa, more than three million girls have been estimated to be at risk for FGM annually. The
141 practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia
142 and the Middle East, and among migrants from these areas.

143 **Causes of FGM**

144 The causes of female genital mutilation include a mix of cultural, religious and social factors within families and
145 communities.

- 146 1. Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a
147 strong motivation, to perpetuate the practice.
- 148 2. FGM is often motivated by beliefs about what is considered proper sexual behavior, linking procedures to
149 premarital virginity and mental fidelity.FGM is in many communities believed to help her resist “illicit” sexual
150 acts. When a vaginal opening is covered or narrowed (type 3 above), the fear of the pain of opening it, and the
151 fear that this will be found out is expected to further discourage “illicit” sexual intercourse among women with
152 this type of FGM.

- 153 3. FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and
154 marriage.
- 155 4. FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are “clean”
156 and “beautiful” after removal of body parts that are considered “male” or “unclean”,
- 157 5. Though no religions scripts prescribe the practice, practitioners often believe the practice has religious support.
158 Religious leaders take vary positions with regard to FGM; some promote it, some consider it irrelevant to religion,
159 and others contribute to its elimination.
- 160 6. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even
161 some medical personnel can contribute to upholding the practice.
- 162 7. In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation.

163 **Scientific Solutions**

164 The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities,
165 such as attending childbirths. However, more than 18% of all FGM is performed by health care providers, and the trend
166 towards medicalization is increasing. Efforts to eliminate female genital mutilation scientifically should be focus on:

167 **Strengthening the health sector response:** Guidelines, training and policy to ensure that health professionals can
168 provide medical care and counseling to girls and women living with FGM.

169 **Building Evidence:** Generating knowledge about the causes and consequences of the practice, how to eliminate it, and
170 how to care for those who have experienced FGM;

171 **Increasing Advocacy:** Developing publications and advocacy tools for international, regional and local efforts to end
172 FGM within a generation.

173 **c. CHILDREN WITH DISABILITIES (CWDS)**

174 Disability is an issue that is too important to be ignored. Our understanding of disability and our response to
175 persons with disabilities are measures of how well our country serves our diverse citizens. Our attitudes to disability often
176 stem from ignorance. We do not know enough about what it is like to have a disability. Disability is an umbrella term for
177 impairments, activity limitations or participation restrictions which result from the interaction between the person with the
178 condition and environmental factors (e.g the physical environment, attitudes) and personal factors (e.g age or gender).

179

180 **Causes of Disabilities**

181 The common causes of disability include chronic disease, injuries, mental health problems, birth defects,
182 malnutrition, HIV/AIDS, and other communicable disease (WHO, 2010). Out of the almost 650million persons living with
183 disabilities worldwide, an estimated 150million are children. More than 80% live in developing countries with little or no
184 access to basic services, making them amongst the most vulnerable minorities in the world. Without a voice, or with weak
185 representation at best these children face great risk of neglect, illness and poverty, and malnutrition. Yet, according to the
186 united nation, most of the causes of disability, such as war, illness and poverty, are preventable (UN, 2006). Giving that
187 children include our future leaders, the implication for society of neglecting children’s rights and development are
188 enormous and far-reaching.

189 **Challenges of CWDs**

190 **1. Attitudes: Discrimination, Stigma and Prejudice**

191 In society, children with disabilities may face various negative social altitudes, discrimination, derogatory labels,
192 or even pity, which can also be offensive. Stigmatization is another altitudinal challenge that persons with disabilities
193 often encounter. These altitudes and reactions are generally rooted in fear and ignorance, as people tend to focus more on
194 the disability than on the abilities of the individual. In some parts of the word, social beliefs about disability

195 include the fear that disability is associated with evil, witchcraft or infidelity, which serve to entrench the marginalization
196 of CWDs. Such stigmatization by immediate family and society often leads to segregation and sometimes abuse of the
197 child with a disability. Attitudinal barriers can also be rooted in cultural norms and expectations. For example, in
198 cultures where gender roles are rigidly defined, the society many consider the child with disability a failure in his/her
199 gender role (Jones and Webster, 2016). The reality is that children with disabilities encounter high levels of
200 marginalization and social exclusion compared with other social excluded groups (Obi, 2016).

201 2. **Environment: Accessibility to Buildings and Services**

202 The physical environment is another major barrier to inclusivity. Physical barriers that prevent access to
203 education institutions, health care facilities, communication services and other public spaces (banks, hotels, shopping
204 complexes etc) compromise the rights of CWDs to participate in society. Not only do inaccessible environments
205 deny CWDs access to social setting but failure to consider their needs may also compromise their safety. Accessibility
206 considerations in the physical environment should include at the very least access to entrances (ramps, stairs,
207 doors), public facilities and services, communication (including signage and written material) in alternative formats and
208 contrivencies to accommodate persons with disabilities in emergency or evacuation plans (UN/OHCHR/IPU, 2007).
209 These considerations should be applied consistently in all publicly accessible areas. However, in reality this is often not
210 the case, especially in developing countries like Nigeria, where equal access rights are generally not considered.

211 3. **Institutions: Policies, Practices and Procedures**

212 Institutional barriers exist in educational systems, businesses, shops, transport systems, health systems and other
213 public services. Unless mandated by law, most local authorities, city and development planners, and policy makers
214 routinely fail to consider CWDs in policy making and implementation.

215 **Scientific Solutions**

216 The first step to addressing the needs of children with disabilities is to identify and locate them.

217 Educate staff and service providers on how to deal respectfully with disability. Offer scientific training on how to include
218 and communicate with children with different types of disabilities to avoid the isolation of children with disabilities

219 Provide information in formats that are accessible to people with learning and sensory disabilities, such as Braille, sign
220 language and easily understood languages.

221 Policies on education, health, play and leisure, sport and recreation, and youth services should actively include and
222 respond to the needs and wishes of children and young people with disabilities, and their families.

223 Provision of mobility aids and scientific and electronic devices, appliances and equipments for children with disabilities. I
224 will conclude by saying that Children with disabilities do not need our sympathy, but our empathy.

225 **CONCLUSION**

226 Most of the problems we see in our societies today like the ones just discussed above, namely; euthanasia,
227 female genital mutilation and children with disabilities are caused by humans, just a few of them are caused by non-
228 human agents like the natural disasters, without knowing the grave consequences of their action or inaction. To fight this
229 kind of societal harmful practices the society must restore moral and religious rectitude, promote and respect the sanctity
230 of human existence.

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