Archives of Current Research International

17(4): 1-7, 2019; Article no.ACRI.49382
ISSN: 2454-7077

Euthanasia, Female Genital Mutilation, Children with Disabilities: A Review on Societal Issues and Their Scientific Implications

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/ACRI/2019/v17i430118
Editor(s):
(1) ASSOC. Prof. Ender Durualp, Health Sciences, Department of Child Development, Ankara University, Turkey.
Reviewers:
(1) Shigeki Matsubara, Jichi Medical University, Japan.
(2) Ronald Bartzatt, University of Nebraska, USA.
(3) Stanley Emife Nwani, Lagos State University, Nigeria.
Complete Peer review History: http://www.sdiarticle3.com/review-history/49382

Commentary

Received 12 March 2019
Accepted 27 May 2019
Published 10 June 2019

ABSTRACT

This paper reviewed 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 ethanasia 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.

1. INTRODUCTION

Three medical and social problems attract wide attention of both medical care-givers and ordinary people. They are;

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

The current view on these three topics were summarized. Systematic review of these issues

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were not made rather a narrative overview on these topics. Also described was the fundamental viewpoint based on experience. It is believed that these description will make things clear and however, contribute to sort out the present knowledge on these issues.

2. EUTHANASIA

Euthanasia is the deliberate killing of a person for the benefit of that person [1]. It is also known as mercy-killing, right-to-die, physician assisted suicide (PAS) [2]. 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 [3,4]. 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 euthanatize which means easy death.

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

2.2 Forms of Euthanasia

Euthanasia comes in several forms, each of which brings a different set of rights and wrongs as outlined by [5].

2.2.1 Active and passive euthanasia

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

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

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

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

- Withdrawing treatment; for example, switching off a machine that is keeping a person alive, so that they die of their disease.
- Withholding treatment; for example, not carrying out surgery that will extend life for a short time.

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

2.2.2 Voluntary and involuntary euthanasia

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

2.2.3 Indirect euthanasia

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

2.2.4 Assisted suicide

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

2.2.5 Arguments on euthanasia

Pro-euthanasia arguments are based on rights.

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

Anti-euthanasia argument are based on ethics

i. Euthanasia weakens society's respect for the sanctity of life.
ii. Accepting euthanasia implies that some lives are worthless than others.
iii. There in no way of properly regulating euthanasia.

2.3 Religion and Euthanasia

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

1. God has forbidden it
2. Human life is sacred
3. Human life is special

It is believed that God gives life, so only God has the right to take it away.

Scientific Implication of Euthanasia?

Most people think unbearable pain is the main reason people seek euthanasia, but some survey in the USA and Netherlands shows that less than a third of requests for euthanasia were because of severe pain [6]. According to [6], terminally ill people can have their quality of life severely damaged by physical conditions such as inconsistence, nausea and vomiting, breathlessness, paralysis and difficulty in swallowing. Psychological factors that cause people to think of euthanasia include depression, fearing loss of control or dignity, feeding a burden, or dislike of being dependent.

i Allowing euthanasia will lead to less good care for the terminally ill.
ii Allowing euthanasia undermines the commitment of doctors and nurses to saving lives.
iii Euthanasia undermines the motivation to provide good care for the dying, and good pain relief.
iv Allowing euthanasia will discourage the search for new cures and treatments for the terminally ill.

3. FEMALE GENITAL MUTILATION (FGM)

According to several author [7,8] Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genital, or other injury to the female genital organs for non-medical reasons. The FGM is recognized internationally as a violation of the human rights of girl and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

3.1 Key Facts about FGM

i. Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
ii. The procedure has no health benefits for girls and women.
iii. The procedures can cause severe bleeding and problems line, urinating, and later cysts, infections, infertility as well as complications in childbright and increased risk of newborn deaths.
iv. More than 125 million girls and women alive today have been in the 29 countries in Africa and Middle East where FGM is concentrated [8].
v. FGM is mostly carried out on young girls sometimes between infancy and age 15.
vi. FGM is a violation if the human right of girls and women.

3.2 Types of FGM

According to [9] FGM is classified into four major types;

3.2.1 Clitoridectomy

Is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

3.2.2 Excision

Is the partial or total removal of the clitoris and the labia minors, with or without excision of the labia majored (the labia are "the lips" that surround the vagina).

3.2.3 Infibulation

Is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia with or without removal of the clitoris.

3.2.4 Other

All other harmful procedures to the female genitalia for non-medical purposes, e.g pricking, piercing, incising, scraping and cauterizing the genital area

3.3 Health Benefits

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

3.4 Causes of FGM

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

1. Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation, to perpetuate the practice.
2. FGM is often motivated by beliefs about what is considered proper sexual behavior, linking procedures to premarital virginity and mental fidelity. FGM is in many communities believed to help her resist "illicit" sexual acts. When a vaginal opening is covered or narrowed (type 3 above), the fear of the pain of opening it, and the fear that this will be found out is expected to further discourage "illicit" sexual intercourse among women with this type of FGM.
3. FGM is often considered a necessary part of raising a girl properly and a way to prepare her for adulthood and marriage.
4. FGM is associated with cultural ideals of feminity and modesty, which include the notion that girls are "clean" and " beautiful" after removal of body parts that are considered "male" or "unclean",
5. Though no religions scripts prescribe the practice, practitioners often believe the practice has religious support. Religious leaders take vary positions with regard to FGM; some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
6. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
7. In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation.

3.5 Scientific Solutions

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

Strengthening the Health Sector Response: Guidelines, training and policy to ensure that health professionals can provide medical care and counseling to girls and women living with FGM.

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

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

4. CHILDREN WITH DISABILITIES (CWDS)

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

4.1 Causes of Disabilities

The common causes of disability include chronic disease, injuries, mental health problems, birth defects, malnutrition, HIV/AIDS, and other communicable disease [8]. Out of the almost 650 milion persons living with disabilities worldwide, an estimated 150 million are children. More than 80% live in developing countries with little or no access to basic services, making them amongst the most vulnerable minorities in the world. Without a voice, or with weak representation at best these children face great risk of neglect, illness and poverty, and malnutrition. Yet, according to the united nation, most of the causes of disability, such as war, illness and poverty, are preventable [10]. Giving that children include our future leaders, the implication for society of neglecting children's rights and development are enormous and far-reaching.

4.2 Challenges of CWDs

4.2.1 Attitudes: Discrimination, stigma and prejudice

In society, children with disabilities may face various negative social altitudes, discrimination, derogatory labels, or even pity, which can also be offensive. Stigmatization is another altitudinal challenge that persons with disabilities often encounter. These altitudes and reactions are generally rooted in fear and ignorance, as people tend to focus more on the disability than on the abilities of the individual. In some parts of the word, social beliefs about disability include the Fear that disability is associated with evil, with craft or infidelity which serve to entrench the marginalization of CWDs. Such stigmatization by immediate family and society often leads to segregation and sometimes abuse of the child with a disability. Attitudinal berries can also be rooted in cultural norms and expectations. For example, in cultures where gender roles are rigidly denied, the society many consider the child with disability a failure in his/her gender role [11]. The reality is that children with disabilities encounter high levels of marginalization and social exclusion compared with other social excluded groups [12].

4.2.2 Environment: Accessibility to buildings and services

The physical environment is another major barrier to inclusivity. Physical barriers that prevent access to education instutions, health care facilities, communication services and other public spaces (banks, hotels, shopping complexes etc) compromise the rights of CWDs to participate in society. Not only do inaccessible environments deny CWDs access to social setting but failure to consider their needs may also compromise their safety [13]. Accessibility considerations in the physical environment should include at the very least access to entrances (ramps, stairs, doors), public facilities and services, communication

(including signage and written material) in altarnative formats and contrigencies to accommodate persons with disabilities in emergency or evacuation plans (UN/OHCHR/ IPU, 2007). These considerations should be applied consistently in all publicly accessible areas. However, in reality this is often not the case, especially in developing countries like Nigeria, where equal access rights are generally not considered.

4.2.3 Institutions: Policies, practices and procedures

Institutional barriers exist in educational systems, businesses, shops, transport systems, health systems and other public services. Unless mandated by law, most local authorities, city and development planners, and policy makers routinely fail to consider CWDs in policy making and implementation [14],[15].

4.3 Scientific Solutions

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

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

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

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

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

5. CONCLUSION

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

COMPETING INTERESTS

Author has declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
http://www.sdiarticle3.com/review-history/49382