

TANGAZA COLLEGE

**THE CATHOLIC UNIVERSITY OF
EASTERN AFRICA**

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**EUTHANASIA, A CHALLENGE TO CHRISTIAN
UNDERSTANDING OF DEATH & SUFFERING UNDER
MEDIA INFLUENCE.
(A CASE STUDY OF LUSAKA, ZAMBIA)**

MODERATOR

Prof Raphael Wanjohi

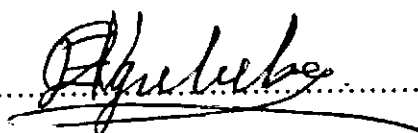
**Thesis Submitted in Partial Fulfillment of the Requirements for the
Bachelor Of Arts in Religious Studies.**

DECEMBER 2004

NAIROBI- KENYA.

DECLARATION

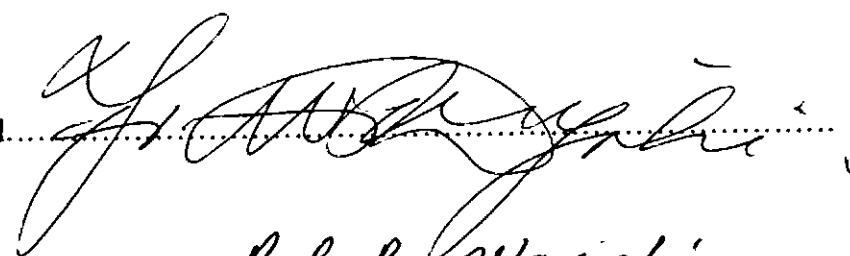
I, the undersigned, declare that this essay (thesis) is my original work achieved through my personal reading, scientific research and critical reflection. It is submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in religious studies. It has never been submitted to any other college or university for academic credit. All resources have been cited in full and acknowledged

Signed..........

Name of Student:.....NGULUBE EMMANUEL GEORGE.....

Date:.....17th DECEMBER 2004.....

This essay (thesis) has been submitted for examination with my approval as the college supervisor.

Signed..........

Name of Supervisor:.....Prof. R. Wanjohi.....

Date:.....17th DECEMBER 2004.....

DEDICATION

This masterpiece is dedicated to my deceased parents Mr. and Mrs. George Ngulube, brothers Solestino and Timothy and my beloved sister Feliciano, not forgetting my friend Kagiso, who died on a supportive machine.

ACKNOWLEDGEMENTS

To all my professors and lecturers, friends and relatives I convey my sincere thanks for all the assistance I got to see this work a success. My family members back home in Lundazi, Mr. Solomon and Steven Ngulube. My sisters: Angela, Meya, Dina and Nchawaka for their support and love. Many thanks goes to my cousin, Patrick and his wife Chinyanta for their lovely support especially during the distribution of questionnaires. I thank Sr Mary Chawezi and her entire community of St Joseph Cape Town, in a special way Sr Bridget Edman for her contribution in the philosophical reflection.

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CHAPTER ONE

1.0 INTRODUCTORY CHAPTER

This first chapter presents the background of euthanasia, statement of the problem, research hypothesis, significance and limitations during the research. It shall outline the objectives, which the whole research is trying to answer as the debate unfolds.

1.1 Background of the problem.

The debate between the culture of death and life has internalized in our society due to the advancement in various aspects of life be it economical, scientific, technological etc. This being an advantage or progress in our way of living, it would also be a brooding nest of many dangers threatening our safety. As R. M. Gula would caution, “ *the same technology which extends the life of one person may simply prolong the dying of another.*”¹ Pro-choicers and functionalists have taken advantage of these advancements with capitalist ideologies to determine who is to live and who is to be sacrificed or eliminated. The whole view of life and its values is actually in jeopardy.

An African view of life has been bombarded by a lot of influences from the western world due to globalization and other ideologies. African culture and its traditional values have no choice but to respond to the global culture, which is very influential and dominant. Some of these influences come with practices like abortion, suicide and euthanasia. The later will be our focus in this paper. Moreover, there is no doubt that Africans are on a crossroads whether to embrace the technological progress or let go their traditional values, which are greatly challenged by the new global culture,

¹ R. M. Gula, *What Are They Saying About Euthanasia* (New York, Paulist Press, 1986), 1

and put in jeopardy altogether the whole philosophy of *umunthu* (oneness) and community aspect stipulated by Mbiti as, "I am, because we are; and since we are, therefore I am."²

Moreover, economical pressure has made life in most African countries, Zambia included, illusive and cheap. Life is no longer valued in itself but as a means towards one's personal goals and objectives. Unfortunately these goals and objectives are most of the time profit-oriented. Thus unproductive people for instance the aged, terminally ill, handicapped, you name it, are viewed as a burden both to themselves and to others in society. Thus pro- choicers view them as mere consumers and hence objects, which need to be eliminated for they are viewed as useless and hindrance to productivity and progress.

Zambia being a Christian nation, (as declared by former President Chiluba during his term of office), is faced with different moral decisions in this advancing world and worse still due to its limping economy. People in Lusaka, the capital city, are challenged by life, which is going through cultural modification because of powerful and influential global trends, which are powerful and influential. The diversity of different categories of people makes it even more difficult to save its cultural values. Ultimately, the unfit end up being victims because of the advancements in the kind of life being adopted by many people. P. N. Wachege quoting Gula, says:

We are in a society faced with not only the devastating depersonalizing HIV and AIDs' scourge or pandemic but also with the globalised, "culture of death and international terrorism" a fatal culture in a form of, for instance, aggressive propagation and legalization of abortion, pro-suicide exponents, genetic engineering cum cloning "apostles" and murderous exaggerated drive in mass killings, mercy killings, cultic

² John S. Mbiti, *African Religions and Philosophy* (Nairobi: Sunlitho, 1969), 113.

death rituals, prophets of doom, proneness to self-help or self-helped suicide and sedated living via alcoholism and drug addiction with the most remunerated drug trafficking intertwined with extremely rewarding co-operation in such entrepreneur death prone deals.³

Capitalist policies are a seedbed for the culture of death mentioned above in that they depend mainly on productivity and profit. Thus there is a danger that among the vulnerable people today, like in many other countries where we have HIV/AIDS patients, who are supposed to be our priority for our care and love, could be the most at risk. Though, for pro choicers, simple and quick solutions like euthanasia could be sought. There is a diminishing culture of life through domination by the advocated culture of death in our society, due to the whole burden of medical expenses for these prolonged diseases.

Actually life being viewed as a burden is not only a challenge to an African mind that is believed to have from the very beginning a strong sense of community and value of all forms of life including the unborn, the present and the hereafter, and to the whole of human race, believing no one is his or her own creator, thus no one has the right to eliminate life. In most Traditional African practices, life has been the centre of everything that needs total respect for it belongs to the Supreme Being. It is therefore abominable and a curse against the ancestors/spirits and God to take away life. African values are at stake and it is a debate laid forward to them just as Moses challenged the Israelites in the desert. They had to make a decision either to obey God's commandments and enter the Promised Land (land of life) or disobey God and perish in the wilderness.

³ P. N . Wachege, *Living to Die, Dying to Live, African Christian Insights*, (Nairobi, Kenya Signal Press Ltd, 2002), 118

This paper is an invitation to reflect on life and its endangered values in view of the Christian understanding of suffering and death stipulated in Christian moral teaching. The culture of death being very influential in our midst, and it has challenged and inspired me to do a research foreseeing what we are facing and engulfing in this global advancement. Again to find out how far Zambia has gone in her response to this challenge of euthanasia though euthanasia is illegal. The medical language could be interpreted well or misinterpreted just to accommodate the selfish mind as we know the politics surrounding the whole area of bioethics which talks about the usage of terms like, letting die, mercy killing, die with dignity and assisted death. The book entitled, *'The New Technologies of Birth and Death'* by Pope John XXIII Medical Centre says that, actually medical terms may be manipulated to justify some deaths. For instance "Passive euthanasia" could be said to be:

The omission of extraordinary efforts, however, may be justifiable. I have coined a phrase to indicate this possibility: 'Justifiable Use of Conservative Therapy Only' (JUCTO). This describes the case of what the Catholic tradition would call the omitting of ethically extraordinary means of prolonging life. We have said in this tradition that something is ethically extraordinary if it does not offer reasonable hope of benefit or involves excess pain, expense, or other hardships. Medicine may use these terms in a different sense so that a procedure may be medically ordinary but ethically extraordinary.⁴

It is actually very difficult to counteract the language in the medical field. In my findings during interviews in Lusaka, medical doctors expressed a dilemma in some cases when they would sign, "waiting" meaning no hope or now let nature take its course, as Dr Anold Mukaya comments, "sometimes you can think the patient will die, withdraw the painkillers but only to discover that a patient survives and comes back to

⁴ *The New Technologies of Birth & Death, Medical, Legal and Moral Dimensions*; (Pope John Center, St Louis, United States, 1980), 142.

normal life.”⁵ Therefore, in both circumstances either active or passive euthanasia, it would be good to find out what is really the underlining factor? Being already a pastoral challenge even in those countries where euthanasia is legal, like some States in the United States of America, like Oregon, and countries like the Netherlands and Belgium, it would be vitally important to know its implications in order to handle it well in our circles although it is still illegal.

The issue of euthanasia shakes the whole value of family and the whole of God’s plan. Euthanasia and assisted suicide are part of the spreading culture in today’s world. Among the many reasons as to why people could opt for euthanasia is a claim to fully exercise of one’s freedom depending on their situation, believing that they have a right to do whatever they wish, with their lives. Advocates of euthanasia as Gula puts it that,

They are convinced that human dignity lies in being the bearer of basic rights and freedoms, especially the freedom to make of ourselves what we want to be by deciding according to our own values and plans. Anything that stands in the way of free choice assaults personal dignity. They seek through euthanasia to assure us of that last definitive step in gaining full self-determination so that we can die as we choose.⁶

To such people, euthanasia is seen as “permanent solution to a temporally problem.” This could mean being in-charge of one’s death by choosing one’s time of death and future. Other reasons for opting for euthanasia could be because of excessive chronic pain, economical constraints to afford medical bills. Some terminally ill people could prefer their resources to be used in some kind of charitable works such as orphanages, than to spend on high medical bills. It is unfortunate that old age, which is

⁵ Cf. Dr Mukaya A.” medical doctor at University Teaching Hospital, interview by author, 9th June 2004, Lusaka

⁶ R. M.Gula. *Euthanasia; Moral and Pastoral Perspectives*, (Mahwah, New York, Paulist Press, 1994), 8

a natural gift of wisdom in the Old Testament and most of African cultures, is now being turned to be a hindrance and burdening our scientific advancing world by the pro-choicers. The aged could be manipulated as Wachege alarms us thus, “ what is most striking is that it is decided who deserves to live until one’s expiry date and who must by law leave by ‘kindly’ (not cruelly or tragically) being helped to death or manipulated to die.”⁷ The question could be by what authority do these people decide the death of others?

Nevertheless, let us get down to the debate, which will look at two sides, those for euthanasia, and voluntary suicide that basically appeal to the value of liberty and secondly those against, the pro-lifers who appeal for the recognition of the value of life, which cannot be equated to anything on this earth, since it is God’s gift. They hold the view that neither active nor passive euthanasia is morally justified and should not be encouraged, basing their argument on the immoral action of killing. The pro-lifers try by all means to defend the sanctity of life and we shall see how the Christian view does this in details in the next chapter.

1.2 Statement of the Problem

There are many influences or trends in the bioethical environment, which surrounds us, and these include all that we do in this world of globalization. Different cultural influences are on our exposure and we just have to be involved but with a conscious mind, not neglecting the fact that we are ethical beings and through our

⁷ P. N. Wachege. *Living to die, Dying to live, African Christian Insights*, (Signal Press Ltd. Nairobi Kenya, 2002), 121.

baptism, Christians. And therefore we have a moral obligation to obey God's commandment especially the one stating "thou shall not kill" (Exodus 20: 13).

In our daily experiences, we find ourselves in a dilemma not knowing what to do, for instance, in cases where the principle of double effect could be the only choice or what? And in this case we would like to find out the implications of euthanasia in the lives of the people especially in relation to Christian understanding of death and suffering. The paper will also help us inquire if death or suffering has any special meaning on this earth? Would people who are non productive, for example, the old and the terminally ill, be eliminated? Would we withhold basic needs from someone in a persistent vegetative state (PVS)? Wachege would add a question like; what is the nature of our responsibility in caring for the terminally ill? What is the moral art of terminal care (love)?⁸

1.3 Motivating Factors.

My personal experience has prompted me to venture in to this reflection or research. The question of death has been a challenge for me, after losing my parents and four of my siblings dying at different times. Worse still, whenever I read newspapers, they are full of tragedy and death news. For instance, I cannot just bear how many abortions are done in clinics daily. It struck me not only in my medical ethics classes but also through an experience, in seeing one of my friends who died after being on the supporting machine for few days and his family agreed to turn off the machine. His death left me cold. My reflection could also enlighten our ignorance as vulnerable

⁸ Ibid. . 132.

Africans about the medical language. It is important to be aware of the ethical values and the sacredness of life.

1.4 Objectives

- >To investigate, to what extent euthanasia is being practiced in Lusaka Zambia, And the influence or role of the media in the spread or advocacy of euthanasia.
- >To investigate what the Church teaching says about euthanasia or assisted suicide.
- >To investigate the implications of euthanasia on human dignity.
- >To examine the general understanding of suffering and death among the terminally ill and the aged.
- >To examine the effects of euthanasia on family members and relatives.
- >To explore and present alternative measures of terminal illness and old age in respect to Christian values.

1.5 Research Hypotheses

- >The professional medical doctors tend to practice euthanasia more than traditional doctors.
- >The practice of euthanasia affects the family members, relatives and society at large negatively.
- >Those not able to compete in the economic struggle due to their advanced age, terminally ill including HIV/AIDS patients are regarded as unfit to live and should be assisted to die through euthanasia.

>Euthanasia is the solution to both economical and social burden to most people.

1.6 Limitations

This paper has not answered all the pros and cons about the debate on euthanasia in relation to the Christian understanding of human dignity. Being a case study, it is somehow limited to a particular focus locality that is being Lusaka, Zambia. Most of all, it is just a debate specifically covering euthanasia or assisted suicide as a merciful act; being a challenge to the Christian understanding of death and suffering. Christians are asking how can killing be merciful? The concentration is mainly on the terminally ill, HIV/AIDS patients and the aged.

Access of information was difficult to some extent because I could only meet doctors during their working hours. Distribution of questionnaires had some transport difficulties nevertheless I managed to collect 90% of the expected feedback. I would have loved to do the research throughout the country but due to costs and time, I could not. I am convinced that though my samples both for traditional doctors and medical practitioners were not in thousands, the feedback was enough for me to make reliable conclusions for the rest of the country and those African countries going through the same situation.

1.7 Significance

As human beings, morality is our natural obligation to make meaning for our existence. Euthanasia like any other life-threatening trend is a moral issue in our society. Due to my incompetence in handling such challenges surrounding the act, and

those with me in the same shoes, it should provoke us to venture into such a study with full commitment. The bias based on economical burden and the whole basis of western cry for full exercise of freedom is the context of our research.

Information about pro-life in all challenges of life be it abortion, suicide and euthanasia, has been a big reflection in my personal life looking at people with selfish notions advocating elimination of fellow human beings (pro-choicers). The culture of death is advancing at a very high rate and I feel that awareness should be done especially in our setup as Africans. Thus felt, it would be important not only to those in pastoral setup as a whole but the Zambian society in particular, to have an idea about some of these medical challenges, inclusive of other African minds.

1.7 Conclusion

In chapter one, we have presented the background of the topic at hand: euthanasia. The chapter also presented some objectives, limitations and significance of the study. It is in this perspective that we venture into chapter two, which tries to answer to the objectives, posed looking at the literature for and against euthanasia respectively.

CHAPTER TWO

2.0 LITERATURE REVIEW ON EUTHANASIA

2.1 Introduction

The global world today presents to us a lot of challenges in all areas of our lives. In bioethics, a lot of literature has and is still being produced advocating for the legislation of euthanasia, especially voluntary. Different countries in the West, have even taken to the streets lobbying for the legalization of euthanasia as part of human freedom of choice. The language in the medical field could be manipulative to justify euthanasia, for instance some scholars' say, 'Let go', or 'mercy killing', dying with dignity etc. In this chapter we shall review both materials written for and against euthanasia from pro-choicers and pro-lifers respectively. We shall also present the influence of the media in the campaign or by those advocating its legalization.

2.2 Definition of Terms

The debate between the two sides has a vast literature and I will present the point of view depending on what I have come across. Meanwhile let us first of all look at different terms used by the pro-choicers. The world has defined the term euthanasia in mainly two categories i.e. active and passive euthanasia. On the one hand, Active euthanasia, has of late given no much trouble in its explanation compared to passive euthanasia, as we will see its implications. Active euthanasia according to Dick Westly involves taking a direct action to end the life of a person in question. It is literally

killing the terminally ill person.⁹ Here the commonly known method could be that of lethal injection, an overdose of for example morphine drug. The main intention is no other than termination of life. It is voluntary euthanasia if done with one's consent i.e. if one agrees to be helped to die, and non-voluntary if done without the person's consent.

On the other hand, passive euthanasia with a lot of politics unfortunately, involves intentional withdrawal of medical treatment or any other basic support for sustaining life. It is passive in that there is no direct action towards termination of one's life. Here death is as a result of allowing nature to take its course. It could also be voluntary passive euthanasia when with consent and non-voluntary if without consent according to Wachege¹⁰. They could even proclaim freely that a person died naturally.

The movement advocating this culture of death backs its point of view on the right to full practice of freedom. They believe that each person has a full right to exercise his/her freedom to the extent of choosing when to die and by what means. The issue of voluntary or involuntary death makes it even more complicated in its practice. For example based on the intensity of the pain, a patient can voluntarily request the doctor that his/her life be terminated. This could take different forms. The doctor can provide the methodology and the means in case of personal request by the patient, taking into consideration also the fact or the level of reason on that patient's point of decision. Again, it could be involuntary if the patient is beyond redeemable condition; others call this, hopeless case, and the doctor and the family could decide and agree to

⁹ D. Westly. *When it is Right to Die, Conflicting Voices, Difficult Choices*. (U.S. A: Twenty-Third publication. 1995). 67.

¹⁰ P.N Wachege . *Living to die, Dying to live, African Christian Insights*, (Signal Press Ltd. Nairobi Kenya. 2002), 114.

finish the patient off as we could see in the film entitled *Right to Kill* by the Hemlock Society or American portrait films. It entails to a greater extent in cases where a patient has no consent in the decision-making as active euthanasia. Here we also think of cases like a comatose, or someone on the life-support machine whereby the family could switch off the machine depending on the constraints which most of the time are narrowed to economical demands or burden. Thus it is important to know that a lot of professionalism in the medical field could manipulate these terms depending on the understanding of its political language. Lovely terms could be used to show, combat and win the debate against pro-lifers.

2.3 Pro-Euthanasia's Points of View

Most of those advocating the legalization of euthanasia base their arguments mainly on the following principles among many: that each person has the right to die (full exercise of one's freedom as mentioned earlier), that euthanasia should be a matter of personal liberty. Secondly, it has the aim of relieving pain from a tormented dying patient anyway (merciful or compassionate act). They argue that actually, the legal system should allow the decision of the doctor if the patient is in a state of incompetence. Thirdly, if one has no sound economical power, why not end his/her life and let the remaining little money be used for proper productive purposes, for example in old age or cancerous patient, money could be used on the welfare of the children.

The debate based on freedom is well quoted by Richard M Gulla, who says, "Autonomy is based on the conviction that human dignity lies in the being, the bearer of basic rights and freedom, especially the freedom to make of ourselves what we want to

be by deciding according to our values and plans. Anything that stands in the way of free choice assaults personal dignity”¹¹. Among their major reasons is that we will have a better life, and a better death, to the extent that we have full control. They seek through euthanasia to assure people about that definitive step in gaining full self-determination, so that we can die as we choose. Actually such ideas could mislead a lot of people where the moral perspective of life is concerned, just because they can infringe or influence and manipulate people through extreme interpretation of autonomy by dominating the society. They dominate to the vast extent by the use of advanced media techniques, presenting how important the quality of life is than its values. Thus they conclude that some terminally ill patients are in intractable pain and live a very poor quality of life, therefore, it is better just to end their lives before they decompose in our eyes. The emphasis is that the meaning of life is based on the standard and quality rather than its sanctity.

The supporters of euthanasia are really strong in advocating for euthanasia and understand suffering as an agony of torture and punishment thus death, which as a permanent solution, chosen. Suffering for them has no extra value than just mere torment of a poor patient. They argue professionally using attractive language like, merciful or preservation of dignity, but behind their acts they have other motives. They would use words like, “we want to eliminate the defective, in order to strengthen the ‘gene pool’ or that we should eliminate surplus people, because the world is overpopulated”. And this is, with no doubt, a functionalist belief, which weighs the

¹¹ R M Gula, *Euthanasia; Moral and Pastoral Perspectives*, (Mahwah, New York, Paulist Press. 1994). 8

value of life as long as it can function and produce profit; that is, society has the right to measure what life is worth or not worth to be lived.

Staying in an economical challenging world, they would prefer to use money for more productive purposes than on a dying person. The sense of burden is more considered than the value of human being. And legislation of the rule on euthanasia would just affect the patient psychologically as Paul Badham affirms in the book entitled, *Euthanasia and the Churches*, “an argument set forth here is that any legislation to permit euthanasia on request would put psychological pressure on aged and influence people to ask for it even though it was not their real wish”.¹² It would be true that, if a patient is seen to be useless or, a mere consumer and burdensome, he/she would definitely feel out of place and even wish or decide to die.

Looking at most of such mentioned basic points of departure for the pro-choicers, it would be clear to understand the logic in their reasoning, which they back with practical examples. For instance, in an article written by Brienne Hauser entitled “*Mercy Killing*”, we read, “ recently, a terminally ill British woman lost a high profile court battle to take her own life in a test case of whether Britain will permit assisted suicide”. Different cases are presented in this article trying a possibility of legalizing euthanasia. The BBC reported another interesting case in which, wheel chair-bound Diana Pretty, a 43-year-old mother of two, has waged a lengthy legal fight to allow her husband to kill her without being prosecuted. Pretty, who contracted motor neuron disease two years ago, which is a muscle - wasting disease, lost her bid to have an assisted suicide. She has had every type of medical treatment available, but they have

¹² R. Gill, *Euthanasia and the Churches*, (Cassell, United Kingdom, 1998) P53.

all failed her and her last wish was to be allowed to die (BBC, November 28, 2001). The pro-euthanasia lobby backed her and saw her case as an opportunity to advocate for the change of the Law¹³. The movement presents difficult and logical, helpless and hopeless cases like seeing an old man battling with his life with cancer, receiving chemotherapy at a very high medical expense. They say why not just withdraw medication and send the money to an orphanage in poor countries in Africa. From their arguments we can see that most of these people are very educated and advanced in scientific and technological research. They are advanced to the point of not seeing any value in the spiritual and dignity of human life.

2.4 Influence of Mass Media

The campaign in the advocacy for euthanasia has been covered highly by the media. It is of no doubt that the media has a greater role in our lives in whatever duty or activity we could be involved in. It is actually the advancements in the field of communication that has made the world into a global village. Particular perceptions of life have become global or universal concerns due to our technological advancements. Different dominant trends and ideologies have easily been spread, suppressing other weak cultures. This is due to the principles of globalization and its capitalist ideologies. The church is aware of these technological developments as it comments in its document *Aetatis Novae 2* saying;

Since *inter mirifica* and *communio et progressio* appeared, people have grown accustomed to expressions like, information society, “ mass media culture and mass generation.” Terms like these underline a remarkable fact: today, much that men and women

¹³ Filiz, A. *ibid.*, p. 34, Ltd, 2004.

know and think about life is conditioned by media, to a considerable extent, human experience itself is an experience of media.¹⁴

Thus if the media is part of our lives, it has a greater role in moral drive or norms of society and able to influence in this case issues like euthanasia and all that supports the culture of death. Those who advocate for euthanasia have extensively used the media to convey their point of view, through manipulation, taking the advantage of the media and its power in influencing the masses. *The media transports news entertainment, education, art and propaganda across political and cultural borders, and expose people to diverse value systems and ways of life*¹⁵. If we look at world trends today not only in Zambia but in Africa, we can feel the power of the mass media in spreading western cultural influences. The value of life and its general perception due to the bias of the media has changed. Life in the eyes of the camera is portrayed depending on the view of those who are powerful economically. Let us just imagine the adverts we see on television. We are told what is great, what we should be, what we want etc. We could be told also what is morally right e.g. use of the condom as the safest way to enjoy sex but not telling the value of our sexuality, which is morally wrong. Because of its power and influence, am not surprised that most young people have always believed what the media has dictated to be the norm. Senator Bob Dole confirms the influence of the media especially in the lives of the children during his speech on the use of the media especially Television saying,

Kids know firsthand what they see in their families, their schools, their immediate communities. But our popular culture shapes their view of the “real world.” Our

¹⁴ *Aetatis Novae*, 2, Document of Vatican II

¹⁵ Preamble, *The church and the Media of Mass communications*, 287.

children believe those paintings in celluloid are reflections of reality. But I don't recognize America in what I see.¹⁶

The media has presented life to be valuable, only when productive and depending on its quality. The promotion of the culture of consumerism among other ideas of capitalist, rules who is to live and who is to be eliminated. It is sad that even as human beings, we could operate with the principle of "survival of the fittest" which is usually practiced by wild animals, those which feed on others, e.g., lions. Tragic news, deaths, accidents and all sorts of bad news dominate our daily news, either through the Radio, Television or Newspapers. People see life as sad news; painting the picture that there is nothing good in our daily experiences. The media presents the sad news frequently shaping peoples perception of life. P.W. Wachege comments on the influence of media and death that, " in this period of image culture propagated by television, films, cartoonists, video tapes, print media... and such communications tools, the horrifying 'image of death' oftentimes intermingled with culture of death is most explicit to any disinterested detached observer. The repercussion in this is to generate worrying anxiety in life".¹⁷ Such presentation of life affects those who are suffering to lose a sense of strength to struggle on. They could easily feel hopelessness and through this manipulation opt to die with dignity as advocated by pro-choicers.

Moreover the mainstream media especially the papers usually cover three to four pages with obituaries, funeral announcements that have become an outstanding source of income for Newspapers. P. N. Wachege even cites the Daily Nation issue of 20th June 2001, which had, six full newspaper pages dedicated to the death album. Advocates of

¹⁶ Alison A. Jarice, H. *Taking Sidea (clashing Views on Controversial issues in mass media and Society)*. Dushkin Publishing group, Gilford, USA, 1997. 103.

¹⁷ P. N. Wachege . *Living to die, Dying to live, African Christian insights*, (Signal Press Kenya 2002), 92.

euthanasia, due to their financial stability, take advantage and present through the media distorted pictures of those suffering from terminal diseases, to convince the masses that pain is really unbearable and meaningless, without any gain. Thus it is better for one to go for easy solution, which is 'quick death'. It is interesting to see how reporters could be quick in covering tragic incidence, for instance the bomb blast in Nairobi, Kenya, 1998. They exposed dead bodies as if they were just like animals, all just to degrade the value of life. The picture of HIV/AIDS dying patient is presented in a skeleton forgetting that even in that state, a human being has dignity and one's life is sacred.

With such bias of the media, we could see its influential power and how it could easily manipulate the image and perception of a human person. Society has been manipulated to believe that dying with dignity means termination of ones life or as an escape or permanent solution to suffering. To some extent the media has lost its power to communicate and manifest the truth, to bring all people in communion with Christ and its values of life because of the domination by the consumerist culture of death.

It is because of this misuse of the media and its biasness that the Church from the very beginning upheld its responsibility to catch up in the field of mass communication in order to foster moral and ethical principles. She believes that communication is a gift from God and has to be well used. Thus we see different Church documents on the use of the Media starting with *inter mirifica*, *milanda prosus*, *communio et progressio*, *Aetatis Novae* etc. Her approach to the means of communication is fundamentally positive, and encouraging. She does not simply stand

in judgment and condemn, rather she considers these instruments to be not only products of human genius but also great gifts of God and true signs of the times¹⁸

2.5 Pro-Life Movement

Traditionally, right from the first day of existence, a human being was created in a way that has a natural inclination to the higher being. St Augustine puts it very well that, “our hearts are restless until they rest in God”. Naturally, we long for fulfillment. It is natural for human beings to protect themselves and preserve life. In his heart it is written, *‘bonum est facendum, et malum vitandum est*, that is, at all cost a human being opts to do good and avoid evil, in short *do good avoid evil*. Naturally, a human being will always be afraid to die; thus he/she will try to have security in all possible ways up to having electrical fences to guard their homes. This natural tendency to preserve life is actually crowned on both Natural and Divine Law which is *thou shall not kill* (Exodus 20: 13). In the first place, if one senses danger, one will naturally flee or get ready to defend one self in case of attack. Actually, it is even clearer biblically that God created man in his own image to be a steward in creation. The word “image in his own likeness” is actually a unique presentation of God himself in humanity. Genesis 23:7, “the innocent and just man thou shall not put to death”. This shows that no man has any right to put anyone to death and thus only God who is the author of life has the final say on each and every human being. Life is thus sacred because it belongs to God and involves the creation of God and it remains forever in a special relationship with the creator, who is its sole end. John Paul II stressed the fact that, the commandment “you shall not kill”, (Exodus 20:13, Deut 5:17) as a divine commandment is found right in

¹⁸ *Inter Mirifica*, 1. *Evangeli Nuntiandi*,45; *Redemptoris Missio*, 39.

the Decalogue at the heart of the covenant, which the Lord makes with his people. Human life is sacred because from its beginning it involves “ the creative action of God”, and it remains forever in a special relationship with the creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being”. With these words, the instruction *Domum Vitae* sets forth the central content of God’s revelation on the sacredness and inviolability of human life.¹⁹

Life has special value than just its quality. The prophets cried out for the voiceless to be spared and valued as people created in the image of God. Prophets like Isaiah will even say, those who feast on the flesh of my people shall perish. In wisdom literature, we learn that, he who is a murderer from the beginning is also a liar and the father of lies. Jesus valued the very poor quality of life by uplifting the down trodden, the neglected and victims of injustice. Jesus sums up all the arguments with his final commandment to love one’s neighbour, as oneself and only this would profess the love of God and thus value all kinds of life whatever quality it may be. And this is the same commandment presented by Paul in Romans 13:9, “you shall not kill” being summed up in the new law of Jesus, again you shall love your neighbour as yourself. From the first Letter of St John, 3:15, we can deduce that there is no room in heaven for those who kill. He says, “anyone who hates his brother is a murderer, and you know that no murderer has eternal life abiding in him”. Killing is evil because only God the creator is the master over life.

¹⁹ Pope Paul II. Encyclical Letter *Evangelium Vitae*, 53.

The Second Vatican Council presents a very clear stand in its teaching about life. "Life once conceived must be protected with the utmost care"²⁰ Christians would be able to defend life as Christ did only when they realize that even their very life or existence has meaning because of Christ as Fr Rene vividly puts it:

Christians who realize the meaning of their existence and activity can develop fully only in Jesus Christ, will, like Christ, adopt a filial manner of life. They orient their freedom in terms of vocation and the following of Christ. The certainty that they have received from Christ an unambiguous Gift, namely, the spirit of love who liberates us from our self-centeredness in all its forms, makes it possible for them to be fully free. Their responsible autonomy is not taken away, but it is exercised in the light of revelation regarding the deepest meaning of life, namely, that they are set free from their sinful condition and are called to the life of the spirit. The spirit of love guides their activity; and because they love what is asked of them, they are not subject to the constraints of law. Or more accurately, love itself is the law.²¹

Thus no human being has the right to even just attempt to eliminate life intentionally by whatever reason, be it legal or otherwise. The value for life has no scale in our world and thus cannot be measured in any mechanical or scientific and technological way. Life is sacred and has to be upheld at all costs. Neither critically ill, old age, crippled, mentally retarded nor full-blown HIV/AIDS victims have less value. All human beings are equal in the eyes of their creator.

2.6 Pastoral Challenge

It is good to understand that this debate is not only a problem at an ontological level but also worse still, at pastoral level. As moral beings we are bombarded each and

²⁰ *Gaudium et spes*, 51.

²¹ W. Maestri, F. *Choose life and not Death*. (New York, Alba House, 1985). 79.

everyday with issues that demand our moral judgments. Though the debate about euthanasia may appear to be strong in the West, its quite clear that due to today's global influences, we are not exceptional here in Africa. Zambia being within the circumference of western development and ideologies, like many African countries, has no choice but to struggle in engulfing these western cultures. The Zambian people have always upheld the sacredness of life at all costs. I have to mention that its only one tribe called the *Angoni* based in the eastern province where we could find some few traces of some kind of euthanasia. These people being warriors could finish off a warrior who has been badly wounded in battle and taking care of him would mean losing more. Otherwise if a soldier is wounded but has hope, they would hide him or run with him.

Meanwhile it is clear that the Zambian culture, of late has assimilated a lot of western influences just as many other African countries. Being an economically limping country, there is a lot of dependence on the West thus it would fall couplet, for being a subject.

The problems of suffering, e.g. old age, and terminal illnesses have always been there and tolerance through prayers through the ancestors has been a solution. Traditionally, old age was seen as a sign of wisdom and a blessing. People were obliged to look after the dying with the belief that they would soon join the ancestors and could intercede for others. The sick as well were actually a community concern and the community would organize prayer sessions through the ancestors/ spirits to have mercy and pardon thus heal the sick person. The Tonga people, from southern province are strong in prayers at the rain making shrines-as P Murphy states, “ in case of illness,

spirits were consulted through traditional healers, *bang'anga*. A sacrifice was often performed to appease the spirits. Murphy goes on to say, "our ancestors had places, which they considered holy and used to give respect to them. A shrine was a place where in times of drought, the older people would go and perform some duties which would bring the rain and we would have plenty to eat."²²

Actually no one would think of killing the other intentionally for fear that his or her spirit could come back and bring misfortune on one's life and even to the whole community. Generally an African, is a community centered person, and values life in its totality right from the unborn, the living, together with those gone before us. Some African scholars have struggled to preserve the African value of life. For instance, Julius Nyerere in his appeal to sensitize people about their values says, "life is sacred, and it becomes meaningful when it is applied to saving someone from danger, or refraining from such actions as might jeopardize someone else's well being."²³ Nyerere wants to emphasize the fact that the basic purpose of life is the well being of each and every person in society. Again if we examine the fight for humanism, the first president of Zambia, Dr. Kenneth Kaunda writes, "the importance of the individual in any given society is unquestionable, and that once you respect and protect the rights of the individual, you have succeeded in protecting society as a whole."²⁴ Kaunda shows the absolute value of a human person. The African attitude towards preservation of life has always been challenged by western trends.

²² E.P. Murphy. *A History of the Jesuits in Zambia, A mission becomes a Province* (, Paulines Publication Nairobi Kenya, 2003), 47.

²³ J. Nyerere. *Freedom and Socialism: U'huru na Ujamaa*. (London: Oxford UP, 1968). 302

²⁴ Clive Dillon-Malone, *Zambian Humanism, Religion and Social Morality*, (Lusaka: Mission Press, 1989) 23

Despite the fact that the successor of K. Kaunda, former president Dr F.T.J Chiluba, declared Zambia a Christian nation, not all Zambians are Christians. However all Zambians have to face moral challenges, which demand in this case a certain and common understanding of life. With fast moving capitalist influences, economic pressure and functionalist trends like euthanasia could be a logical answer to cases of terminal illness and old age patients let alone HIV/AIDS cases which, have ravaged more than a million Zambian people already. The pressing circumstances are demanding strong minds to preserve the African mind advocated by elders like Kaunda and Nyerere. Now let us take each situation independently.

2.6.1 Terminal ill, Hospitals and Hospices Situations

The situation in Zambian hospitals *Kalingalinga Clinic* and *Mutendele Hospital*, in particular, is just pathetic due to economical constraints. Most hospitals in Zambia, cannot afford good medical care. Most terminal cases are admitted in what they call 'TB'²⁵ wards and because of the overflow now they talk about Home Based Care. Actually it was unfortunate that most of the hospitals, which I visited, found that terminally ill patients are just put in TB wards. Now being a common practice, people associate TB wards with HIV/AIDS disease. A lot of these patients are sad and feel helpless and thus die because of depression and neglect. In the hospice, it is a different case altogether in that, it is clear that patients are there for pain relief, psychological support, to accept themselves as people with value and accept that death is just part of human life.

²⁵ T B. will stand for tuberculosis.

Another growing structure is the system of Home Based Care. One Surgical doctor at University Teaching Hospital in Lusaka admitted that there are cases which after being diagnosed as terminal illness or having stayed in the hospital for a long time exhausting all possible medications, the family members decide to take them home to await their day. Home Based Care, gives a chance to family members to provide care and love which become the only healing option so that one dies with family support without total despair, though it is not always the case. Some families would even feel overburdened. Otherwise the request to have a dying relative at home could also be as a result of economic pressure demanded by hospital bills.

2.6.2 The Situation of old age

Most young people tend to prefer life in the city, either looking for employment or other income generating activities. This mentality has led to urbanization in the capital city, Lusaka. At the moment it is the busiest city due to the degradation of the copper mines in the copper-belt up north. This point of urbanization has prompted the old people to leave their *Mabala Minda*²⁶ (fields in the villages) to come and stay with their children in the city. Thank God most people still see old age as success in life and a sign of wisdom, which has to be respected. The only worry is that as life continues to be expensive due to poor economic policies, they may be seen as a burden.

The biggest challenge is that due to its economic dependency, Zambia has no choice but to abide by the strings attached to the aid coming in the country. Some of these conditions include influence on population control programs, which advocate for abortion and the use of contraceptives. Already with the shortage of medical facilities,

²⁶ Mabala/ Minda, means Agriculture fields in Bemba tribe and Nyanja respectively.

and economic handicaps it is possible that legalization of euthanasia would be no option. The increase in the number of terminal patients besides HIV/AIDS burden is just an uncompromising situation. The functionalists (those who value life as long as one can function) are powerful due to their economic influence, think they can influence and be the norm of morality. They comfortably say that any unproductive, burdensome life is hopeless to preserve, thus would be helped with a merciful death. This kind of mentality is very threatening and makes me wonder: if one is economically handicapped, does it mean the well to do, can even decide on his/her life? Who are we to judge and decide on the life or death of our fellow human beings? Looking at such dominant influences, I thought of doing a sampling, to find out, firstly on the Zambian people, if there is awareness about these influences. To be aware of the politics surrounding the debate on some kind of killing which they call merciful. The language in the medical field or whole area of bioethics could be very manipulative especially to the marginalized in society.

The advancement in science and technology is not only a preferred development in that it has also brought about a lot of sufferings. Today, while we appreciate this development, we can see a lot of efforts being invested in the easy eradication of these sufferings with the very scientific medical machines. The failure to do so, results in final solution to get rid of the unprepared life, just like a breakdown car, which is beyond repair. This attitude is vitally a challenge to the call of humanity, which only ends in God. This functionalist mentality of understanding suffering is totally

unfortunate as compared to Christian understanding. So now let us look at some basic points on the understanding and the meaning of suffering.

2.7 Why Suffering?

Before we answer the question, we need to understand the connotation of the word suffering. Generally speaking most of us can critique the straight forward answer to this and to avoid superficialities, let us first reflect and examine suffering at two different levels which it connotes. Our understanding about suffering will not exclude death since we are dealing with termination of life. Magnante Antonio describes suffering as a fact of humanity when he says,

The theology of creation, as expressed in wisdom Literature, takes into account the whole humanity and its human condition. Along with the greatness and magnificence of the human being we are faced with the fact of human tragedy. Greatness and frailty, good and evil, life and death, sickness and sanity, prosperity and poverty make up the real picture of the human person.²⁷

Suffering is a negative experience of a human being on two levels: physical and emotional. Some scholars have emphasized the independence of each level from the other. Actually a distinction is made between what we call physical pain, which comes from the body, mental and psychological agony that arises from an experience of mental anguish. Personally having experienced suffering, tend to disagree with this distinction because the two do affect each other. Therefore I strongly agree with Flavian Dougherty, who states that, in real life this distinction disappears. From his own knowledge he confesses in his own words that, “there is never a moment when I endure physical pain by itself. Similarly, psychological afflictions generate and relate to various

²⁷ A. Magnante. *Why Suffering? The mystery of suffering in the Bible*. Paulines Publications Africa. Nairobi, Kenya. 51.

bodily illnesses. Suffering is a fabric that involves both the mind and the body, and efforts to isolate the one from the other constantly fails”²⁸ He goes on to emphasize the fact that it is not from intellectual analysis that we get the meaning of suffering but literally from someone who has gone through it and experienced the agony of suffering. Otherwise from intellectual analysis we will just get presumptive meaning or what philosophers call abstract meaning of what suffering is.

2.8 Christian Understanding Of Suffering.

Human beings are social beings. Suffering comes as a result of living experience, in other words, from all kinds of relationships or interactions. And if this is a fact, we could conclude that suffering is part of our lives. But what is its meaning from a Christian point of view then?

Christians understand suffering at a totally different level. They understand it as an opportunity of growth towards God. It is in suffering that man realizes his limitations. Actually in the declaration on euthanasia, it is clearly stated that, “ suffering especially suffering during the last moments of life, has a special place in God’s saving plan; it is in fact a sharing in Christ’s passion and a union with the redeeming sacrifice which he offered in Obedience to the Father’s will.”²⁹ If we may quote the words of St Paul in the Catechism expressing God’s power in human weakness saying, “ my grace is sufficient for you, for my power is made perfect in weakness. Paul brings out the full meaning when he says, ‘in my flesh I complete what is lacking in Christ’s afflictions for

²⁸ F. Dougherty. *The Meaning of Human Suffering*, (Human sciences Press, New York, 1982), 160.

²⁹ *Declaration on Euthanasia*, (prepared by the Sacred Congregation for the Doctrine of faith, St Paul Books & Media, 1980) , 9.

the sake of his body, that is, the Church.”³⁰ Therefore we could comfortably say that the Christian understanding on suffering is totally based on one’s faith in Jesus Christ who is the hero over suffering and death. Through his paschal mystery a Christian believes that, “everything comes to us as a gift to be cherished and shared and not as a possession to be hoarded or abused. Life is such a gift, a precious one at that”³¹ he goes on to say, “Human life is God’s creation and our task, God’s gift to us and our responsibility this responsibility evokes us to sustain life³². While Death could be seen as the end of everything, it is viewed as both the end of earthly life but at the same time the beginning of new life.³³ Thus we can agree on the new value of suffering in Christ, believing that human suffering is not a curse but an opportunity for spiritual growth, a time to amend for sins and a chance to participate in the passion of Christ.

2.9 Conclusion

We have seen different points of view from both sides of the euthanasia debate: those for and those against euthanasia respectively. It is clear that the pro-choicers have an upper hand through domination in the use of mass media in their campaign. The pro-lifers hold on to the sanctity of life and respect God’s command, ‘thou shall not kill’. The next chapter will expose the whole procedure and methodology used during the research.

³⁰ 2 Cor 12:9, Col 1: 24.

³¹ R. M. Gula. *What are they saying about euthanasia?* (Paulist Press, New York, 1986) P 138.

³² *Ibid*, 138

³³ *Catechism of the Catholic Church*, No 1007.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

Having looked at different sources or ideas presented by different scholars, for and against euthanasia in the previous chapter, we would now like to outline the methodology, which we used in acquiring data during my research work.

The work is based both on published and unpublished materials, books, articles and the internet sources. The unpublished data include information collected through questionnaires and interviews. Initially I tried to comprehend situations on the ground through personal contact with the people including doctors, both traditional and medical professionals. Then the consultation of different books, documents, journals and through the media newspapers, radio programs (BBC debates), internet, and video. This was all to see how hot the debate is in different parts of the world with special reference to Lusaka, Zambia. Actually the study took me about six months.

3.2 Research Instruments

3.2.1 Questionnaires

One set of questionnaires was initially prepared, as set A. This questionnaire A was intended to source out information from medical practitioners both on personal experience and also in relation to what the Zambian medical code or law says. The questionnaires were intended to test the hypothesis, checking how euthanasia could easily be sought as a solution to both economical and social burdens to most people forgetting or neglecting the value of life and its sufferings or death. Again to test how

far or frequent medical doctors and traditional doctors have gone or would practice euthanasia in any way possible. So mainly doctors working in different hospitals and clinics in Lusaka, Zambia answered the first questionnaire. The questionnaire required them to answer both from personal experience, drawn from their inner call to serve, and also what the medical law or code of conduct demands.

3.2.2 Questions For Interview 1, (Relatives And Friends of the terminally ill/ the dying)

What was interesting was that some cards would be written, 'awaiting' all they could say is that, "we don't know exactly why the nurse has stopped giving any medicine."³⁴ And they still had hope that their relatives would get well. Finally, the interview was also to check the implications or effects the family goes through during this illness of their beloved who is in agony.

3.2.3 Questions For Interviews 2, (Traditional Doctors)

Those interviewed were mainly traditional doctors whom I visited in their different places of operation or huts. My interview covered those in Lusaka and its outskirts. This demanded a lot of travelling around. It was a good experience observing how people strongly believe in African traditional medicine. All went well though some of them could only speak in their vernacular languages like, *Bemba*, *Tumbuka*, *Nyanja*, or *Tonga* among many.

³⁴ Cf. C. Thole. Relative of a Terminally ill patient, an interview by the author, 29 June 2004, Lusaka.

3.3 Information Technology- The Media

I also had access to the Internet, and was able to see and learn new developments in the arguments on euthanasia. Video and newspapers alerted me of some serious problems surrounding the topic. The moral discipline in the use of the media was also detected from its availability as an issue to be revived. I was able to know how the role of the media in the whole debate, as used by pro-choicers on one hand and as used by the pro-lifers on the other.

3.4 Samples And Sampling Procedures

Initially, my aim was only to target medical professionals but later I saw the need of giving some questionnaires to the nurses who actually administer the prescribed painkillers to the patients. I gave questionnaires also to some families who look or had an experience of looking after elderly people. In some cases, I did also give to families who had looked after a terminally ill patient who passed away and wanted to find out what they experienced and were coping with the aftermath. This questionnaire was distributed in Lusaka and its surrounding townships.

My experience in Botswana Gaborone where I worked with the terminally ill in the Hospice, has contributed to some of the reflection on the understanding of suffering at the point of death. The demands on the family are so vast, and a sense of burden could be depicted from the increase in number of the Home Based Care Units. These units look after the patients in their homes and there are cases whereby a patient is mostly alone or left at the back of the house in a small room where he/she suffers alone.

Some family members cannot accept or engulf the shame especially if their relative is suffering from HIV/AIDS. There is what we call AIDS rage which is the denial of the disease due to shame. It was fortunate that most of the mothers are the ones who look after these patients with total love and even accept the dangers of transmission out of love.

3.5 Conclusion

Here the researcher has tried to explain and present the methodology used in data collection and its procedures under discussion that include questionnaires as part of the instruments and other sampling procedures as indicated above. Therefore we can now proceed with chapter four, which is actually the heart of the study, after which implication and conclusion would be drawn after this analysis. The general recommendations and conclusions will be reached only after a proper review of the following chapter, which I now draw your attention to.

CHAPTER FOUR

4.0 DATA PRESENTATION: ANALYSIS AND INTERPRETATION.

4.1 Introduction

After outlining the methodology, we now analyze the data. This chapter deals with analysis and interpretation of data based on the questionnaire for medical doctors, interviews with traditional doctors, relatives and friends of those who are and have suffered the problem in question. Different questions were set, (cf Appendix 1) reflecting what was in the hypothesis. The styles of questions were operationally defined in accordance with the data needed. At the end of the chapter we shall also include recommendations and general conclusion.

4.2 Data Analysis

Table 4.2.1: Duration of experience in the profession as a medical practitioner/ doctor.

OPTIONS	FREQUENCY	PERCENTAGE
A	16	36%
B	14	31%
C	13	29%
D	2	4%
TOTAL	45	100%

The table above show us that most of the interviewees had at least five years of experience and comprised of about 64% all together. It is also seen that most elderly doctors only reflect 4% in the Table above.

Table 4.2.2: have you ever-practiced euthanasia?

OPTIONS	FREQUENCE	PERCENTAGE
YES	2	4%
NO	43	96%
TOTAL	45	100%

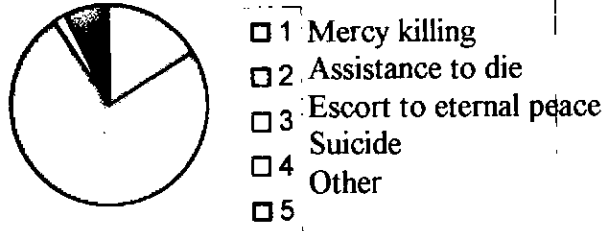
In question 2, stipulated in the table above, shows that, most respondents had never practiced euthanasia. This would be because it is illegal in Zambia, or because of strong family values, or the natural caring heart for the sick which is driven by natural law, or because of their Christian values to preserve life at all cost, or may just be respecting the Hippocratic Oath which they profess before starting the Job. As Dr Nimesh Naik, working at Lusaka central clinic confirmed that in his 5 years experience, he had never practiced it because life is sacred and has to be preserved.³⁵

Question 3 comprised of five variables examining the general understanding of what euthanasia is. The possible variables included mercy killing, assistance to die, escort to eternal peace, suicide and others in which I expected personal understanding.

³⁵ Cf. Dr Nimesh N. *Pathologist, Lusaka central clinic*, interview by author June 10th 2004.

Pie Chart 4.2.3

What do you Understand by Euthanasia?



The pie chart shows different colours presenting different percentages according to the responses I got from most doctors from different hospitals around Lusaka. The table below is an interpretation of the pie chat above

Table 4.2.4 Interpretation of the understanding of euthanasia

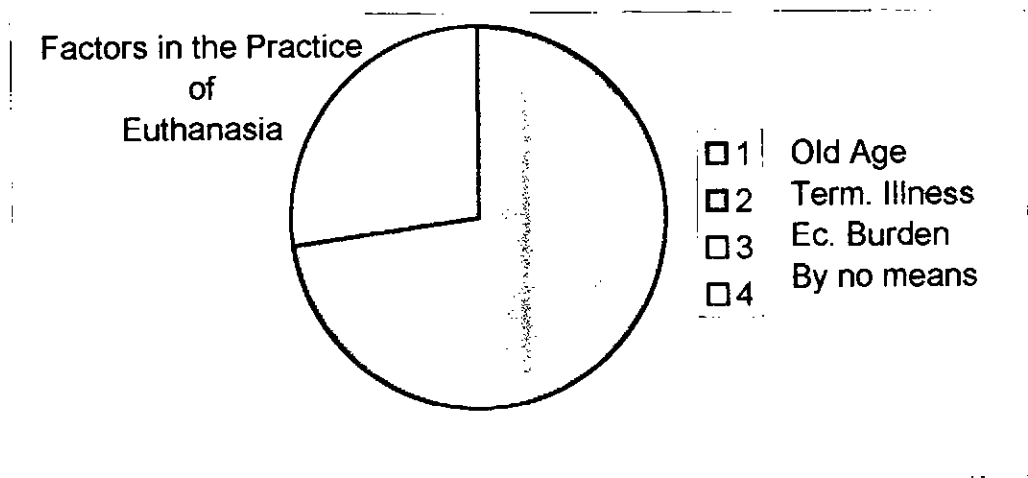
VARIABLES	FREQUENCY	PERCENTAGE
1- mercy killing	7	16%
2- assistance to die	34	76%
3- escort to eternal peace	1	1%
4- suicide	0	0%
5- other	3	7%
TOTAL	45	100%

Both the pie chart 4.2.1 and the table above show that most doctors understood euthanasia as an assistance to die up to 76%. And those who responded in other, they

literally denied its practice in whatever word it may be said as it is killing and should not be tolerated. One percent said it was an escort to eternal peace.

Question 4 and 5 were actually self-evaluatory, to test if there was any small degree or trace of euthanasia practice. This is the reason why I indicated my variables starting from 1-10% as the lowest and discovered that it was actually variable D for other, which was marked by most respondents. The same in question 5, the minimal ratio 1: 2 was to dig deeper and respondents marked clearly in variable D expressing the fact that actually it was 0%.

Pie Chart. 4.2.5: Possible Factors That Can Prompt The Possibility Of Euthanasia



The pie chart 4.2.5, above presents the possible factors, which could justify, a possibility of euthanasia by those who favour it. Among the possible variables presented, 73% responded yes to terminal illness, 27% strictly by no means which meant there is no possible factor, which justify killing. It also shows that neither economic burden nor old age could be a possible factor.

In question 6, most respondents indicated that life has more value than money despite its quality or situation. And about their advice, most of them recommended a referral for psychological help after checking the level of reasoning if a patient asks for euthanasia. They said it was not their duty to kill and neither was it their responsibility to decide who is to die or live. Actually the general feeling or advice was that they would help the patient to wait for the appointed hour.

Question 7 revealed that, although most respondents denied the possibility of practicing euthanasia, because life is a gift from God (80%), and beyond their jurisdiction, and in question 8, it is interesting to see that 73% in the pie chart 4.2.3 above responded that in case of terminal illness it could be justified.

Pie 4.2.6: interpreting question 8 (value for human life)

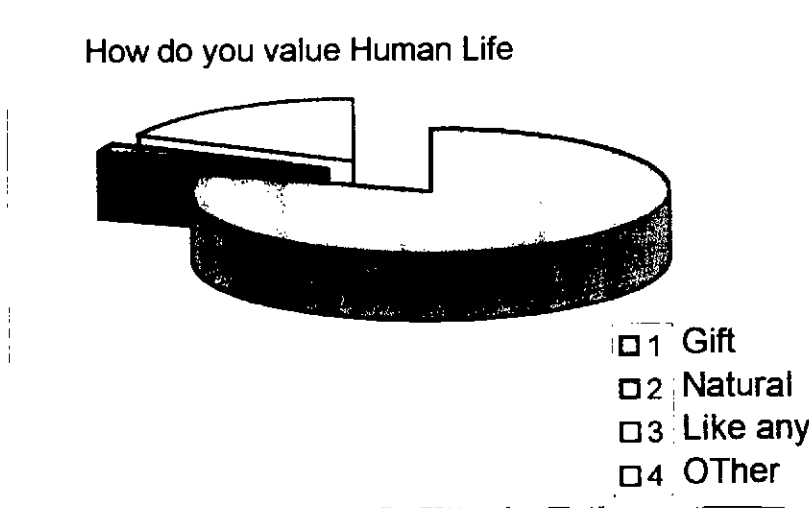


Table 4.2.7

VARIABLES	FREQUENCY	PERCENTAGE
1-Gift from God	36	80%
2-Natural	1	2%
3-Like any other life	0	0%
4-Other	8	18%
TOTAL	45	100%

Both from the pie 4.2.6, and table 4.2.7 above, we can clearly say that, question 8 confirms that most respondents up to 80% were Christians and believed that life was a gift from God and has to be preserved. 2% they valued life naturally and 18% filled in the other, explaining their own understandings.

4.3 Interviews

4.3.1 Information Acquired From Traditional Doctors

Questions were prepared to guide my interview (see Appendix 2). I managed to visit twenty-nine (29) traditional doctors out of the intended 45. The 25 of them were aware of the difficulties faced today because of terminal illnesses, which are either natural or caused by the deadly HIV/AIDS. The four traditional doctors, Drs Mwazabamba, Kanjuchi, Banda and Mkochila at Lusaka market had this to say, “ we are convinced that these terminal illnesses are as a result of either evil spirit or as a

result of bewitchment.”³⁶ The 25 also knew about euthanasia but that it is the medical doctors who are practicing such behaviour instead of protecting life. They also said that they try to convince the patient in order to bring hope by assuring him/her that he/ she will be well again. When asked if some people do request medicine to kill others or themselves, most of them responded that in very rare cases but generally they refuse if such request is presented. Doctor *Mwazabamba* said, “It was quite clear to me that all they do at most is to save life. Even when they encounter what medical professionals could call hopeless cases, we are able to trace the cause and then able to invoke the spirits and give medication. She went on to say that sometimes, there are some diseases which have to be dealt by just African discipline, for example, when a woman had had a miscarriage, she has to abstain from sexual intercourse at least for a month or else the man might be affected with the dirty fluids which later congest his chest, then we say it is TB. When such men are taken to the hospital and are given medication for Tuberculosis, they end up into critical situation or sicknesses.”³⁷ Dr Banda put it clearly that, “our traditional values have been suffocated by the western culture. She went on to say that today, it’s even difficult to cure a simple cough, which a child might pick up as a result of just bad winds. Each time we rush to the hospital hoping to get help while we could just make sure the child is warm enough.”³⁸

³⁶ Cf. Dr. Mwazabamba, Kanchuchi, Banda, Mkochila, traditional Doctors, Lusaka City Market, interview by author 16 June 2004.

³⁷ Cf. Dr Mwazabamba, *Traditional Doctor, Lusaka City Market interview by author*, 16 June 2004.

³⁸ Cf. Dr Banda, *Traditional Doctor, Lusaka City Market*, interview by author, 16 June 2004.

4.3.2 Interviews of the relatives and friends of the patients and of those aging

These interviews were to answer what is asked in the objectives about the effects of euthanasia on family members of either terminal patients or elderly, including the general understanding about human dignity. Both men and women were interviewed on bedside and also outside the hospitals.

Table 4.3.3 Effects and implications of euthanasia on family members.

GENDER	FREQUENCY	PERCENTAGE
FEMALE	39	65%
MALE	21	35%
TOTAL	60	100%

The table above shows that 65 percent among the people waiting and caring for patients are women and men only 35 percent. Those who are Christians felt the need to be with their patients to show them love and care which the Son of God shared on the cross. They value life as a gift from God and have to be preserved. Nevertheless, they expressed their constraints to the interviewer outside the wardroom not in front of the victim in case they communicate the message that could be seen as if they don't want the patient. The sympathy from friends gave the moral support and courage for both the patient and the one helping at the bedside. This feeling was expressed by about 98% of those interviewed confirming their brokenness.

Actually, concerning the elderly, most of the people preferred to stay with their old parents and take care of them. When asked if they would prefer to take them to old

age homes, some expressed their feelings condemning the whole system of old age homes. They said it was neglecting your old parents who brought you up. They argued that, it is the turn for old people to be like children as the center of attraction, comfort and wisdom in the family.

From these interviews I could deduce few clear objectives about the respect of life in most people in Lusaka. Their spirit of community and solidarity is confirmed by just looking at how courageous they are to even spend nights seething on the bedside of the patients. The value for life for most Africans is upheld as a gift from God. It was also clear that euthanasia is something, which though comes to Zambia at the legal debate level, will be opposed. In the same way, euthanasia for elderly people is not yet a challenge to Zambians since they are still cared for and loved in the family. The interview also shows that a family structure is still upheld despite the attack by other influences. In general euthanasia in Zambia is not favoured, practiced though there is a possibility that some cases, some kind of active euthanasia would take root through the umbrella of passive euthanasia due to its medical language manipulation. Active euthanasia does not exist and it is illegal here and when it comes, knowing it is on the way, we will definitely oppose it, comments Fr. Dolly³⁹. But the challenge remains on how to prepare for such influences like euthanasia, which degrade human life.

³⁹ Fr. Doly, *Present chaplain at University Teaching Hospital, Lusaka Zambia*. (June 23 2004)

4.4 Facing The Reality: Recommendations.

4.4.1 Euthanasia Awareness Campaign:

It is factual that the debate on euthanasia has become more systematic for most groups, those against and for. I really believe that ignorance is as good as death. Therefore, I would like to encourage the total creation of awareness, starting with the debate itself concerning terminologies describing euthanasia. Secondly, in common difficult situation or illnesses like cancer, and HIV/AIDS. From literature review, I realized different kinds of interpretations and acts involved in possible termination of life.

Moreover, what is universally at stake is moral conscious for all people, especially the young people. What could be our moral stand in both suicide and allowing to die? Awareness in these medical terms would be very helpful for most people to make better moral judgments either as a patient or doctor/ relative. My findings in Lusaka show some ambiguity not only among the doctors' personal call to decide in cases of withdrawal but also their uncertainty in the act itself. Almost all respondents showed that they did not support euthanasia at all, and have always hesitated to withdraw medication that is, painkillers from a terminally ill patient. Their conscience enters a deep reflection, which is usually in conflict with the natural sympathetic feeling towards a fellow tormenting human being. Only those in faith and belief in the sufferings of Christ are the only ones who would understand the suffering and encourage the patient to bear the suffering with hope, otherwise it would appear as terrible useless suffering. Therefore the call to awareness program calls for open

dialogue among all those involved. Each medical professional in conjunction with his own personal call to do good based on natural law and according to his Hippocratic Oath, should be able to do everything possible to save life. There should always be open dialogue with the patient before he/she deteriorates, between relatives, nurses and doctors to survey all possible understanding of the suffering or the disease. It's only then that one could make proper moral judgments.

4.4.2 Foreign Influences.

We have to acknowledge the global influences with a critical mind not just mere assimilation of every possible attractive culture. It is evident that the western culture is very dominant especially in corrupting the minds of young people in Zambia. Since we are in global culture it would be lacking to implore parents to educate their children in better assimilation of the so-called western culture. But the best at the moment is to have also a global education concerning what is dispatched to the world through mass media. Some trends spreading the culture of death like euthanasia should be handled with care and it is unfortunate that those in control are powerful economically, thus dominate. Globalization on the hands of total capitalist has dominated through the use of mass media. As moral human being despite this dominance, we are called to stand against all inhuman consumerist influences. Thus we are called to be the voice of the voiceless as pro lifers and humanist with the use of the very media and scientific technology, which could be well used being a gift from God. Good education and strong outstanding well-informed conscience, which would exemplary making our society a place where the culture of love shall be advocated fully.

4.4.3 What About Deteriorating African Values?

We are in the modern generation where Internet and mass communication have made our world a global village. Our culture has become truly dynamic due to different international interaction with other foreign cultures. So whenever we say African values, we should always keep in mind the challenge that Africa itself has a diversity of cultures with different histories. Nevertheless there is what we can call the common powerhouses meaning common African trends. These include, solidarity, community and the spirit of sharing. The morality behind these trends should be emphasized to our young people, otherwise even these African trends would slowly disappear. The capitalist individualistic mentality is already on our doorsteps and we have to be very critical on the values of life. It is unfortunate to see young people pushing for the legalization of euthanasia in Britain. And the Catholic bishops urged the peers to reject the bill instead, as presented in the Tablet, “ Catholic Bishops, Hospice Chaplains and disability rights campaigners have urged peers to reject the bill to legalize euthanasia which was due to be debated in the House of Lords yesterday.”⁴⁰

In such cases our youths should be well vested in the values of life and its only then that they can make a sound moral judgments. Actually, it would be good to understand that which challenges Zambians. Some can argue discrediting what we claim to be African values. This is due to the fact that Zambia has already to a larger extent been influenced though the intrinsic character still remains. Non-authentic Zambian is one who has consented to external influences, not regarding African values

⁴⁰ Tablet, 7 June 2003. 35

as important in the society. Aware about this neglect we need to encourage those who can help Africans to be proud of their traditional values.

African thinker like Kwame Gyekye points out that, “the most adequate morality is one that is humanly, socially and altruistically grounded.”⁴¹ From this we can uphold that the humanist moral outlook fostered by African cultures is something worthy being cherished in our modern world. Most of the time social condemnation of homicide is greatly displayed, so that if anyone kills another, the relatives or members of his group immediately seeks redress. That is why John Mbiti would state that, “I am because we are and since we are, therefore I am”⁴². This shows that solidarity aspect of an authentic African is actually intrinsic. This is an attitude that is different from Descartes *cogito ergo sum*, that is, I think therefore I am. If Africans and their community values could be powerful and influential through the same mass media, we can to a greater extent make a community of love and peace therefore create a better place to live. Thus it is exactly what Christians strive for in spreading the gospel message of Christ. The hope for all pro-lifers is that human dignity shall be upheld at all cost.

4.4.4 The Role Of The Church.

4.4.4.1 Pastoral care of the sick:

Illness, and old age is a reality, which needs our human and spiritual response. The church through the sacraments of Reconciliation, Eucharist and Anointing of the sick, has always affirmed it's her duty in caring for human life especially at its last moments of earthly life. Thus ministers to the sick should be well informed about the

⁴¹ Robert n. Beck & John Borr, *Ethical Choice: A case study Approach* (New York: The Free Press, 1970). 260

⁴² John S. Mbiti . *African Religious and philosophy*. (Nairobi: Heinemann Kenya, 1986),108.

struggles of terminally ill patients and actually of all the dying. Carl A. Neghswonger, during his experience with the dying proclaims that it is a learning process as he states, “ as our teachers, the patients have helped us to understand the unique and dynamic nature of dying as it is experienced through a series of dramas.”⁴³ He goes on to mention the six stages before dying as

- 1- “The drama of shock: denial vs. panic.
- 2- The drama of emotion: Catharsis vs. Depression
- 3- The drama of negotiation: bargaining vs. selling out.
- 4- The drama of Cognition: Realistic Hope vs. Despair
- 5- The drama of commitment: acceptance vs. Resignation.
- 6- The drama of Completion: Fulfillment vs. Forlornness.”⁴⁴

It is important for ministers to be aware of these stages and know what is required at each moment in order to help the patients not to lose hope, in case they opt for euthanasia. Love and care for the patient should be manifested in all possible ways to convince one that society still loves him/her. The integration of the sufferings into the passion of Christ should affirm our value as respectable children of God. Beside prayers and sacramental help, the church could also strengthen its ministry to the dying by;

- a) Establishing parish pastoral counselling units
- b) Encourage home-based care units, where frequent visitation and interaction could be possible.

⁴³ J. D. Bane, A. H. Kutscher, R. E. Neale, R. B. Reeves, ed., *Death and Ministry. Pastoral Care of the Dying and the Bereaved*. 38.

⁴⁴ *Ibid.* , 38.

- c) Since a sick person is a community responsibility (African mentality), need to encourage small Christian community to help in giving moral support.
- d) The church should never compromise on issues, which undermine human dignity and value of life.

The voice of the church should be well composed with well-informed theologians, and Christians, vocal pro-lifers, to be able to debate with government officials who could have the consumerist mentality. Actually a good government should be able to foster awareness programs on issues concerning proper human dignity and rights. The Zambian government has, as its first obligation to protect its citizens but this is not always the case due to corrupt selfish mentality thus overlooking the weak in society.

4.4.5 Conclusion

In chapter four we have presented data analysis and interpretation based on the questions on the questionnaire, interviews with traditional doctors and relatives and friends in Lusaka. I also outlined some recommendations in relation to awareness, foreign influence and the mass media.

Lastly the chapter presents recommendations to encourage mutual understanding not only on intellectual level but mainly on moral grounds. The morality behind each act is what touches the value of life and has to be well understood and respected without any dominance and manipulation. The government of Zambia should listen to the voice of the Church especially on moral issues in order to preserve the value and morality of the country and society at large.

GENERAL CONCLUSION.

Generally I could say that the major arguments in favour of euthanasia are: firstly, the patient has the right to commit suicide and can choose to end his/her life and thus consider euthanasia a viable way of doing so. Secondly, the argument is based on the relief on unbearable pain one goes through and one would like to put an end to such suffering. Euthanasia can be as a result of terminal illness, while others may not have access to adequate medical care due to poverty, thus opts for euthanasia to relieve the burden on the family members or those taking care of them.

Our literature review confirms that euthanasia is a reality in our global society, already legal in some countries like Netherlands and is condoned in some states in America. Thank God it is illegal in some countries in Africa, e.g. Kenya and Zambia. The debate on mercy killing has combated most of the people world wide due to the spread of consumerist influences through globalization policies displayed through advanced communication technologies. The medical professionals are sometimes in a dilemma, failure to evaluate their intention before acting, which results in the death of a human being. Mercy killing is a practice that is carried out on medical grounds and for the benefit of the patient, however it has over the years generated a deeper debate on life and suffering.⁴⁵

Meanwhile euthanasia is a direct challenge to the understanding of the meaning of life and suffering. A lot of influences from the west have suffocated not only the Christian message about life and the meaning of suffering but also the whole African

⁴⁵ Article by Racheal Mbugwa, *Daily Nation*, Monday, 6th December 2004. 7.

community and the spirit of solidarity. In real sense euthanasia is a violation of the sanctity of human life. This argument is based on the moral belief of the high esteem of human life and its sacrosanct nature. Thus no human being may take another's life under any circumstances. Even in terms of personal autonomy, no one has authority to perform an act that is intrinsically harmful to oneself again knowing that our autonomy is never absolute because we are within a community with both social and personal ethics with interest for all. Most theologians have proclaimed the dignity of a human being created in the image of God. Suffering and death are within God's plan of salvation in which we participate in the paschal mystery of Christ.

Different global trends through the use and misuse/ manipulation of mass media could disintegrate the real values in life. Again the pressure increasing demands of daily life, tragedies, accidents, terminal diseases, HIV/ Aids, death etc could prompt easy solutions like euthanasia. Therefore there is a great need for all pro-lifers to strongly advocate the gospel of life highlighting the meaning of suffering and death. Some possible and practical recommendations in facing the reality of life, have been presented in chapter four as eye openers for those who would wish to do further research.

Finally the whole work has been a study of euthanasia in its different terms practiced on the terminally ill and the weak in society especially the elderly. The main objective was to analyze how euthanasia is a challenge to Christian understanding of suffering and death, channeled by the power of mass media. Chapter four concentrated on data analysis sampled in Lusaka, Zambia, addressing the hypothesis: how far has Zambia gone in the euthanasia practice. After data interpretation and evaluation, I was able to give the possible recommendations for awareness in readiness of this in human practice, which we may not manage to escape in our advancing society

BIBLIOGRAPHY

Books

Alexander A, Hanson J. *Taking Sides (clashing views on controversial issues in mass media and society)* Dushkin publishing group, Gilford, USA 1997.

Crawford, R., *Can we ever kill, An Ethical inquiry*, Darton Longman and Todd, Great Britain, 2000.

Dougherty F., (Editor). *The meaning of human suffering*, Human Sciences Press, New York, 1982

Gill R, (editor). *Euthanasia and the Churches*, Cassell, UK 1998.

Gula R.M. *What are they saying about Euthanasia?* Paulist Press, New York 1986

Gula R.M. *Euthanasia, Moral and Pastoral perspectives*, Paulist Press, New York 1994.

Maestri W.F. *Choose life and not Death, a primer of abortion, Euthanasia and suicide* St. Pauls Publications, New York 1986.

Magnante, A. *Why Suffering? The mystery of Suffering in the Bible*, Paulines Publications, Africa, Nairobi, Kenya 1997.

Murphy, E.P., *A History of the Jesuits in Zambia, A mission becomes a province*, Paulist Publications, Nairobi, Kenya 2003.

Magesa, L. *African Religion, Moral Traditions of Abundant life*, Orbis Books, New York, 1997.

Mbiti J. S., *African Religious and Philosophy*, Nairobi, Heinemann, 1986.

Nyerere, J, *Freedom and Socialism/ Uhuru na Ujamaa*, London, Oxford Up, 1968.

Pazhayampallil Thomas, SDB, *Pastoral Guide Vi, Fundamental Moral Theology 2*, Bangalore Jyoti publications India 1995.

-----*The New Technologies of Birth and Death, Medical, Legal and Moral Dimensions*, Pope John Centre, St Louis 1980.

-----*The Catechism of the Catholic Church*, Paulines Publication, Nairobi, Kenya 2001.

Wachege P.N. *Living to die, Dying to live, African Christian insights*, signal Press Ltd, Nairobi, Kenya, 2002.

Westley Dick, *When its Right to Die, Conflicting Voices, difficult Choices*, USA, Twenty-third Publications, 1995.

Documents

Conserving Human life, The Pope John Centre, 1989.

Declaration on Euthanasia, Sacred Congregation for the Doctrine for the truth, St Paul Book and Media, 1980.

Evangelium Vitae, Paulines Publications, Nairobi, Kenya 1995.

Flannery A. *Vatican Council II, more post Conciliar Documents*, Bombay, Publications, 1982.

Paul VI, Pope, *Evangelii Nuntiandi: evangelization in the Modern World: Vatican City* 1992.

Vatican II, *Aetatis Novae*, ed., Flannery a. new york, 1963.

-----*gaudium et spes*, ed., Flannery a. new york, 1963

-----, *inter mirifica*, ed., Flannery a. New York, 1963

-----*milanda prosus*

-----“*The church and the Media of Mass communication*”, Preamble, 1987.

Articles

Daily Nation, Nairobi Kenya, 6 December 2004

Tablet magazine of 7th June 2003.

Hauser B. *Mercy Killing*, File// A. hauser 34, 2004.

Videos

William F. Buckley Jr. *Right to Kill*, American Portrait Films, USA 1989.

APPENDIX 1: QUESTIONNAIRE SET. A

Questionnaire for Doctors

I am a student of theology at Tangaza College, the Catholic University of Eastern Africa (CUEA). I am researching on the implications of euthanasia on the people in view of the Christian understanding of death and suffering. To find out how far and challenging it is to the Zambian people (Lusaka). The following questions will not only help me do my research scientifically, which is a partial requirement for my B.A degree in religious studies but most of all for the peoples' awareness about the implication of it. Confidentiality and respect for your responses will be observed and be aware that the information will only be used for academic purposes.

Instructions: Please tick and give your comments where necessary.

- a) Name (optional).....
- b) Age.....Sex- Male Female
- c) Occupation.....
- d) Denomination.... Christian Non Christian
- Others.....

1) How long have you been in this profession?

- 1- 5 years
- 5 – 10 years
- 10 – 15 years
- 15 And above

2) Have you ever- practiced euthanasia?

- Yes
- No

3) If yes what do you understand by euthanasia?

- a) Mercy Killing
- b) Assistance to die
- c) Escort to eternal peace
- d) Suicide
- e) Others.....
.....
.....
.....

4) How would you rate the level of euthanasia practice in your Hospital?

- a) 1 to 10 %
- b) 11 to 25 %
- c) 26 to 45 %
- d) Others
(specify).....
.....
.....

5) What ratio would you give in line to question 4 above?

- a) 1: 2
- b) 1: 5
- c) 1: 9
- d) Others
(specify).....
.....
.....

6) As a professional doctor, how would you advise one who opts for euthanasia?

.....
.....
.....

7) What factors justify the practice of euthanasia?

- a) Old age
- b) Terminal illness/VPC
- c) Economic burden
- d) Others

(specify).....
.....
.....
.....

8) How would you value human life?

- a) Gift from God
- b) Natural
- c) Like any other life
- d) Other

(specify).....
.....
.....
.....

9) What are the implications of euthanasia to human dignity?

.....
.....

Thanks for your cooperation

APPENDIX 2: INTERVIEWS FOR TRADITIONAL DOCTORS: GUIDING QUESTIONS

- 1) What do you enjoy most in your work?
- 2) What kind of medicine do you have most?
- 3) What diseases do they cure?
- 4) What disease demands strong medication?
- 5) Could some of these medications facilitate one's early death?
- 6) Have you ever been approached by people who ask for medicine for early death?
- 7) If yes, what are the reasons given most of the time?
- 8) How often do you have such cases?
- 9) Could you help me if I ask for help, to give a compassionate death to my old grand parents?

SOME OF THE INTERVIEWEES

Dr Mukaya Allan, Professional Medical Doctor, University Teaching Hospital Lusaka,
Interview by author, 20 June 2004

Dr Munnapou Maggie, Professional Medical Doctor, University Teaching Hospital
Lusaka, interview by author, 19 June 2004.

Dr Abdukarim Azizov, Minor Soko Military Hospital Lusaka, 23rd June 2004.
Sr. Bridget Edman, prof. in Philosophy, 27th May 2004.

Dr Soka Nyirenda, Profesional Doctor University Teaching Hospital
Lusaka, interview by author, 18 June 2004.

Dr Nimesh Naik, Professional medical doctor, Pathologist, Lusaka Central Clinic,
10th June 2004.

Mwazabamba, Traditional healer, Lusaka City market. 16th June 2004.

Banda, Traditional healer, Lusaka City market. 16th June 2004.

APPENDIX 3: GUIDING QUESTIONS FOR RELATIVES/ FRIENDS

- 1) What is your name?
- 2) What denomination are you Christian or non-Christian?
- 3) When was your relative admitted?
- 4) I am sorry for what you are going through
- 5) But how would you manage the medical bills?
- 6) How are you relating to the patient?
- 7) What are the doctors saying?
- 8) You are really suffering and how do you endure such suffering?
- 9) Do you have any support from other relatives?
- 10) How are you feeling now?
- 11) Do you believe in the Passion of Christ?

SOME INTERVIEWEES

Mademera Obby, Assistant accountant, office of accountant General, Lusaka
7th June 2004

Patrick Nhjobvu, Assistant accountant, office of accountant General,
3rd June 2004

Charles Thole, Relative of the Terminally ill, University Teaching Hospital,
29th June 2004,