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INAUGURAL LECTURE

EUTHANASIATHE 21ST CENTURY CULTURE OF DEATH: INTERROGATING LACUNA IN THE NIGERIAN LAWS AND CODE OF MEDICAL ETHICS

By

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DEPARTMENT OF PRIVATE AND PROPERTY LAWFACULTY OF LAW
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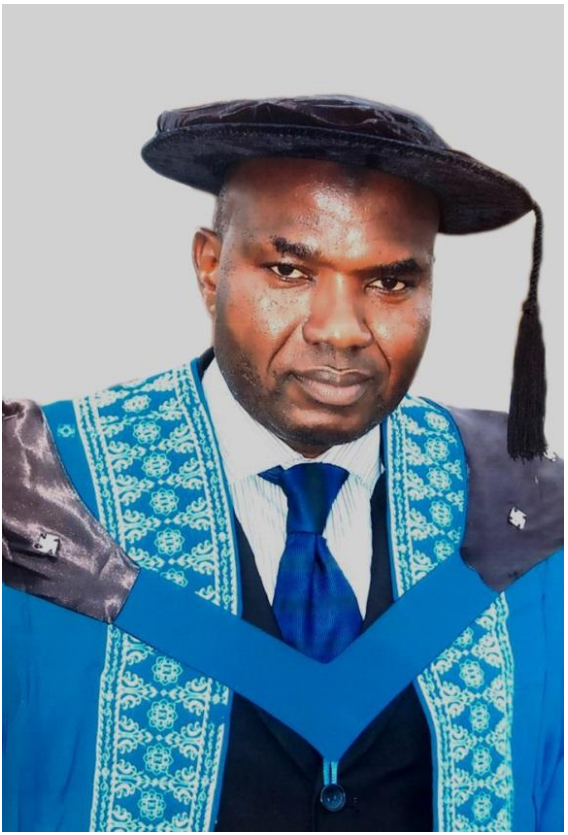

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My Lords Spiritual and Temporal,
Students of this great University, particularly the students of the Faculty of Law and the Centre for Open and Distance Learning,
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Gentlemen of the Print and Electronic Media,
Great Unilorites, Ladies and Gentlemen

Preamble

In the name of Allah, the Beneficent, the Merciful, the first without any starting point and the last without any terminating point.

Mr. Vice-Chancellor sir, permit me to first and foremost seek prayers for my departed teacher and colleague Prof. M.M. Akanbi and Dr (Mrs) Elizabeth Owolabi, may their souls rest in peace, Aameen. I am also grateful to Allah (s.w.t) for living up to His promise to continue keep me going. In 2009, in faraway Malaysia, I heard a voice saying my time was up. I then pleaded for more time, at least not to die before my precious Mum. Allah acceded to my request. Similarly, in 2016, around August precisely, I was in a serious pain and thought I was going to die. I silently reminded Allah of His promise to keep me alive and

not to allow my Mum bury me. My mum was also down then. I and my late Mum were billed for surgical operations the same day. I was going to tender my resignation letter at the University and equally resign as the Chairman of Ansar-Ud-Deen Youth Association of Nigeria (ADYAN) Northern States Council because the pain continued unabated. At a point, I had to speak to a man who had been very caring and supportive ever since knowing him when I was the Sub-Dean of the Faculty of Law, while he was the Examination Commissioner posted to my Faculty during the 2012/2013 Academic Session. He contacted the health officials concerned and the whole is now history. I am here today because of the will of Allah and the immense support given to me by the immediate past Deputy Vice-Chancellor (RTI)Prof. Mikael YinkaBuhari who was then the Chairman, Medical Advisory Committee (CMAG) of the University of Ilorin, Teaching Hospital (UITH). Sir, I remain grateful for what Allah has used you to do in my life.

Mr. Vice Chancellor sir, by Allah's pre-ordained arrangements, I stand before you to present the 225th in the series of inaugural lectures of this esteemed university which, were it not for the ASUU/FG face-off, ought to have come up on the 10th of March, 2022. This inaugural lecture
is the ninth from the Faculty of Law, the first from the Department of Private and Property Law, the first by the first alumni Professor of Law of this great University and the first to be delivered by a Professor of Euthanasia Law and Medical Ethics in the entire African region. It is also the first by a Professor of law at the time when the University's Vice-Chancellor is also a Lawyer and from the same Faculty as that of the inaugural lecturer.

Mr. Vice-Chancellor sir, my journey into a multi-disciplinary approach to Law (which is law) began during my LL.M Programme at the ObafemiAwolowo University, Ile-Ife where I had the opportunity of being taught by that versatile and erudite Professor of Law and teacher of teachers, AdemolaPopoola. In one of the Jurisprudence classes in 2002, he

looked up and asked that two other colleagues and I, should write an additional seminar paper on Euthanasia, Child's Rights and Abortion. I thereafter fell in love with Euthanasia and assisted suicide considering my philosophy of working on novel areas, having been the first undergraduate law student in any Nigerian university to write a long essay on Law of War and Peace during the 1998-1999 Academic Session. It was after my long essay, according to the then Dean of the Faculty of Law that the National Universities Commission introduced Law of War and Peace into the law curriculum of Nigerian Universities. Mr. Vice-Chancellor sir, since 2002, I have focused my research on Euthanasia Law and Medical Ethics, culminating in my becoming the first African researcher to bag a PhD in Euthanasia and assisted suicide laws in 2010. This inaugural lecture was therefore borne out of my various research efforts on Euthanasia, assisted suicide, and medical ethics spanning over 21 years which is the focus of my lecture today.

Mr. Vice-Chancellor sir, traditionally, a person whether male, female, young or aged visits the hospital when ill. Similarly, our mothers also visit the hospital for ante-natal, and post-natal purposes etc. It will however interest this auspicious gathering to learn that today, somebody can visit the hospital whenever he or she seeks to die either as a result of a debilitating illness or as in the case of the Netherlands (Omipidan, 2012a) where when one is not sick but is just tired of life. Dignitas is a clinic in Switzerland (Omipidan, 2012b) where a person can go to consult and die therein, just as we go to the hospital for prognosis and diagnosis.

The controversy over euthanasia and assisted suicide is among the oldest policy disputes in Western medicine. More than 24 centuries ago, a physician taking the Hippocratic Oath, now replaced by the more elaborate revised Declaration of Geneva which came into being on the 14th of October, 2017, vowed to "maintain the utmost respect for human life."Mr. Vice-Chancellor sir, as, shall, however, be revealed in the latter part of this lecture, that; some doctors are now killers, rather than

conforming to their oath of calling which is to take care of patients. (Jacoby,2021). Two doctors have dominated world headlines in this respect. One is Dr. Philip Nitschke, whose nickname is Doctor of Death, and who had his license withdrawn by the Australian Medical Association for initiating suicide pills, producing death by suicide laptop, and organising seminars on how to die with the aged and terminally ill persons as the audience (Omipidan, 2013a). The second is the late Dr Jack Kevorkian who was arrested and prosecuted for killing four [4] patients who were just at the preliminary stage of their illnesses (Omipidan, 2013b). Prognosis and diagnosis never revealed any form of a terminal illness in these innocent patients.

Mr. Vice-chancellor sir, as human beings, we are expected to share love and affection. The two most popular religions, Islam and Christianity emphasize this as is evident in verse 187, chapter 2 of the *Holy Qur'an,* [Surah **Al**-Baqarah 2:187) and John, chapter 13, verse 34 of the *Holy Bible* respectively. This is because love for one another remains the basis of human existence, particularly in Africa. It is, however, sad to note that euthanasia is threatening that important culture because of the belief that once the quality of life of a person depreciates, he or she should either die or be assisted to do so in order to cut costs and save the families of the sick person or government from paying heavy hospital bills.

Euthanasia is currently legal in some countries via the amendment of their respective Criminal Code Laws. Countries and jurisdictions where Euthanasia and or Assisted Suicide has been legalised include Switzerland, (1937), Oregon (1997), Netherlands (2001), Belgium (2002), Luxembourg (2009), Montana (2009), Vermont (2013), Germany (passive euthanasia) (2014), Quebec (2014), Columbia (2015), California (2016), Canada (2016), Colorado (2016), Washington DC (2017), Hawaii (2019), New Jersey (2019), Victoria (2019), Maine (2020), New Zealand (2021), Spain (2021), Western Territory (2021). Austria (2022) and Queensland (2023).

Mr.Vice-Chancellor Sir, the implication of the amendments referred to above is that once doctors practice Euthanasia and Assisted Suicide within the confines of the Law, they will not be prosecuted. Worse still, several safeguards purported to have been put in place to curtail abuses are not working according to findings (Omipidan, 2014, p10). Interestingly, however, efforts are ongoing to ensure that Assisted Suicide is not legalised in countries and jurisdictions where proposals are ongoing to legalise it. Even in countries where the concept has been legalised, efforts at ensuring that people do not take their own lives have been intensified (Schmidt&Pannett, 2021).

However, countries, where no decision has been specifically taken either for or against the legalisation of the concept have put their citizens and medical practitioners in dilemma and this has led to the death of innocent souls. Nigeria, Mr. Vice-Chancellor sir, is one of the countries that is yet to either legalise or criminalise the concept. Nigeria's situation is more precarious because the law on euthanasia is neither here nor there whereas the code of medical ethics which is the regulatory law for doctors and other medical practitioners in Nigeria prohibits euthanasia in all forms (Article 68 Code of Medical Ethics). Since the Nigerian constitution is the grundnorm of the country's law, then all other subsidiary laws, including the Code of Medical Ethics; Criminal and Penal Code Laws, amongst others must conform to the provisions of the constitution.

Mr. Vice-Chancellor sir, the above logjam has also been tested in the law court through to the Supreme court. Unfortunately, decisions of the Medical and Dental Practitioners' Tribunal (MDPCT) suspending doctors for taking part in euthanasia practices have always been upturned in favour of the constitutional provision of section 37 (personal liberty). The latest of such decisions is Esabunor and others which were delivered in 2019. Rather than redress the Lacuna in the Martha Okonkwo's case, it re-affirmed the power of self-autonomy of an adult thereby legalising passive euthanasia by the backdoor.This autonomy, Mr Vice-Chancellor sir, is a major reason people are

today requesting to die via euthanasia and assisted suicide. This Lacuna is what this inaugural lecture seeks to interrogate to reveal the dangers inherent in refusing to take a stand when due. This lecture, Mr. Vice-Chancellor sir, will also recommend the way forward at correcting the existing Lacuna.

Introduction

The word, Euthanasia is a derivation from two words from the ancient Greeks and Romans, *eu*which means *'*easy' or good and *thanatos*which means *'*death' (Fye, 1978, p.52a). Thus, Euthanasia literally means mercy killing. In other words, persons whose illnesses, according to a team of medical personnel who have examined them, are incurable should either kill themselves **(Active Euthanasia)** or be assisted to do so **(Physician-Assisted Suicide).** According to the Oregonian Death with Dignity Act (1997), when a person has less than six months to live, he or she should either be allowed to die or be assisted to do so. Euthanasia can also occur when the death of a human being is brought about on purpose as part of the medical care being provided to him or her. (Gormally, 1994: p11).

With regards to classification, euthanasia can be called passive voluntary when a patient dies as a result of the withdrawal of his or her treatment. (Talib, 2002: pp8-10]. Non-Voluntary Euthanasia, on the other hand, occurs when the patient is incapacitated from making decisions as a result of illness. The task of deciding what the faith of the patient becomes lies solely with the patient's family in this case (Kassim, 2007: pp 271-272). Involuntary euthanasia can be said to have taken place when, in the conclusion of the executioner, it is in the best interest of the patient that he or she is euthanised. In this scenario, neither the patient nor his or her family is involved in this decision-making. (Adaramola, 2004: pp 67-68). It is indirect euthanasia when the death of a patient is a result of the effect of the drugs administered to him or her by the physician. (Talib, 2002; p 8).

History of Euthanasia

Mr. Vice-Chancellor sir, the debate regarding euthanasia and assisted suicide and their legalisation dates back to the ancient Greek and Roman empires. During this period, the word, *eu,* which means good and or easy and*thanatos* which means death had no linkage with physician-assisted suicide or euthanasia as we presently have. This means that the definition of death in this period did not include how such death should be carried out (Fye, 1978: pp492-502b). That was because, in ancient Greece and Rome, a lot of emphasis was placed on the health of their citizens. Even though suicide was allowed in certain circumstances, the same was not allowed for soldiers and slaves. It was their belief that soldiers and slaves were among the healthy people. Hence, suicide in ancient Greece and Rome among the healthy ones was discouraged because it was seen as an insult to the gods. It was, however, widely accepted when a person was in a difficult situation. If a person is healthy, he or she will find it easy to look for his or her means of livelihood (Amundsen, 1978: pp23-30).

It is important to state here that most of the writers of this period were strongly of the view that if a person was sick, instead of being allowed to suffer, it was better and safer to commit suicide (Gillion,1969: pp173-192). It should however be noted that during that period, modern medicines that cure pain and other ailments had not been discovered unlike now. In response to the view of these writers, a Greek legend, Zeno of Citium (336-264 BC), who was the founder of the Stoics had to commit suicide because the injury on his foot was deteriorating. (Carrick, 1985). With specific reference to Roman law, it was an offence for anybody to commit suicide without any legitimate reason. In fact, such persons are meant to pay the ultimate price of forfeiting their property and estate. This practice continued unabated into the 18th century. It is however important to note that most of the suicides committed during the ancient period in Rome were not because of terminal illnesses or unbearable pains. Mr. Vice-Chancellor sir, it has therefore been revealed that little or absence of proper medical expertise, poor hygiene, lack of

balanced diets and improper upkeep of the body were the prominent factors that accounted for hastened death in ancient Rome (Scobie, 1986: pp399-433). Suicide in ancient Rome can also be attributed to the political situation in the then Roman empire. If a person was defeated at the battlefront, such a person would prefer to commit suicide to save the honour of the family rather than walk around with ignominy.

In the same vein, a woman who had been raped would prefer suicide rather than to continue living with the memory of the sad incident. An example is the incident leading to the death of Brutus who was involved in the plot against Caesar after he was defeated by Marc Antony. He said that he would have been satisfied after this act, leaving behind the legacies that the wicked and unjust men who put to death the good and the just (referring to the oppressive rule of the government in power then) were unfit to rule. Brutus, therefore, placed Strato next to him, and then grasping with both hands his naked sword by the hilt, he fell upon it and died and on hearing what had happened, Antony, his conqueror gave him a befitting burial (Hill, 2004).

Mr. Vice-Chancellor sir, all the above illustrations go to show that *eu*(Good) and *Thanatos* (Death), as were used in ancient Rome cannot be said to depict the killing of human beings in the name of terminal illnesses as we have today. It will therefore be correct to say that the descriptions of Euthanasia and or Assisted suicide as being painless forms of death or mercy killing are misapplications of the real meaning intended by the originator of the concept of euthanasia and assisted suicide.

In Africa, Mr. Vice-Chancellor sir, Euthanasia and Assisted Suicide is also illegal because priority is placed on the sanctity of life. Findings however sgowed that the practice is being secretly carried out. In Ghana, for instance, the Constiution makes it clear that life is sacred, however, findings showed that Euthanasia and or Asisted suicide is being practiced secretly due to poverty (Dappa, 2013). Similarly in South Africa, although courts sometimes allow Passive Euthanasia, the Criminal Justice system makes Euthanasia illegal in all forms (McQuoid-Mason, 2015).

Theories That Have Influenced Euthanasia Today

It is important to state here that the writings and opinions of scholars have been the major boosts for the thoughts on euthanasia. However, the reason behind today's agitation for euthanasia can be traced to three theories. Before I go into the theories, Mr. Vice-Chancellor sir, permit me to place it on record that I postulated that agitations for euthanasia and assisted suicide as we have today should be linked to these three theories in 2009. Before then, no writer or stakeholder in this line of research had made any postulation in that respect, and much later, none has made related postulations without referring to my work to date. (Omipidan, 2013c).Now, the theories.

The Malthusian Theory of Population

This theory was propounded by Reverend Father, Thomas Malthus and it shows the danger of overpopulation. Malthus's arguments represent the analysis of the development of human beings by Malthus. He was emphatic that the struggle for existence has been fixed by God. By using the word 'Being,' Malthus was referring to God as the creator of the universe and its inhabitants. To him, therefore, there is not likely to be any change in the fight for survival by mankind. This, according to him, was because the 'Being' (God), has already regulated how things should be done. Thus, on the basis of his postulations, Malthus concluded that:

> *---Assuming then my postulate as granted, I say that the power of population is indefinitely greater than the power in the earth to produce subsistence for man. Population when unchecked increases in a geometrical ratio ((Malthus, 1798 p57).*

It is important to stress here that the concluding part of Malthus's arguments contributed immensely to the rise of euthanasia and assisted suicide. This is because, according to him, while the population of the world would increase in geometrical proportion, food, or resources available would

increase in arithmetical proportion (Malthus, 1798: p58). He, therefore, proposed a solution which is that population should be checked. His proffered solutions include infanticide, abortion, delay in marriage, and celibacy. A careful examination of these proffered solutions reveals the presence of euthanasia and or assisted suicide. This is so because, in countries where the concept has been legalised, Baby Euthanasia has continuously been practised (Groningen Protocol in the Netherlands and Belgian practice of euthanasia and assisted suicide laws). Canada is currently preparing to extend euthanasia to persons with mental illness in 2023. Furthermore, the theory equally influenced another scholar, Charles Darwin, in propounding his own theory of evolution. As shall soon be seen, Darwin's theory also assisted the pursuit of Euthanasia and Assisted Suicide requests.

Eugenic Theory

Mr. Vice-Chancellor sir, the eugenics principle is all about the production of lives that are healthy and the elimination of creations that are unhealthy. Thus, while the term 'positive eugenics,' refers to human beings that have no defects like illness, the term 'negative eugenics' refers to handicapped persons, persons with diseases like cancer, Alzheimer, and babies born with deformities (Omipidan, 2016). All the characteristics of negative eugenics mentioned above were the ones Adolf Hitler adopted in his Nazi Euthanasia programme, wherein, over 245,000 persons were said to have been eliminated. It thus remains one of the major reasons Euthanasia and Assisted Suicide advocates are calling for the legalisation of the concept today. Mr Vice-Chancellor sir, modern utilitarian principles of 'life unworthy of life,' derived the said principle from eugenics theory (Finlay, 2000). Thus, it can be inferred that agitations for euthanasia and assisted suicide actually originated from these theories.

Charles Darwin's Theory of Evolution

Mr. Vice-Chancellor sir, Darwin's theory of evolution boosted Euthanasia and Assisted Suicide as a result of the encouragement he got from the Malthusian theory of population.

According to Darwin under certain circumstances, there was the tendency to preserve favourable variations and destroy unfavourable ones. As a result of this development, new species would be formed. After this discovery, he propounded his own theory of evolution. The relevant part of the said theory to this lecture states that:

> *Man originates as a distinct species by descent from some lower form, through the laws of variation and natural selection, than to explain the birth of the individual through the laws of ordinary reproduction. The birth of the species and of the individual are equally parts of that grand sequence of events which our minds refuse to accept as the result of blind chance (Darwin, 1882)*

In simple terms, it can be inferred from this theory is that creation of human beings is as a result of hormones and genes rather than God, thereby encouraging self-autonomy. This, therefore, enabled people, who, before this time, had been prevented from talking about euthanasia and assisted suicide because of religion, to have a change of heart. However, the lacuna in this theory is that Darwin and his followers failed to let the world know the origin of the so-called hormones and genes if it is not divine (Ezekiel, 1994, pp..793-802).

Thus, judging from the examination of the two previous theories of population and eugenics above, this work reveals that the source of the right to die was derived from inspirations gotten from Darwin's theory because the theory ascribed creation to genes and hormones (Omipidan, 2018). Mr. Vice-Chancellor sir, assuming without conceding that, that is their (Right to die) basis, the same is shallow and weak because Darwin himself did not state the source of his genes and hormones. On this point, this work concludes that creation belongs to the uncreated

creator who is God. It, therefore, means that the theory of self-autonomy, even where it exists, does not include the right to die. Based on the above, it will be correct to state that the two concepts, euthanasia and assisted suicide, were not derived from the ancient Greeks or Romans, as most writers had thought. Rather, the concepts only derived their meanings from the usages adopted by the ancient Greeks and Romans. Mr. Vice-Chancellor sir, I, therefore, re-affirm my postulation that rather than ascribing the origin of euthanasia to the ancient Greeks and Romans, it should be traced to the aforementioned three theories based on the message contained in them and analysed above.

Why is Euthanasia the 21st-Century Culture of Death?

Mr. Vice- Chancellor Sir,Fig 1: below, Sir is a Sarco, short form for sarcophagus.

Sarco is a futuristic-looking pod that promises users a quick and peaceful way to end their lives without the need to involve the medical profession. It's a 3D-printed capsule that allows someone wanting to die to do it in a different way. The unit works by flooding its sealed pod with nitrogen which is an unregulated substance that is easy to legally obtain. As the oxygen level inside rapidly drops, users will feel slightly tipsy, before quickly falling into unconsciousness. Death follows within minutes. The unit is entirely mobile and can be towed to any location a user might want to die. Dr Philip Nitschke (Doctor of Death) is the architect of this pod (Ferrier, 2019).

Mr. Vice-Chancellor sir, Nitschke, as described earlier, is the world-acclaimed doctor of death. No other medical doctor has ever promoted Euthanasia and Assisted suicide as Nitschke does. Precisely on the 6th December, 2021, the Suicide Sarco capsule machine was approved for use in Switzerland. As shall be seen in a short while, Switzerland has a clinic where those seeking to die can go and die. The clinic is called 'Dignitas.'

Fig 2: Pentobarbital assisted suicide drug

Similarly, Mr. Vice-Chancellor sir, the drug in figure two above is called pentobarbital. It is the major drug used when one intends to die via Euthanasia and or Assisted suicide. These are some of the ways one can explore to quicken one's death in the 21st century without waiting for God, the owner of our lives, the creator, and sustainer of mankind.

Mr. Vice-Chancellor sir, it may, however, interest you to note that in the Netherlands, people now carry cards with the inscription "Do not euthanise me without my consent" (Omipidan, 2011). Mr Vice-Chancellor sir, distinguished guests, ladies and gentlemen, even in Canada, where assisted suicide has been legalised since 2015, people still protest about the ills ofEuthanasia and Assisted suicide. (Omipidan, 2015) & (Swan, 2021). See the poster showing negative effect of the concept in figure three below

Fig. 3: Poster with inscriptions like 'don't kill me', etc.

Mr.Vice-Chancellor sir, the Dutch law on euthanasia and assisted suicide is called the Termination of Life on Request and Assisted Suicide (Review Procedure) Act 2002 (Have &Welie, 2005, pp. 211). The law came into force after the country's Criminal Code Laws of 1886 were amended. (Articles 293 & 294). Consequently, by the new amendment, euthanasia and assisted suicide which were formerly criminal offences now became medical treatments. This is, however, dependent on due adherence to the "Careful Practice" procedure which is the operating word in the enabling law. So, once a doctor has met the careful practice procedure in his or her practice of euthanasia and or assisted suicide, he or she shall be free from prosecution.

Mr. Vice-Chancellor sir, the practice in the Netherlands has become the yardstick by proponents of the concept in saying the concept is working well (Amsterdam, 2009). However, opponents are opposed to legalisation due to the nature of the practice in the Netherlands, which in their view, has gone down a slippery slope (uncontrollable). They rely on the cases prosecuted prior to legalisation in the country, where healthy persons but depressed were assisted to die (Bood&Weyers, 1988). Furthermore, available statistics on practices since legalisation in 2001 to date are another reason for their opposition (Rosenfeld, 2004).

Mr. Vice-Chancellor sir, from the statistics, we discovered a lot of abuses and practices which existed outside the enabling law. (Omipidan, 2013). For instance, we found out the existence of a Groningen Protocol which extended euthanasia to babies with deformities. We also discovered the publication of online suicide information by some Dutch doctors in 2008 (Smith, 2008), the lack of proper reporting procedure as stated in the 2001 law, and

the call for the extension of euthanasia to elderly persons, aged 70, in 2010. We also found out that there exists a mobile euthanasia clinic [*ExpertisecentrumEuthanasie*) whereby someone who wants to die but is not disposed to go to the hospital can invite a mobile euthanasia team through a phone call to come to his/her house to aid his/her death, amongst others.

Mr. Vice-Chancellor sir, the latest report on the practice of euthanasia and assisted suicide in the Netherlands should be a cause for concern as the year 2021 recorded the highest number of euthanasia procedures in history. (Boztas, 2021). In all 7, 666 procedures were carried out and the number of euthanasia cases exceeded the previous peak of 2020 when there were 6, 938 deaths (Dutch Euthanasia Report, 2022). It is important to emphasize here that the 2020 report shows a 9% increase over 2019 when there were 6,361 cases (Perrie, 2021a) and the 2021 report also shows an increase of 10.5% (Perrie, 2021b). Mr Vice-Chancellor sir, ladies and gentlemen, Belgium is another country where euthanasia practice is also on the increase. Active euthanasia was decriminalized in Belgium in May 2002.

Mr. Vice-Chancellor sir, today if a person decides to die, but in his/her country or jurisdiction, like Nigeria, euthanasia and assisted suicide are illegal, a trip to a clinic in Switzerland called 'DIGNITAS' will do the magic (Gentleman, 2021). At 'Dignitas,' once your diagnosis and prognosis are taken, you are then scheduled to be assisted to die and the procedure leading to your death like someone undergoing surgery will be activated. Thereafter such a person will be assisted to die and he or she will then die.

Suicide in Nigeria

Since 2012, Mr. Vice-Chancellor sir, global statistics have shown that there has been an increase in suicide in Nigeria. (WHO, 2018). This is in addition to the fact that Nigeria has the highest number of reported depression cases in Africa. (WHO, 2017). Research has also shown that methods of suicide adopted by Nigerians include the use of chemicals, burning with kerosene, hanging and use of firearms, amongst others.

((Nwosu&Odesanmi, 2001, pp: 259-262). Several factors have been suggested as the causes of suicide in Nigeria. Our study revealed that these factors include loss of job, unemployment, domestic violence, loss of loved ones, and physical and mental illnesses. (Omipidan, 2021).

Euthanasia under the Nigerian Law

Going down memory lane, Euthanasia and Assisted suicide can be said to have no roots in Nigeria because they are alien to the country. What may, however, be said to be somehow similar to non-voluntary euthanasia was practised by the beleaguered Nupes in the present Niger State of Nigeria and all other ethnic groups involved in inter-tribal and intra-tribal wars of the 19th and 20th centuries in the country. This involved the deaths of infants usually abandoned by their parents while trying to avoid being killed or captured by enemy forces during wars (Adaramola, 2004, p.68. Such infants were abandoned because of the fear that their cries, whether as a result of hunger or other causes, could expose the locations of those fleeing from enemies. Hence, Mr. Vice-Chancellor sir, it can be said that euthanasia and or assisted suicide is illegal in Nigeria. This illegal status is however not a result of any legislation but based on existing laws which do not specifically provide for euthanasia and assisted suicide. It is important to state here that in spite of the illegality of the concept in Nigeria, unknown to many, the Supreme Court in a matter that shall be subsequently examined in this lecture had indirectly legalised passive euthanasia.

Euthanasia under the existing laws in Nigeria

Mr. Vice-Chancellor sir, as stated earlier, there are no specific laws on euthanasia and assisted suicide in Nigeria. The only exception can be found in the rules of professional ethics for medical doctors in the country which makes all forms of euthanasia illegal. There are however provisions in the Constitution of Nigeria, the Criminal Code and Penal Code Laws that can be re-interpreted to depict or mean either Euthanasia or Assisted suicide. An examination of these provisions shall be relevant to ascertain the extent of their sufficiency in the face of

ever-expanding and very controversial issues such as Euthanasia and Assisted suicide.

The 1999 Constitution of the Federal Republic of Nigeria

Mr. Vice-Chancellor sir, the 1999 Constitution of the Federal Republic of Nigeria is regarded as the 'Grund Norm,' which is the law from which other laws derive their sources. The above statement implies that any other law that is inconsistent with the provisions of the constitution shall become void and the constitution will take precedence. Thus section 1 (1) of the constitution declares that this "constitution is supreme, and its provisions shall have a binding force on the authorities and persons throughout the Federal Republic of Nigeria." Subsection (3) of the said section states further that "If any other law is inconsistent with the provisions of this constitution, this constitution shall prevail, and that other law shall, to the extent of the inconsistency be void."

The Criminal Code Laws of Nigeria Cap 77, Laws of Federation [LFN] 1990

Mr. Vice-Chancellor Sir, in Nigeria, there are two sets of Criminal Codes, that is the Criminal Code which applies to the Southern part of Nigeria and the Penal Code which applies to the Northern part of Nigeria. It is important to state that although certain differences exist with regard to some of their provisions, both of them serve the same purpose, which is the control and regulation of crime and criminal activities. It is also remarkable to state here that none of these Criminal Codes specifically deals with the controversial issue of Euthanasia and Assisted suicide as shall be seen below.

The most relevant provision of the Nigerian law that can be said to have any semblance with the concept of Euthanasia is section 311 which provides that, "a person who does any act or makes any omission which hastens the death of another person who, when the act is done or the omission is made, is labouringunder some disorder or disease arising from another cause, is deemed to have killed that other person." (Criminal Code Law, Laws of Federation [LFN] 1990).

Mr Vice-Chancellor sir, Sections 326 and 327 of the Criminal Code seems related to the duty of medical personnel, Assisted and Attempted suicide but again these sections do not specifically mention physician-assisted suicide. While section 326, only refers to Assisted Suicide, section 327 refers to attempted Suicide, the section does not mention Physician-Assisted Suicide. It mentions counsellingand aiding but does not mention Euthanasia even though it possesses all its characteristics. It must also be stated that like the Constitutions of most Countries of the world, Suicide or Attempted Suicide has been part and parcel of the Nigerian constitution. It will therefore be incorrect to equate it, as provided for under section 326 and 327 of the Nigerian Criminal Code respectively, to Assisted Suicide within the concept of Euthanasia.

With regards to the Penal Code Law, section 231 is apposite here and it provides that,"whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year or with fine or with both."In the same vein, section 228 of the same Penal Code states that, "if any person commits suicide, whoever abets the commission of such suicide shall be punished with imprisonment for a term which may extend to ten years and shall be liable to fine." It follows therefore that the combined effects of sections 326 and 327 of the Criminal Code Laws and sections 228 and 231 of the Penal Code Laws of Nigeria only have semblances of Euthanasia and Assisted Suicide, they cannot be referred to as provisions on Euthanasia and Assisted Suicide without being amended by the legislative arm of the government upon request by the Government. This further strengthened by the fact that the issue of Euthanasia goes beyond mere re-interpretation as no mention of the word is made in all the sections examined above. Without that, Euthanasia can never be imported or re-interpreted into it. To do so would be tantamount to determining the intentions of the legislature when, in the real sense of it, their intentions are already clear. It is thus the general principle of law that where the wordings of a Statute

are unambiguous, its literal meaning should be rendered. It will be immaterial that there would be a hardship if such words are given their literal interpretation (R v, Bangaza (1960) F.S.C.

The Rule of Professional Conduct for Medical and Dental Practitioners in Nigeria, Code on Medical Ethics in Nigeria, Medical and Dental Practitioners [Act] [CAP 221LFN 1990] (Decree No. 23 of 1988)

The above rules as they relate to the Code of Medical Ethics is the only provision that specifically mention the issue of Euthanasia because a whole section of the code is dedicated to it. Like most Medical Associations in the world, the Nigerian Medical Association, from the tone of the c\Code, views the issue very seriously. Section 68 of the code thus provides that,

> *"One of the cardinal points in the Physician's Oath is the preservation of life and therefore, the act of mercy killing or helping a patient to commit suicide runs contradictory and antithetical. A doctor should not terminate life whether the patient is in sound health or is terminally ill. A practitioner shall be adjudged to be in breach of the ethical code of practice if found to have encouraged or participated in any of the following acts; a) termination of a patient's life by the administration of drugs, even at the patient's explicit request; b) prescribing or supplying drugs with the explicit intention of enabling the patient to end his or her life and c) termination of a patient's life through the administration of drugs with or without the patient's explicit request thinking same to be in the interest of the patient."*

Mr. Vice-Chancellor sir, It is important to state here that it was the seriousness of the Code of Medical Ethics in Nigeria that necessitated the prosecution of a medical doctor by the Nigerian Medical Association for complying with the directives of a patient that her religious belief does not accept a blood transfusion. Although the Association lost the case which was pursued up to the Supreme Court of Nigeria, it went a long way to show the determination of the doctors to preserve the good name of their profession. In fact, that case was the only euthanasia-related case until 2019 when the same Supreme Court handed down another judgment that affirmed the position in the earlier case as shall soon be seen.

Case Law on Euthanasia and Assisted Suicide in Nigeria

Mr. Vice-Chancellor sir, although there is no specific legislation to handle Euthanasia and Assisted Suicide cases in Nigeria, two important cases have been decided up to the Supreme Court which had semblances with the concept of Euthanasia and Assisted suicide. The first relates to the right of a patient to refuse treatment which can also be called Passive Euthanasia and the second affirmed the decision in the first case earlier mentioned. An examination of these cases is very important considering the effect of the decisions of the Supreme court of Nigeria on the concept of Euthanasia and Assisted Suicide and the existing Lacuna between the Code of Medical Ethic and the 1999 Constitution. The first case is the case of Medical and Dental Practitioners Disciplinary Tribunal v Okonkwo (2001)7 NWLR (711) 206 SC**.** This case involved one Mrs Martha Okorie, a twenty-nine-year-old woman who was an adherent of the Jehovah's Witnesses faith, a Christian religious sect that does not believe in blood transfusion. During the process of delivery, she had some complications that required a blood transfusion. However, the woman refused, citing the stand of her religious belief as the reason for her decision. Her husband also supported her decision. This happened at a second hospital because the first hospital had to discharge her after the explanation of the consequences of refusing the blood transfusion fell on deaf ears.

Ladies and gentlemen, in this second hospital, it was one DrOkonkwo that admitted the patient based on the presentation of a directive signed by herself and two other witnesses. The directive was to the effect that they had consented that based on their religious belief, she would not take a blood transfusion.

This directive was signed by both the patient's husband and her uncle. Although in addition to this, the husband equally wrote a similar one to the hospital with similar content as the earlier one written by the wife. After explaining the danger of refusing to take blood transfusion to them, coupled with their insistence not to shift grounds, the doctor proceeded with other treatments. Consequently, the patient died five days later. The death of MrsOkorie necessitated the appearance of the doctor before the Medical and Dental Practitioners Tribunal.

Decision of the Court

Mr. Vice-Chancellor sir, the doctor was charged and found liable for not exercising due care and diligence in the handling of the deceased's case in accordance with the Medical Rule of Professional Conduct. Consequently, he was suspended from practice. On appeal, the verdict of the Tribunal was set aside, and the doctor was cleared of all allegations of wrongdoing. However, the respondent proceeded with a further appeal to the Supreme Court.

The Supreme Court, Mr. Vice-Chancellor sir, in its lead judgment, relied on the provisions of sections 37 and 38 of the 1999 constitution which deal with individual autonomy. On this basis, the court held as per Honourable Justice Emmanuel AyoolaJsc (Now Retired), that the provision would not be applicable only "...where they infringe on the right of others or where they put the welfare of society or public health in jeopardy." The Learned Jurist stated further that, "...the sum total of the rights of privacy and freedom of thought, conscience or religion which an individual has is that he or she has the sole right of deciding what to do with his or her life." The exception to this section, according to the judgment would only be where a state interest has overridden personal interest. In other words, the

only thing that can erode the right of a citizen as guaranteed under sections 37 and 38 of the Nigerian constitution is a clear and compelling state interest.

Mr. Vice-Chancellor sir, regarding the position of the doctor on the refusal of treatment by his patient, the erudite jurist succinctly said that the relationship between the patient and the doctor was based on the willingness and voluntariness of the patient to refuse treatment. It, therefore, means that where the patient is mature and competent in taking decisions on his or her own, and she had taken one as in this case, the practitioner had no other choice than to abide by the request of his patient [p. 245 of the judgment].

Mr. Vice-Chancellor sir, with respect to the Learned Justices of the Supreme Court, the ratio decidendi (reason for the judgment) in this case, would have still gone against the doctor because overriding state interest as the court mentioned, which would have been the only reason to deny a person the right to his or her individual autonomy, already existed. The existence can be seen in the fact that the deceased was not only a nursing mother, but she also left behind very young children who were infants. Who then takes care of them? It is also to be noted that this decision was that of the patient, her husband, the uncle and of course the consenting medical doctor. One would have expected the medical doctor to thread the path taken by the first doctor who refused to admit the patient because of her obstinate stand on blood transfusion.

Furthermore, Mr. Vice-Chancellor sir, the court failed to consider the right of the children left behind by the deceased, who needed care, but whose mother had decided to abandon them. This decision, unknown to the Learned Justices in particular and Nigerians in general, has created a lacuna (missing link or gap) between the Code of Medical Ethics and the Constitution of the Federal Republic of Nigeria (CFRN 1999) (As amended). This case has legalise Passive Euthanasia without a formal legislation which would have come through an amendment to the country's Criminal Code Laws. (Omipidan,

2017). This is because as earlier stated, one of the arguments put forward by proponents of the Legalisation of Euthanasia and Assisted Suicide is individual autonomy or self-determination. It is this same point that the Supreme Court relied upon in deciding in favour of the patient and doctor as per Sections, 37 and 38 of the 1999 constitution which had been referred to earlier.

In the second case decided in 2019, the apex court, with due respect, rather than address the Lacuna in the first case, reaffirmed the right to individual or self-autonomy. Mr. Vice-Chancellor sir, the case was between ***TegaEsabunor&Anor v. Dr. TundeFaweya&Ors[2019] LPELR 46961 [SC].*** In this case, the 2nd Appellant was the mother of the 1st Appellant. She gave birth to him on 19th April, 1997, at the Chevron Clinic, Lekki Peninsula in Lagos. On 11th May, 1997, that is, within a month of his birth, he fell gravely ill. His mother, the 2nd Appellant, took him back to the Chevron Clinic on the same date for urgent treatment. It was the 1st Respondent who treated the 1st Appellant. He found that the 1st Appellant urgently needed a blood transfusion. The 2nd Respondent and her husband made it abundantly clear to the 1st Respondent that on no account should their child (the 1st Appellant) be given a blood transfusion because there are several hazards such as contracting Aids, Hepatitis, etc., associated with blood transfusion and that as members of the Jehovah's Witnesses sect, blood transfusion was forbidden by their religion. Dr. TundeFaweya (the 1st Respondent) remained unyielding. The next day, the Learned Counsel for the Commissioner of Police, Lagos State moved an Originating Motion Exparte before the 5th Respondent.

After hearing the Counsel, the Chief Magistrate delivered a ruling. Relevant extracts from that ruling states that, "under the inherent jurisdiction of this Court to prevent the Commission of Offences, I hereby grant the prayer sought in this application as follows: 'The medical authorities of the Clinic of Chevron Nigeria Limited Lekki Peninsula Lagos are hereby authorized to do all and anything necessary for the protection of the life and health of the child TegaEsabunor .”

Mr. Vice-Chancellor sir, ladies and gentlemen, the 2nd appellant continued the fight until the matter was laid to rest by the Supreme Court. The Supreme Court, while resolving the issue against the appellant, stated that an adult who is conscious and in full control of his mental capacity and of sound mind has the right to either accept or refuse blood [medical treatment]. With respect to the Supreme Court, this amounts to Passive Euthanasia in the context of Euthanasia and Assisted Suicide and a re-affirmation of the decision in Okonkwo's case earlier referred to in this lecture. When it involves a child, the Supreme Court stated further that, "different considerations apply because a child is incapable of deciding for himself and the Law is duty-bound to protect such a person from abuse of his right as he may grow up and disregard those religious beliefs and it makes no difference if the decision to deny him a blood transfusion is made by his parents."The Supreme Court held further that, "when competent parents or one in loco parentis refuses a blood transfusion or medical treatment for her child on religious grounds, the court should step in, consider the baby's welfare, i.e., saving the life and the best interest of the child before a decision is taken." These considerations outweigh the religious beliefs of the Jehovah's Witnesses sect. The decision should be to allow the administration of blood transfusion, especially in life-threatening situations."

Mr. Vice-Chancellor sir, this 2019 decision has widened further the existing Lacuna created by the decision in the first case involving Martha Okonkwo and MDPDT decided in 2001 with the re-affirmation of the existence of the right to do anything with oneself as entrenched under sections 37 and 38 of our Constitution under the guise of individual autonomy. This work restate here that autonomy is the first point of defence for all Pro-Euthanasia groups.

Mr Vice-Chancellor sir, one would have expected the Supreme Court to fill the Lacuna created by the same Court in 2001. This is because the Rule of Professional Conduct for Medical and Dental Practitioners in Nigeria at section 68,

provides that "Euthanasia, whether Passive or Voluntary, remains illegal." Hence, we submit with respect, Mr Vice-Chancellor sir, that the combined effect of the two decisions above is that Passive Euthanasia has been legalised by the Supreme Court in Nigeria through the backdoor without due adherence to amendments of relevant laws relating to the issue. Similar decisions were handed down in the state of Montana (USA) in 2010 and Canada in 2015. With respect to Montana, that court's decision legalised Assisted Suicide in the State and has remained so till date. With respect to Canada, the country's Supreme Court's decision in ***Carter v Canada (AG) 2015 SCC 5*** alsolegalised Assisted Suicide in that country before it was formalised by a legislation in 2016. (Omipidan, 2016). Nigeria and Nigerians must therefore act fast to correct this existing lacuna. (2014b). Similarly, in Colombia, a person will only be qualified for Euthanasia if he/ she has less than six months to live. But in July 2021, the country's highest court ruled that what amount to Euthanasia could be extended to people with incurable illnesses that cause great physical or psychological pain and are not within realm of naturally death (Korpar, 2022a). Mr Vice-Chancellor sir, distinguished guest ladies and gentlemen, this decision motivated one Víctor Escobar to kill himself on 7th January, 2022, even though he was not terminally ill. He was the first Colombian to die by euthanasia in a non-terminally ill situation (Korpar, 2022b).

A perusal of the two decisions above, vis-à-vis, the Rule of Professional Conduct for Medical and Dental Practitioners reveals a conflict between the GrundNorm [Constitution of the Federal Republic of Nigeria 1999 [as amended] and the Rules of professional conduct for Medical Practitioners. Mr Vice-Chancellor sir, it is our considered view that until the existing Lacuna are filled, terminally ill and other vulnerable persons, hospitals, medical personnel, Medical Law Practitioners and Judges in Nigeria are going to be enmeshed in controversy, while the worst hit will be the terminally ill and other vulnerable persons. It is however hoped that the Lacuna will be addressed to

avoid what happened to Terri Schiavo of the United States of America and EluanaEnglaro of Italy, both of whom were euthanised because there were no specific legislations Criminalising Euthanasia and Assisted in their countries at that period.

Effect of the Two Decisions on Euthanasia and Assisted Suicide in Nigeria

Mr. Vice-Chancellor sir, in the Nigerian context, if a comprehensive legislation is not put in place to handle issues of Euthanasia and Assisted Suicide, cases of this kind may be used to justify the introduction of the concept in the country. Permit me to stress that it is only a comprehensive legislation dedicated to Euthanasia and Assisted Suicide that can address the existing Lacuna in the Nigerian Law. When this is done as earlier stated, it will protect the terminally ill and other Vulnerable Persons, Medical Law Practitioners, Medical Doctors and Nurses. It will also save the Court from the trouble of having to seek interpretation of existing Provisions of the Law.

My contribution to the growth of the University of Ilorin, my University

Mr.Vice-Chancellor sir, I joined the 'better by far University in 2002 as an assistant lecturer. Today, therefore, makes it twenty [20] years, ten months and 26 days of being in the service of this great University.In 2007, I was to travel out of the country for my Ph.D programme. However, as the Level Adviser of the graduating class, I had to abandon the programme because the Law School wrote that the Faculty should mobilise the graduating students for the Law School programme of that year. It was not the regular mobilisation as it was sudden. The then Faculty Officer, now Deputy Registrar, Mrs. F. Oladosucalled me and said if I could not mobilise them, they would not go to Law School that year. Mr. Vice-Chancellor sir, I had to sacrifice the pursuit of my PhD programme then for the students to be mobilised. Despite that sacrifice, however, here I am today by the Divine *Rahma* [blessings] of Allah, delivering my inaugural lecture as a Professor of Law.

Mr Vice-Chancellor sir, also, on returning from Malaysia in 2010, I had one more year left out of my study leave, having completed my PhD programme in 23 months. I however refused to spend the remaining one year's leave but resumed work immediately.

As part of my contribution to this great citadel of learning, I wrote the first Courseware on Islamic Medical Law for both the Undergraduate and Postgraduate programmes of the Department of Islamic Law. I equally did the same in respect of Advanced Comparative Medical Law and Ethics for the Common Law Postgraduate Programme. Mr. Vice-Chancellor sir, to date, I have supervised 7 PhD theses from Nigeria, Malaysia; Syria, Lithuania and Belgium. PhD candidates in Nigeria are still very few in the field of Medico-Legal Research being a relatively new area of research in Nigeria. Thus, at the Faculty, my first PhD student successfully defended his PhD thesis on the 23rd January, 2023, just four [4] days ago. In all, the Faculty has graduated three PhD candidates in this field.

Mr. Vice-Chancellor sir, in the area of research relating to Euthanasia and Medical Ethics, I have supervised thirty [30] Common and Islamic Law Students, and Twenty-four [24] Common Law Students in the Undergraduate Programme. I have also supervised Twenty-One (21) Common Law Postgraduate Master's Students and Ten (10) Common and Islamic Law Postgraduate Master's Students respectively. One of my supervisees in this field of research, Ifedayo Victor is currently pursuing his PhD programme in the same area in the United Kingdom. Between 2012 and 2014, I was the Sub-Dean of the Faculty of Law and became the Postgraduate Representative of the same Faculty at the University's PG board from 2014-2017.

To date Mr. Vice-Chancellor sir, just as my lecturers are proud of me, I am also happy and proud to report to you that eighteen [18] of the present crop of lecturers at the Faculty of Law today were my students. These eighteen [18] are here represented by Associate Professors A. O Sambo, M.T. Adekilekun, A.O. Owoade, A.O. Abdulqadir, B.A. Abdulqadir,

AzubikeOnuorah, and Adua Ismail. We are all doing fine and relating well as proud Alumni Lecturers of the Faculty of Law of the better by far University may Allah continue to bless our efforts, Aameen.

Mr. Vice-Chancellor sir, in the area of administrative responsibilities, your predecessor, Prof. SulymanAgenjoAbdulkareem appointed me as the Director, Centre for Open and Distance Learning in November 2020 with the mandate to ensure that the Centre established in 2007 was accredited by the National Universities Commission [NUC]. I must thank God for the limitless support he gave me and the Centre staff. AlhamdulilahRabiliAlameen, the Centre was accredited by NUC on the 18th day of October 2021, 11 months after my assumption of office.

Mr Vice-Chancellor sir, I must also thank you for the continued support to the Centre since you assumed office which culminated in the three days first phase of the Commonwealth of Learning Vancouver, Canada sponsored training which took place from the 16th-18th January, 2023. This training has produced a draft of an Open Educational Resources [OER] policy for the entire University. This is in tandem with the SMART agenda of your administration. Mr Vice-Chancellor sir, although we are still battling with some challenges, let me assure you that by the grace of Allah, CODL, during my tenure and even after will get to the desired height, Aameen.

My contribution to the fight against the legalisation of euthanasia and assisted suicide in Nigeria

Mr Vice-Chancellor sir, after a careful perusal of reasons why requests to die persisted, I concluded that the way to go was a re-sensitisation of all. Consequently, in 2014, alongside the first set of Islamic Medical Law Students, the Euthanasia Prevention Initiative was founded and registered. The then Vice-Chancellor, Prof. I.O. Oloyede, represented by Prof. BayoLawal, the then Deputy Vice-Chancellor Academic, graced the occasion. I must commend past and present administrations of this great University for lending their full support to the

initiative. We visit the University of Ilorin Teaching Hospital (UITH) every year to donate items of different kinds to terminally ill patients and other patients on admission. This is our own little way of giving back to the society. We shall continue to rely on the University's support as well. Though, it is not time for acknowledgements, I must thank Students of the University of Ilorin both on and off campus for their support to the Initiative year in and year out. I appreciate you all. Mr Vice-Chancellor sir, through EPI, two of the University's Students admitted at the UITH for attempting to take their own lives after failing to cross to the next level in the Medical School were rescued via counselling. They are now graduates.

Mr. Vice-Chancellor sir, below are some of the pictures taken from the commencement of the initiative in 2014 till date. They are numbered 1-7.

Fig.1: Euthanasia Prevention Initiative in 2014. This is where we started from.

Fig. 2: EPI members at the University of Ilorin Teaching Hospital in 2015 to distribute items to terminally ill persons in particular and all those on admission in general.

Fig. 3: EPI executive committee members during a courtesy visit to Harmony FM 103:5, IdofianKwara state before the commencement of the 2018 programme.

Fig. 4: A cross-section of EPI members at the 2018 public lecture organized by the Euthanasia Prevention Initiatives [EPI] at the University of Ilorin Auditorium. Present were Bishop Ayo Maria, Prof. A.G.A.S Oladosu, Prof. DemolaPopoola (OAU Ife) and Prof. Fayeye, formerly of the Social Works department, University of Ilorin.

Fig. 5: Some members of the Euthanasia Prevention Initiative [EPI] at the University of Ilorin Teaching Hospital in 2019.

Fig. 6: Euthanasia Prevention Initiative [EPI] members with the hospital secretary at the teaching hospital for item distribution during the Initiative's 2020 annual programme

Fig. 7: Presentation of certificate to winners at the inter-faculty debating competition organized by the euthanasia prevention initiative [EPI] as part of the 2021 annual programme.

Conclusion

Mr. Vice-Chancellor sir, this lecture has revealed that euthanasia and assisted suicide are the 21st century culture of death because of their unregulated practices in major countries like the Netherlands, Belgium, and Canada amongst others and the ongoing efforts at legalising either of the two across the globe. Coming back home, Mr. Vice-Chancellor sir, ladies and gentlemen, the lecture has been able to reveal the negative effects of not having comprehensive legislation to specifically handle Euthanasia and Assisted Suicide issues in Nigeria. This is coupled with the existing Lacuna created by the two decisions of the Supreme Court in Martha Okonkwo and Esabunor's cases. Until the Constitution, Codes of Medical Ethics for Medical Practitioners, Criminal and Penal Code laws (as the case may be) are amended with respect to Euthanasia and Assisted Suicide in Nigeria, terminally ill patients and other vulnerable persons in the country will always be at the mercy of proponents of the

concept. Similarly, Medical Personnel, Medical Law Practitioners and the Court would also find it difficult in reaching a just and judicious decisions on issues relating to Euthanasia and Assisted suicide. Mr. Vice-Chancellor sir, I submit with respect that the time to act is now. Acting now is imperative considering the affordability of the drugs used for Euthanasia and Assisted Suicide, our present economic challenges, the poverty level in the country and the poor state of health facilities in Nigeria amongst others. The country cannot afford to sit on the fence as it did during the same-sex marriage issue before former President OlusegunObasanjo took the bull by the horn.

Mr. Vice-Chancellor sir, apart from Comprehensive Legislation on Euthanasia and Assisted Suicide, as of today, Palliative and Hospice Care remain the only solution to terminal illnesses across the globe. Palliative care seeks to reduce, but not to cure, the ailment of terminally ill persons. This is done by reassuring such patients that the remaining part of their lives is worth living. In other words, terminally ill persons should never be abandoned; rather they should be assured that they are still useful. This process is a combination of psychological and spiritual means. The psychologist reassures that the ailing one can still be useful, while families and friends engage in prayers and are constantly by the side of their sick relations. Doing these will take away depression and fear of abandonment which has become one of the major reasons terminally ill persons request Euthanasia and Assisted suicide.

Mr. Vice-Chancellor sir, it is important to also say thatanybody that has the love of his or her family at heart must work hard to curtail this culture of death. We must all resolve that life belongs to God, and nobody should arrogate the power of taking such life to himself or herself, no matter the circumstances. After all, the *Holy Qur'an*, *Holy Bible* and other religious books have taught us that patience in times of adversity makes one stronger. Governments and policymakers must ensure that Laws on Euthanasia and Assisted suicide are strict in order

to protect the terminally ill, aged, disabled, and other vulnerable persons in our society. Caring for these groups of people should be the priority of all.

Recommendations

On the basis of the foregoing submissions, Mr. Vice-Chancellor sir, I want to recommends as follows.

1. Euthanasia and assisted suicide should not be legalised in Nigeria because, unknown to so many people, legalising them will increase the demand for organs of innocent patients who are though terminally ill, not yet dead.
2. Governments should as a matter of urgency, equip hospitals and clinics in Nigeria with state-of-the-art facilities.Special emphasis should also be placed on the health of the severely or terminally ill, the disabled, aged persons, and babies with deformities in Nigeria.
3. Nigeria should tighten its present law and address the existing Lacuna by amending its Criminal Code Laws to provide for sections which will specifically handle euthanasia and assisted suicide issues so as to be in tandem with the Codes of Medical Ethics for medical practitioners. Nigeria, should by the suggested amendment, criminalise Euthanasia and Assisted Suicide.
4. The various medical associations all over the world should emulate their Nigerian counterpart in making all forms of euthanasia and assisted suicide entirely illegal. The Nigeria Medical Association should, as a means of checks and balances, continue strip erring doctors who participate in euthanasia and assisted suicide practice of their practicing licenses. The Association should continue to train and re-train members on effective pain management. This will enable them to give appropriate advice to terminally ill patients.
5. All levels of Government in Nigeria, through their Ministries of Health and related agencies, should mount

strong public enlightenment campaigns to demonstrate to their citizens the ills of legalising Euthanasia and Assisted Suicide.

6. The United Nations should as a matter of urgency call on all countries and jurisdictions that have legalised Euthanasia or Assisted Suicide to criminalise it. It should also,acting through its security council, give priority to the issue of the indiscriminate hastening of death through euthanasia and assisted suicide by imposing sanctions on countries and jurisdictions that may henceforth legalise or fail to criminalise them.
7. An anti-suicide and palliative care centre should be established at the university of Ilorin and other universities in the country to assist students who might be contemplating suicide. There should also be more emphasis on palliative and hospice care in Nigeria and anywhere in the world where such care has not started.
8. Euthanasia or assisted suicide should never be an option for severe illness, depression, or old age, at any period of the patient's illness.
9. Relevant censor bodies in Nigeria should make sure that writings on sensitive issues such as euthanasia and assisted suicide are properly scrutinised before being published.The media should also be more objective in reporting controversial and sensitive issues such as euthanasia and assisted suicide. When a terminally ill patient makes a request to die, depression should first be ascertained and treated.
10. Dr. Phillip Nitschke's activities, which include suicide kits and internet suicide pills, sarcial pod should be generally outlawed. Also, the Dignitas suicide clinic in Switzerland should be closed down because it encourages people to opt for suicide.
11. There should be regular orientations for the severely or terminally ill, aged and disabled persons on end-of-life issues to avoid being coerced into accepting euthanasia

or assisted suicide as an option instead of living.Treatment of a patient on life support should only be withdrawn if the patients are totally dead. This should occur only where all (not part of) the vital body organs of the patients have stopped functioning.Withdrawal should never occur where the sustenance of the patient is dependent on the machine.

12. More scholars should venture into further research on euthanasia and assisted suicide so that resource persons in this area will increase in order to be able to tackle new challenges posed by the concepts.

Acknowledgements

Allah says in the Qur'an:

"Therefore, remember Me, I will remember you, and be thankful to Me, and do not be ungrateful to Me." (Al-Baqarah 2:152).

Based on the above command by the creator of the entire universe, I say to Allah, I am grateful for where I am coming from, grateful for where you have taken me thus far and grateful for the height you are taking me to because I am convinced You are taking me to greater heights. Allah, deep down in my heart that I am still alive, hale and hearty is enough to thank you. I shall forever be grateful for your limitless bounties, Alhamdulillahirabbilialameen. What would I have been able to do or accomplish without You? Nothing, I emphatically answer myself. You taught me all that I knew not, Oh! Allah, the Most Generous, I attest to the fact that You have been very generous to me. Allah, I restate that, "Indeed, my prayer, my rites of sacrifice, my living and my dying are for You (Allah), Lord of the worlds. (Q6:162).

Again, I thank Allah for giving me good parents who never saw the four walls of the classroom yet ensured that my other 7 siblings and myself are graduates of different disciplines. Daddy left us in 2004 and mummy carried on from there until death snatched her from us in 2017. The support both of them gave us left no room for excuses and I am happy we never gave one until death separated us. May Allah continue forgive and

grant them Al-Jannat-ul-Firdaous, Aameen. Omoenijo, omo akin, omooro, sun re ooo!!!!

AlhajaMonsuratOmoladun, AduniOgunwale my stand-in mother has been very wonderful prior to the demise of my biological mother and even after her death. I know too well that if Allah had not given me a mother of your kind after the demise of my parent, my story may not have been as positive as it is today. IyaRuqa as fondly called by my late mum; I am grateful.

My Fathers, Mentors and Benefactors, Mallam (Dr) Yusuf Olaolu Ali (SAN) and LateefOlasunkanmi (SAN), two of you have been of tremendous support to me both as a student since 1997 and as a lawyer to date. I pray that both of you and your children continue to find favour with Allah, Aameen. I am very grateful and shall remain so till I die.

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References

Adaramola, F. (2004).*Basic jurisprudence.*(3rdedn.). Lagos: Raymond Kunz Communications.

Alabi, O; Alabi ,A, &Ayinde, O. et al, (2014). *Suicide and suicidal behavior in Nigeria: a review.* *Psychiatry* Journal 2014;37:1–6.(Accessed November 15, 2021). id:http://www.ncbi.nlm.nih.gov/pubmed/20845627

Almagor, R. C. (2009). Euthanasia policy and practice in Belgium: Critical observations and suggestions for improvement. *Issues in Law and Medicine,* 23 (3) 193.

Amundsen, D. W. (1978). It's over Debbie: Journal of the American Medical Association, 259, 272.

Amsterdam Forum. (2005). *Boundaries of euthanasia: Does unbearable suffering have to be linked to terminal illness?*Retrieved January, 2005. http://www2.rnw.nl/rnw/en/features/amsterdamforum/050122af

Belgium woman, 93, gets the help to die that she wanted. Retrieved April 11, 2021. http://assistedsuicide.org/blog/2009/04/04/belgium-woman-93-gets-the-help-to-die-that-she-wanted

Binding, K. &Hoche, A. (1992).Permitting the destruction of unworthy life.*Issues in Law and Medicine,* 8, 231-265.

Carrick, P. (1955). *Medical ethics in Antiquity: Philosophical perspective on abortion and euthanasia.* Boston: Dordrecht.

CommissieonderzoekMedischeSduUnitgeverij PlantijnstraatPraktijkInzakeEuthanasie, Medische BeslissingenRond Het Levenseinde, 1, (1991) 13. [It is popularly referred to as the Remmilink Report]

Dappa, E.O. (2013). Euthanasia, Assisted Dying and the Tight to Die in Ghana: A Socio-Legal Analysis, Med Law 32(4):587-99.

Darwin, C. (1859). *The Theory of evolution, natural selection, science, humanity, God and Religion.*Retrieved March

4, 2021.http://www.spaceandmotion.com/charlse-Darwin-Theory-Evolution.htm

Davidson, H. (2016). Philip Nitschke: how the face of the voluntary euthanasia campaign became its outcast. https://www.theguardian.com/australia-news/2016/sep/22/philip-nitschke-how-the-face-of-the-voluntary-euthanasia-campaign-became-its-outcast(Accessed November 26, 2021).

*Definition of death.*Retrieved March 16, 2021. http://www.medterms.com/script/main/art.asp?articlekey=33438

Dignitas founder plans assisted suicide of healthy woman.(2009). Retrieved April 3, 2021. http://www.timesonline.co.uk/tol/news/world/europe/article602194.ece

Dutch Euthanasia Review Committees published Report 2021 (2022) Retrieved January 17, 2023.

https://wfrtds.org/dutch-euthanasia-review-committees-published-report-2021/

Dutch Doctor Admits to Killing 4 Newborns with Lethal Injection. Retrieved November 18, 2021. http//www.lifesitenews.com/idn/2005/apr/05042706.html

Dutch Way of Death: Dutch health minister now urging government to permit suicide pills for healthy old people. (2001, April 20).*San Francisco Chronicle*. http://www.lifesitenews.com/idn/2010/jan/10010708.html

Dutch Euthanasia deaths up significantly to 2,500, number still underreported. (2010)Retrieved January 9, 2021. http://www.lifesitenews.com/idn/2010/jan/10010708.html

EluanaEnglaro to die by dehydration after Italian high court ruling. (2008). Retrieved November 6, 2021. http://www.lifesitenews.com/idn/2008/nov/08111405.html

Emmanuel, E. J. (2001). Euthanasia: Historical, ethical and empiric perspective. In Ralph Baergen (eds.), *Ethics at the end of life.* (pp. 205-222). Idaho: Wardsworth.

Eugenical sterilization in Germany.(1933). Eugenical News. *Cold Spring Harbour Laboratory, 18,* 5.

European human Rights body speaks against euthanasia. Retrieved February 1, 2021. http://newsfromrussia.com/world/2005/04/27/59458.html

Ethics in Medicine.University of Washington. Retrieved March 28,2021.http://depts.washington.edu/bioethx/write/index.html

Father Lucas, Lucas. (2008). *Colombia seeks legalising murder*. Retrieved September 29, 2021. http://www.zenith.org/ article- 23717?=english

Ferrier, T (2019).'A very peaceful death': Euthanasia campaigner Nitschke to unveil high-tech death pod. https://www.smh.com.au/lifestyle/health-and-wellness/a-very-peaceful-death-euthanasia-campaigner-nitschke-to-unveil-high-tech-death-pod-20190509-p51lnd.html (Accessed 26 November 2021).

Fye, W. B. (1978a). Active euthanasia: An historical survey of its conceptual origins and introduction into medical thought, *Bulletin of the History of Medicine,* 52, 52.

Fye, W. B. (1978b). Active euthanasia: An historical survey of its conceptual origins and introduction into medical thought, *Bulletin of the History of Medicine,* 52, 492.

Gormally, L. (1994).*Euthanasia, clinical practice and the law*: The Linacre Centre for Health Care Ethics: London.

Harris, W. V. (1994). Child-exposure in the Roman Empire. *Journal of Roman Studies,* 54, 1-22.

Jackson, E. (2006). *Medical law, Text cases & materials.* New York: Oxford University Press.

Kuhse, H., & Singer, P. (1985).*Should the baby live*? New York: Oxford University Press.

Legalising euthanasia may pressure weak; don't back path of no return, says quadriplegic. (2008, August, 12). *South China, Morning Post.*

Luxembourg legalizes euthanasia after putting limits on Grand Duke's power. (2009). Retrieved March 19, 2021. http://www.catholicnewsagency.com/new.php?n=15419

Malthus, T. R. (1798). *An Essay on the Principle of Population* (6thedn.).A view of its past and present effects on human happiness, with an inquiry into our prospects

respecting the future removal or mitigation of the evils which it occasions. John Murray, London: Library of Economics, Liberty Fund Inc, 2000.

McQuoid-Mason, D.J. (2015).Doctor-assisted suicide: What is the present legal position in South Africa? *South African Medical Journal* (SAMJ) 105: 15

Montana Supreme Court legalizes doctor assisted suicide. (2010). Retrieved January 5, 2021. http://www.lifesitenews.com/idn/2010/jan/10010504.html

Nazi Germany's ministry of justice says euthanasia will reduce spending on terminally ill and disabled persons. Retrieved September 18, 2008. (1933). New York Times.(1933, August 10). P. 1. http://www.timesoftheinternet.com/5369.html

Nitschke launches online euthanasia manual. (2008). Retrieved October 14, 2021. http://alexschandenberg.blogspot.com/2008/10/nitschke-launches-online-euthanasia.html

Norchaya, Talib. (2002). *Euthanasia-A Malaysian perspective.* Asia: Sweet & Maxwell.

Omipidan, B.A. (2005): Euthanasia (Mercy Killing) and the Islamic Law perspective. *The University of Ilorin, Law Journal*, 2 (1); 188-197. Published by the Faculty of Law,University of Ilorin.

Omipidan, B.A. (2014): Modern culture of death; the stand of Islamic Law. *UnilorinShariah Journal*.2 (1); 133-1542, Published by the Department of Islamic Law, University of Ilorin.

Omipidan, B.A. (2013): The Concept of Euthanasia. In General Studies in the Social Science: Some Fundamental Topics Adeleke B.L &Abioje (ed.) 324-338. Published by the General Studies Division, University of Ilorin.

Omipidan, B.A. (2011): Evolving Human Rights Concerns on Euthanasia: Why Nigeria Must Act fast. *Human Rights Review (HRR),* 2, (2): 394 -424. Published by the Department of Public Law, Ahmadu Bello University,

Zaria, Nigeria and The National Human Rights Commission of Nigeria.

Omipidan, B.A. (2012a) Legalising Euthanasia and Assisted Suicide: In the Light of theNew U.K Guidelines on Assisted Suicide; Why Other Countries Must Act Fast.

Confluence Journal of Jurisprudence and International Law.*Journal of Jurisprudence and International Law*, 5 (1) 29-39. Published by the Departmentof Jurisprudence and International Law, Faculty of Law, Kogi State University,Anyigba, Nigeria.

Omipidan, B.A. (2012b): The Practice of Euthanasia under the Dutch (Netherlands) law and theSlippery Slope Principle; A Danger Signal to other countries. *Journal of Jurisprudence and International Law*, 5 (1) 1-13. Published by the Departmentof Jurisprudence and International Law, Faculty of Law, Kogi State University, Anyigba, Nigeria.

Omipidan, B.A. (2013a): Passive Euthanasia In the Light of Ariel Sharon's Death, *Kogi State University Bi-Annual Journal of Public Law* (KSU BJPL) 5 (1); 157-172. Published by the Department of Public Law, Faculty of Law, Kogi State University, Anyigba.

Omipidan, B.A. (2013b): Euthanasia and the Nigerian Criminal Code Laws: A Need for Review, *Journal of Public Law & Constitutional Practice,* 5: 21-58. Published by Department of Public Law, University of Jos.

Omipidan, B.A. (2013c): Euthanasia: In the Light of Yar'adua's Death; Killing and Letting to Die Distinguished. *NIALS Journal of Law & Gender* 111-140. Published by National Institute for Advance Legal Studies, Abuja.

Omipidan, B.A. (2014): Decision Making Towards the End of Life: Euthanasia as A Dangerous Option.*Kogi State University Bi-Annual Journal of Public Law (KSU BJPL),* 6, (1):117-126. Published by the Department of Public Law, Faculty of Law, Kogi State University.

Omipidan, B.A.: (2014) Specific legislation as a way of averting death of terminally ill and other vulnerable people. *Journal of Public Law & Constitutional Practice,* 6: 21-58.Published by Department of Public Law, University of Jos.

Omipidan, B.A.: (2015) The Principle of Autonomy in the Light of Brittany Maynard's Assisted Suicide Death. *Journal of Public Law & Constitutional Practice,* 7: 150-159. Published by Department of Public Law, University of Jos.

Omipidan, B.A. (2017): Euthanasia In the light of the case of Medical and Dental Practitioners Council versus Martha Okonkwo; Why Nigeria Must Act Fast. *De JuriscopeLawJournal,* 83-100.Published by the Department of International Law and Jurisprudence, ChukwuemekaOdumegwuOjukwu University, Igbariam (FormerlyAnambra State University.

Omipidan, B.A &Omidoyin, T.J.: (2017) Legal Issues in Organ Donation and Transplantation: Autonomy, Confidentiality, Consent and Capacity in Focus. *Novena University Law Journal,* 2 (1) 99-117 (NULJ). Published by College of Law, Novena University

Ogume, Delta State.

Omipidan, B.A &Adekeye I.V.: (2017) Medical Confidentiality: A Right With Limitations. *Ekiti State University Law Journal,* 8: 11-124 (EKSULJ). Published by Faculty of Law, Ekiti State University, Ekiti State.

Omipidan, B.A &Omidoyin T.J.: (2017) The Legality of a Foetus as a Human Being. *Abuad Journal of Public and International Law,* 3 [1] 307-316 (AJPIL). Published byDepartment of Public and International Law, College of Law, AfeBabalola University, Ado-Ekiti, Ekiti State.

Omipidan, B.A &Omidoyin T.J.: (2018) Examination of the Court's Decision in Bolitho and Bolam's Cases and its significance to Medical Negligence Cases. *The Journal*

*of Jurisprudence and Contemporary Issues,*10 (1): 88-96. Published by Faculty of Law, Rivers State University, Port Hacourt.

Omipidan, B.A. (2010): Legalisation of euthanasia and assisted suicide by the back door: The role of the judiciary. *The Law Review,* 226-242. Published by Sweet and Maxwell. Available online at https://login.westlawasia.com

Omipidan, B.A. &PuteriNemie J.K. (2010): Withdrawing and withholding medical treatment: A comparative Study between the Malaysian, English and Islamic Law. *Medicine and Law Journal,* 29, 443-461. Published by West Law, London.
Available online at https://www.ncbi.nlm.nih.gov.

Omipidan, B.A. (2011): The principle of quality of life versus sanctity of life in theeuthanasia debate: Where does Islamic law stands? *International Islamic University Malaysia, Law Journal,* 19 (1); 51-67. Published by International Islamic University, Malaysia, IIUM Press, Research Management Centre, Kuala Lumpur. Available online at http://journals.iium.edu.my/iiumlj/index.php/iiumlj/article/view/3

Omipidan, B.A. (2012): Mobile euthanasia clinic: An expansion of the Dutch (Netherlands) Euthanasia Law without formal amendment. *The Law Review,* 201-210. Published bySweet & Maxwell. Available online at https://login.westlawasia.com

Omipidan, B.A. (2013): Euthanasia as a contemporary issue in the jurisprudence of right: The position of Islamic Law. *Yonsei Law Journal,* 4 (1) Published by Institute for LegalStudies Yonsei University, 85-112. Available online at
http://ils.yonsei.ac.kr/ils/journal/yonsei_law_journal.doOmipidan, B.A. (2015): The effect of the Legalisation of assisted suicide by the CanadianSupreme Court without parliamentary backing.

The Law Review, 110- 121. Published by Sweet & Maxwell. Available online at https://login.westlawasia.com

Omipidan, B.A: (2018) The Euthanasia of an 80 year old woman; A Negation of the Dutch(Netherland) Euthanasia and Assisted Suicide Laws, Legal Network Series 1 LNS (A)XXXVII. Published by Legal Network Series, Malaysia. Available online at https://www.cljlaw.com

Omipidan, B.A: (2018) Right to Life and the effect of the March 9, 2018 Decision of the Indian Supreme Court to Legalize Passive Euthanasia in the Light of Narayan Lavate&Iravatis request to Die, Legal Network Series 1 LNS (A) XXXIV. Published by Legal Network Series, Malaysia. Available online at https://www.cljlaw.com

Omipidan, B.A.: (2018) Current Agitations for Euthanasia; Why It Should no longer be Linkedto the Greek and Romans. *The Law Review*, 106-119. Published by Sweet & Maxwell. Available online at: https://login.westlawasia.com

Oregon Death with Dignity Act 2020 Data Summary (2021). https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf (Accessed November 19, 2021).

Perrie, S. (2021).Suicide Capsule Machine Gets Approved For Use In Switzerland https://www.ladbible.com/news/uk-university-of-oxford-astrazeneca-vaccine- approved-for-use-in-uk-20201230 (accessed December 3, 2021).

Plass, P. (1995). *The game of death in ancient Rome: Sport and political suicide.* Wisconsin: University of Wisconsin Press.

Planning for worse than taxes. *Los Angeles Times Editorial.* (2005, March 22).

PuteriNemie, JahnKassim. (2007). *Law and ethics relating to medical profession*. Selangor DarulEhsan: International Law Book Series.

Researcher to Dutch Government: Allow Euthanasia for Newborns based on foreseeable suffering. (2009). Retrieved December 8, 2021. http://www.lifesitenews.com/idn/2009/dec/09120811.html.

Sanger, M. (1918).Eugenics aims to secure better babies: Medical journalists advocate birth control. *Birth Control Review 2* (10), P. 4

Schadenberg, A. (2021). Swiss assisted suicide deaths increase. Problems continue.
https://alexschadenberg.blogspot.com/2021/02/swiss-assisted-suicide-deaths- increase.html (Accessed December 2, 2021).

Scobie, A. (1986). Slums sanitation and morality in the Roman World.*Klio, 68*, 399-433.

Smith, W. J. (2008). *Auto euthanasia culture of death: The Netherlands.*Retrieved August 20, 2021. http://www.wesleyjsmith.com/blog/2008/06/now-it's-autoeuthanasia-in-netherlands.html;20/06/2008

Smith, W. J. (2009). *Netherlands euthanasia statistics: Not even telling half the story.*Retrieved February 6, 2021. http://www.wesleyjsmith.com/blog/2008/04/netherlands-euthanasia-statistics-not.html

Thanissaro, Bhikku. (1994). *Buddhist monastic code.1, (4) parajika.*Retrieved August 22, 2021. http://www.accesstoinsight.org/lib/authors/thanissaro/bmc1/ch04.html

The Belgian Act on euthanasia of 28 May, 2002. *European Journal of Health Law, 10*, 329-333.

The legacy of Terri Schiavo. (2009). Retrieved February 10, 2021. http://weeklystandard.com/Content/Public/Articles/000/000/005/443gtvyx.asp?pg=1

The World Medical Association Resolution on euthanasia adopted by the World Medical Association's General Assembly, Washington. (2002). Retrieved January 13, 2021. http://www.Wma.net/e/policy/e13b.htm

World Health Organization (2017).*Depression and other common mental disorders: global health estimates. Geneva: World Health Organization, 2017. https://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/*

World health statistics 2018.*World Health Organization, 2018. Available: http://apps.who.int/iris/bitstream/handle/10665/255336/9789241565486eng.pdf;jsessionid=7A6C46D234B30AA610C4C3D250677E64?sequence=1 [Accessed 2020-07-04].*

World Health Organization *Suicide, 2019. Available: https://www.who.int/news-room/factsheets/detail/ suicide [Accessed 7 Apr 2020.*

World Health Organization (2019). *Suicide in the world: global health estimates. Geneva: World Health Organization: 1–33.*

World Health Organization (2020).*Preventing suicide: a global imperative, 2014. Available: https://www.who.int/publications/i/item/preventing-suicide-a-global-imperative [Accessed 16 Jul 2020].*

700 doctors ask that Eluana's life be spared. Retrieved January 15, 2021. http://www.lifesitenews.com/idn/2009/jan/0911301.html