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The Sovereign Touch: Affective Necro power, Thanatopolitical Governance, and the Aporia of Ethical Relationality in Terminal Care

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Abstract

In the embrittled interstice between life and death, caregiving hypothesizes a paradoxical sovereignty - a 'touch' that collars the power to nurture and relinquish, to revitalize and to acquiesce cessation. This paper ventures into that impalpable vicinity of terminal care where euthanasia is neither a biomedical intercede nor a moral propriety, but a dense ethical dispositive- a locus where affect, governance, biopolitics, and relational vulnerability decussate. By theorizing the practice of euthanasia through the triadic lens of affective necro power, thanato-political control, and aporetic ethical relationality, this study canvases the deep ambivalence that trusses late modern care regimes at the end of life. Ratiocinating from the works of Foucault's conception of biopower and Achille Mbembe's necro-politics, the paper emphasizes the emergence of a hybrid modality, called affective necro power, through which death is administered not only by institutional mechanisms but through the emotionally saturated labour of caregivers. Here, care is simultaneously intimate and instrumental, tender and technologized, caught in the apparatus of governance that transforms dying into a manageable, often programmable, outcome. This transformation is made legible through medical rationalization, legal codification, and the normalization of euthanasia as a form of merciful closure. Yet this "sovereign touch", the moment in which the caregiver becomes the medium through which death is either delayed or authorized, reveals a deeper thanatopolitical logic including the right to decide who may die, and under what ethical, legal, and emotional conditions. The caregiver, especially within palliative or end-of-life care, is not a neutral facilitator of relief, but a morally interpellated subject, acting at the convergence of



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state-sanctioned protocols and affective imperatives. Euthanasia, positioned as a solution to suffering, often obscures the radical unknowability of the Other's pain and the impossible demand to act justly within a framework of asymmetrical ethical obligation. This aporia is not a failure of action but a condition of ethical existence in itself, the one that resists closure, certainty, and codification. In challenging the liberal discourse of autonomy and the sanitized language of "dying with dignity," this paper critiques how bioethical norms often efface systemic abandonment, structural violence, and the slow death of the socially invisible. Through a transdisciplinary methodology that incorporates feminist care ethics, post-structuralism, medical humanities, and affect theory, the study reconceptualizes euthanasia as a philosophical event: a zone of ethical tension, sovereign power, emotional labour, and relational vulnerability. Ultimately, this paper proposes a reimagining of terminal care not as a clinical endpoint, but as a radically open ethical space, where responsibility is not fulfilled by resolution, but by the courage to engage with the demanding complexities of care.

Keywords: Euthanasia, thanato-political, necro-politics, affective labour, care ethics, terminal care, aporia, narrative ethics

Introduction

"To care is to enter into a world of tension, vulnerability, and exposure - a world where the boundary between giving life and surrendering to death is not only blurred, but ethically saturated." - Eva Kittay

In the final thresholds of human life, where breath thins and time folds into a precarity of presence, the figure of the caregiver becomes both witness and agent, caught in a delicate and often agonizing dance with mortality. In such terminal encounters, particularly those involving assisted dying or voluntary euthanasia, caregiving exceeds its conventional definitions and emerges as an ontological condition of ethical exposure, emotional entanglement, and sovereign intervention. This paper explores how the caregiver, situated at the interstice between biopolitical governance and affective relationality, becomes a site through which power, care, and death converge "the sovereign touch."

Drawing upon Michel Foucault's concept of biopower, which denotes the modern state's investment in regulating life processes, this study traces how the management of death has migrated from the spectacle of public execution to the privatized, medicalized space of terminal care. In *The History of Sexuality*, Foucault famously states, "The ancient right to



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take life or let live was replaced by a power to foster life or disallow it to the point of death” (Foucault 138). Yet as Achille Mbembe later argues in his seminal text *Necro-politics*, contemporary regimes of power do not simply “disallow life,” but actively administer and orchestrate death itself, governing through what he calls necro-power, a power that exposes certain bodies to premature death while preserving others. Within this matrix, euthanasia surfaces not merely as an ethical act of release, but as a thanato-political instrument, a mode of governance in which the timing, mode, and moral framing of death are controlled. However, what complicates this logic is the emotional labour involved in making such decisions. The caregiver, in facilitating or bearing witness to euthanasia, is no longer outside the state’s domain of sovereign power but is in fact its affective extension. Their touch - both literal and metaphoric, becomes the sovereign’s hand, cloaked in compassion but animated by law, policy, and bioethical discourse. In this sense, caregiving is a politically charged act of mediation, straddling the realms of tenderness and *techne*, ethics and biopolitics, autonomy and abandonment.

At the heart of this inquiry lies an *aporia*, a term Jacques Derrida employs to denote an impassable paradox in ethical reasoning. In *The Gift of Death*, Derrida writes: “Responsibility is excessive or it is not responsibility. One must always respond to the singular, to the unique other, and yet this response must be justifiable to the general.” The caregiver in a euthanasia context is trapped within this *aporia*: their ethical obligation to relieve suffering is inseparable from the violence of deciding the end of another’s life. What emerges is an undecidability, not as an error in judgment, but as the very condition of ethical life, a space where decisions must be made even in the absence of full moral clarity. To understand this impasse more fully, the paper turns to Emmanuel Levinas, who insists that ethical responsibility arises not from abstract rules but from the face-to-face encounter with the Other’s vulnerability. For Levinas, the Other’s face is an infinite demand, one that destabilizes the ego’s sovereignty and calls it into responsibility. When transposed to end-of-life care, this demand is amplified: the dying body is not merely an object of care, but a profound ethical appeal, a presence that resists instrumentalization even as it asks for release. In this relational field, affect theory (as developed by scholars like Lauren Berlant, Sara Ahmed, and Brian Massumi) becomes indispensable. Emotions are not private states, but circulating forces that bind subjects to structures, histories, and norms. The feelings of guilt, relief, fatigue, love, and grief that suffuse terminal care are not apolitical. Rather, they form what Ahmed terms “affective economies”, networks through which bodies are oriented, governed, and regulated. Within such economies, the caregiver’s emotional labour is simultaneously pathologized and romanticized, invisibilized and idealized, professionalized



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and feminized. Moreover, liberal discourses around “the right to die with dignity” are interrogated as bioethical euphemisms, which often occlude deeper questions of social abandonment, disability justice, and structural precarity. The language of choice and autonomy, central to much of the euthanasia debate, is complicit in neoliberal individualism that disavows interdependency and renders systemic neglect invisible. As Rosemarie Garland-Thomson and Alison Kafer have shown, discourses on dignity and debility often reinscribe the ableist logics they seek to transcend.

This paper, then, does not seek to resolve the ethics of euthanasia. Rather, it proposes to dwell within the aporia, to linger in that space where sovereignty meets care, where affect becomes a technique of governance, and where ethical response is always already insufficient. By bridging continental philosophy, feminist ethics, critical medical humanities, and thanatopolitical theory, this study reimagines terminal care not as the endpoint of life, but as a theoretical and ethical threshold, where the task of thinking, like the act of caregiving, is both impossible and imperative.

Objectivity:

The overarching aim of this research is to reconceptualize euthanasia as a philosophical and ethical event, a space where the boundaries between care and control, tenderness and sovereignty, ethics and politics, are not resolved but productively unsettled. Through this lens, the study contributes to the fields of critical medical humanities, feminist philosophy, and biopolitical theory by offering a new vocabulary, affective necro-power, sovereign touch, and poethics of care, for understanding the entanglement of life, death, and responsibility in terminal care.

Literature Review

The contemporary discourse on euthanasia remains shaped by the twin paradigms of biomedical ethics and liberal moral philosophy, both of which conceptualize assisted dying primarily as a matter of individual choice and rational consent. Grounded in the principles of autonomy, beneficence, and non-maleficence (Beauchamp & Childress, 2019; Singer, 1993), these frameworks seek to determine whether and under what conditions euthanasia can be ethically justified. While this orientation has dominated medical and legal debates, it tends to abstract the question of dying from its affective, institutional, and structural contexts. The result is an ethical discourse that privileges self-determination over interdependence, and rational calculation over embodied vulnerability.

Critiques from feminist ethics and disability studies have exposed the limitations of this liberal individualism. Scholars such as Eva Feder Kittay (1999), Joan Tronto (1993), and Susan Wendell (1996) argue that autonomy-based ethics obscure the realities of dependency,



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inequality, and care labor that define human life. Similarly, critical disability theorists (Garland-Thomson, 2017; Gill, 1998) highlight how assumptions about “dignity” and “quality of life” are often inflected by ableist and neoliberal ideologies. In these critiques, euthanasia appears not merely as a personal moral choice but as a social practice embedded in hierarchies of value, an act that reflects how societies define the worth of vulnerable lives. This reorientation from moral autonomy to relational vulnerability has been reinforced within the medical humanities, where scholars such as Arthur Frank (1995) and Anne Whitehead and Angela Woods (2016) examine how narratives of illness and dying articulate tensions between control and surrender. Yet even in this body of work, the focus often remains on personal meaning-making rather than the broader mechanisms through which dying is governed. To understand euthanasia as both an ethical and political phenomenon, it is necessary to situate it within the historical logics of biopower and necro-politics.

Michel Foucault’s (1978, 2003) concept of biopower marked a crucial shift in understanding how modern power operates. Whereas sovereign authority once “took life or let live,” modern states “make live and let die”: they regulate health, productivity, and longevity as part of a general economy of life. Within this frame, euthanasia appears as an internal contradiction, a sanctioned act of killing justified through the very logic of care. Achille Mbembe’s (2003) theory of necro-politics extends Foucault’s analysis by showing how sovereignty is reconstituted through the management of death. Necro-power defines who may live and who may be allowed to die, not through overt violence alone but through the administration of slow or permissible death. When applied to contemporary end-of-life regimes, this framework illuminates how euthanasia can become an instrument of governance: an ethicalized form of killing performed under the sign of compassion. Following this trajectory, scholars such as Giorgio Agamben (1998) and Roberto Esposito (2008) have examined how modern institutions organize the temporalities of dying, a form of thanatopolitics in which “letting die” becomes an orchestrated process rather than a moral exception. This convergence of care, regulation, and death provides the conceptual backdrop for what the present study terms affective necro-power: the fusion of emotional labour and sovereign control in the administration of death.

While biopolitical theory elucidates the structural governance of life and death, it often neglects the emotional and ethical dimensions of caregiving. The feminist ethics of care (Gilligan, 1982; Tronto, 1993; Kittay, 1999) shifts moral inquiry from abstract principles toward relational practices of attention, empathy, and responsibility. Kittay’s work, in particular, frames care as a moral and political relation grounded in dependency, challenging the masculinist ideal of autonomy that dominates bioethics. At the same time, feminist



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theorists have problematized the gendered and racialized distribution of care labour (Glenn, 2010; Puig de la Bellacasa, 2017). In medical and familial settings, women and marginalized caregivers often bear the emotional cost of sustaining life and, paradoxically, of facilitating death. Within euthanasia, compassion functions as both an ethical virtue and a disciplinary expectation: caregivers must feel and perform care within regulated parameters. This instrumentalization of empathy exemplifies the double bind at the core of affective necro-power, where emotional labour becomes a mechanism of governance.

Sara Ahmed's (2004) theory of affective economies provides a bridge between feminist care ethics and biopolitical theory. Ahmed argues that emotions do not originate within individuals but circulate between bodies, producing attachments and moral orientations. Compassion, pity, and guilt are therefore political forces: they define who is recognized as suffering, whose pain demands response, and whose death can be felt as relief. The institutionalization of euthanasia can thus be read as part of a broader moral economy in which affect legitimizes the exercise of sovereignty.

The field of affect theory deepens this analysis by exploring how emotions exceed representation and operate as intensities that organize social and bodily relations (Massumi, 2002; Berlant, 2011). Within healthcare, affective labour becomes a key site of negotiation between personal empathy and institutional regulation. Scholars such as Deborah Gould (2009) and Kathleen Stewart (2007) reveal how affective atmospheres mediate power and vulnerability in ways that cannot be reduced to rational ethics. For caregivers, this means navigating between compassion and compliance, between feeling and form. At the philosophical level, Emmanuel Levinas (1969) and Jacques Derrida (1995, 2000) offer an ethics that resists resolution. For Levinas, responsibility emerges from the face of the Other as an infinite demand; for Derrida, every ethical act is aporetic, a decision taken without the assurance of justice. In the context of euthanasia, this undecidability manifests as the tension between care as preservation and care as release. The caregiver's touch thus becomes both tender and sovereign: an act of intimacy that also enacts power.

This paper draws upon Derrida's notion of aporetic ethics and Kelly Oliver's (2001) concept of response-ability to reframe euthanasia as a site of ethical witnessing rather than mastery. To write or think about death, in this sense, is itself an ethical act, an engagement with alterity that acknowledges the impossibility of closure.

Although the literatures on biopolitics, care ethics, and affect theory have developed in parallel, they rarely converge. Biopolitical analyses expose the structural logic of power but overlook emotion; affect theory emphasizes feeling but risks depoliticization; and care ethics foregrounds moral intimacy while neglecting sovereignty. This research seeks to



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synthesize these traditions through the conceptual triad of affective necro-power, sovereign touch, and poethics of care. By reading euthanasia through Foucault, Mbembe, Ahmed, Kittay, and Derrida, the study proposes that end-of-life care operates within an affective regime of governance in which emotion becomes both a technology of control and a condition of ethical encounter. The term sovereign touch captures this paradox: the caregiver's hand embodies both compassion and authority, care and command. Meanwhile, the proposed poethics of care gestures toward a mode of ethical engagement that is relational, narrative, and unresolved, an openness to vulnerability that resists bureaucratic closure.

In integrating these frameworks, this research positions euthanasia not as a medical-legal issue but as a philosophical event where the boundaries between love and law, care and control, are continuously negotiated. The existing literature offers fragments of this insight; this study seeks to articulate their convergence. In summary, the literature on euthanasia reveals a persistent divide between the moral language of care and the political logic of sovereignty. By bringing together critical biopolitics, feminist care ethics, affect theory, and deconstructive philosophy, this research constructs a new vocabulary for understanding dying as both governed and felt, a site of ethical intensity where emotion becomes the medium of power and the condition of responsibility.

Conceptual Framework

Drawing together insights from biopolitics, feminist care ethics, affect theory, and deconstructive philosophy, this study develops an integrative conceptual framework to re-theorize euthanasia as an affective and political phenomenon rather than a purely moral or medical issue. The framework revolves around three interrelated concepts, affective necro-power, sovereign touch, and poethics of care, which together illuminate the entanglement of emotion, power, and ethics in the governance of dying.

1. Affective Necro-power

The first concept, affective necro-power, emerges at the intersection of Foucault's (1978) biopower and Mbembe's (2003) necro-politics, extended through the emotional turn inaugurated by affect theory. Whereas biopolitics focuses on the management of life and necro-politics on the sovereign control of death, affective necro-power designates the emotional economy through which this control is mediated. It describes how institutions mobilize compassion, empathy, and guilt to render death not only permissible but morally desirable under certain conditions.

In end-of-life contexts, the rhetoric of "dying with dignity" often conceals complex affective infrastructures- protocols, affective expectations, and moral performances, through which caregivers, patients, and institutions negotiate the legitimacy of death. Drawing on



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Ahmed's (2004) notion of affective economies, this study understands euthanasia as governed through the circulation of feeling: compassion becomes a vector of authority, and emotion becomes an instrument of governance. Affective necro-power thus names the fusion of feeling and sovereignty that characterizes contemporary euthanasia debates.

2. Sovereign Touch

From the affective logic of necro-power arises the second concept: the sovereign touch. This term captures the paradoxical nature of care at the threshold of death, how gestures of tenderness can simultaneously enact authority. The caregiver's hand, in its intimacy, becomes a conduit of institutional power; the act of care, though grounded in empathy, operates within a juridical and medical apparatus that sanctions life and death decisions.

The sovereign touch thus reframes the caregiver's emotional labour as both ethical and political. It recalls Derrida's (1995) meditation on the aporia of responsibility and Levinas's (1969) emphasis on proximity as the site of ethical demand. The touch that consoles may also terminate; the touch that comforts may execute. This ambivalence does not negate the ethics of care but radicalizes it, revealing how ethical relation and sovereign power are co-constitutive rather than opposed. The concept serves as a phenomenological figure through which the study examines how care materializes power, and how emotion operates as a medium of governance.

3. Poethics of Care

The third construct, poethics of care, offers a counterpoint to the administrative rationality of affective necro-power. Borrowing from Derrida's (2000) and Oliver's (2001) reflections on response-ability, it proposes an ethics grounded not in resolution but in responsiveness, a willingness to remain with the undecidable. The prefix "po-" signals both poiesis (creation) and poetics (attentiveness to language and form): care is not merely a moral act but a creative and narrative practice through which meaning, responsibility, and relation are continually reconstituted.

Within this framework, caring for the dying is conceived as an ongoing negotiation with finitude, an ethical performance that resists closure. The poethics of care thus stands against procedural moralism and legalistic certainty, emphasizing instead the narrative, relational, and affective dimensions of responsibility. It transforms euthanasia from a question of moral correctness into a site of ethical encounter, where each decision is provisional, context-bound, and exposed to alterity.

4. Integrative Logic

Together, these three constructs form an analytical triad that structures the research. Affective necro-power exposes how euthanasia operates within emotional regimes of governance;



sovereign touch captures how care becomes the embodied site of this governance; and poethics of care gestures toward a critical reimagining of ethics beyond control, toward vulnerability and openness.

This conceptual synthesis enables the study to move beyond polarized debates between autonomy and sanctity, compassion and legality. It positions euthanasia as a philosophical event where power and tenderness, institution and emotion, converge. By foregrounding affect as both a site of subjection and a medium of ethical possibility, the framework offers a novel lens for examining how societies manage death and how individuals inhabit its moral and emotional complexities.

Research Gap and Future Prospects

Despite extensive ethical, legal, and medical debates surrounding euthanasia, contemporary scholarship remains predominantly confined within biomedical ethics and juridical rationality. The question of assisted dying is often reduced to a moral binary—autonomy versus sanctity, compassion versus legality, framed within the language of rights, consent, and procedural safeguards. While these approaches are indispensable for policy discourse, they leave the affective, relational, and structural dimensions of care largely unexamined. The result is an analytical gap between the macro-politics of governance and the micro-ethics of caregiving, between institutional regulation and the lived affective realities of dying.

Moreover, philosophical treatments of euthanasia have tended to oscillate between deontological ethics (duty, rule, and prohibition) and consequentialist frameworks (utility, relief, and outcomes). Both paradigms presuppose a sovereign subject capable of rational choice, thereby overlooking how affective dependency, social vulnerability, and structural inequality shape the experience of end-of-life decision-making. Feminist and disability scholars like Kittay, Garland-Thomson, have noted this oversight but rarely engage with euthanasia through the lens of affect theory or biopolitics, which can illuminate how emotions themselves become tools of governance.

A second gap concerns the embodied ethics of care, the phenomenology of touch, intimacy, and affective labour in contexts of dying. While sociological work has addressed burnout, grief, and moral distress among caregivers, these discussions often treat emotion as an individual response rather than as a political technology embedded in institutional regimes of power. The subtle violence of tenderness, how gestures of care can reproduce sovereign control, remains an under-theorized site of inquiry. The concept of the sovereign touch introduced in this paper directly addresses this absence by linking the affective to the political and the ethical to the governmental.



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Thirdly, existing biopolitical analyses of euthanasia often stop at structural critique, tracing how states manage life and death, but seldom explore ethical resistance within these structures. There is limited theorization of how caregivers, patients, and communities might inhabit or subvert necropolitical regimes through alternative forms of relationality and meaning-making. The poethics of care proposed here intervenes precisely at this juncture, suggesting that ethical agency can persist even within apparatuses of control, through practices of responsiveness, narrative creation, and shared vulnerability.

Finally, there is a disciplinary gap between the humanities and medical ethics: philosophical explorations of euthanasia often remain abstract, while empirical research in palliative care tends to bracket philosophical depth. This study bridges that divide by proposing a conceptual framework grounded in affect theory and deconstructive ethics but oriented toward real-world caregiving encounters. It thus contributes to the emerging field of critical medical humanities, where the affective and the political are treated as co-constitutive dimensions of care.

Future Research Prospects

Building on these interventions, several pathways for future scholarship emerge:

1. Empirical Elaboration of Affective Necro- power: Future research could ethnographically or phenomenologically examine how emotional norms, such as compassion fatigue, professional detachment, or moral distress, function as regulatory forces within hospitals, hospices, and eldercare institutions. This would operationalize affective necro-power as an analytical lens for medical anthropology and care ethics.
2. Comparative Studies of Sovereign Touch: Cross-cultural research could explore how the “sovereign touch” manifests in different sociopolitical contexts, legal regimes, and caregiving traditions. Such comparative inquiry would reveal how cultural scripts of intimacy, gender, and duty mediate the ethical performance of care at the end of life.
3. Development of a Poethical Praxis: The poethics of care could be developed into a framework for caregiver training, narrative medicine, or reflective writing in palliative contexts, transforming theoretical insight into ethical pedagogy. Future studies could examine how poetic and narrative expression facilitate moral resilience and empathy among healthcare professionals.
4. Intersectional Extensions: Further work should investigate how race, disability, class, and neurodivergence shape experiences of euthanasia and vulnerability. Integrating intersectional and disability studies perspectives would deepen understanding of how structural inequality inflects moral decision-making and the distribution of care.
5. Technological and AI Dimensions: As digital technologies increasingly mediate end-of-life care (e.g., through robotic caregiving or algorithmic triage), future scholarship could



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extend this framework to interrogate how affective necro-power operates in posthuman or techno-medical contexts, where “touch” becomes virtual and emotion programmable.

6.Philosophical Expansion: The poethical turn suggested here invites further dialogue with existential phenomenology (Heidegger, Merleau-Ponty) and contemporary affect philosophers (Massumi, Clough). This could generate richer accounts of temporality, embodiment, and ethical indeterminacy in dying.

Methodology:

This research adopts a transdisciplinary, interpretive methodology rooted in critical theory, continental philosophy, and affect studies. It draws from Derrida’s notion of aporia, Levinasian responsibility, Foucault’s biopower, Mbembe’s necro-politics, and Ahmed’s affective economies. Literary texts, narrative case studies, and visual representations are analysed not as passive reflections but as dramatizations of ethical intensity. This study adopts a transdisciplinary, interpretive, and critical methodology that draws upon philosophical analysis, affect theory, and feminist ethics of care to examine euthanasia as both an ethical and political phenomenon. Rather than approaching assisted dying as a medical or legal question, this project treats it as a site where care, sovereignty, and emotional labour converge in complex ways. The methodological orientation is thus not empirical but conceptual: it aims to illuminate the affective and structural dynamics that underlie what is here theorized as affective necro-power.

1.Research Design

The research design follows a qualitative, interpretive model rooted in philosophical hermeneutics and critical theory. It resists the positivist assumption that euthanasia can be understood through quantifiable data or universally applicable moral frameworks. Instead, the study treats philosophical, literary, and institutional texts as sites of discourse that studies how dying, caring, and governing are intertwined. The method involves reading these texts as events of thought: occasions where ethical, emotional, and political tensions emerge and demand reflection. This orientation is informed by Foucault’s analysis of biopower and the governance of life and death (1978), Mbembe’s articulation of necro-politics (2003), Levinas’s phenomenology of ethical responsibility (1969), Derrida’s theory of aporia and undecidability (1995), and the feminist and affective frameworks of scholars such as Ahmed (2004), Kittay (1999), and Puig de la Bellacasa (2017).

Through this plural approach, the methodology seeks to balance structural critique and ethical responsiveness. Critical theory provides the vocabulary for understanding how institutions and power relations regulate life and death, while phenomenological and feminist ethics foreground embodied vulnerability, care, and interdependence. The research therefore



operates at the intersection of the political and the intimate, where dying is both a sovereign decision and an affective encounter.

2.Data Corpus

The data corpus for this study consists primarily of texts. These include philosophical works (such as Foucault, Mbembe, Derrida, Levinas, and Butler), literary narratives that dramatize the lived experience of dying including texts like, *Wit*, *The Death of Ivan Ilyich*, *Never Let Me Go*, *Mrs. Dalloway*, and *The Undying*, and institutional or policy documents that regulate assisted dying and end-of-life care. These sources were selected because they represent distinct registers of discourse: the philosophical texts construct conceptual frameworks, the literary works embody phenomenological and emotional dimensions, and the institutional materials expose the administrative and procedural language that governs euthanasia. Together, they allow for a triangulated reading of euthanasia as both a moral discourse and a biopolitical technology.

3.Textual analysis

The process of analysis follows a hermeneutic and deconstructive trajectory. The first stage involves close reading to identify motifs of control, tenderness, temporality, and dependency within the selected texts. The second stage, theoretical mapping, links these motifs to broader philosophical and political frameworks, such as Foucault's notion of biopower, Mbembe's necro-politics, and Ahmed's affective economies, to trace how emotional and moral discourses participate in the governance of dying. The third stage, synthetic interpretation, develops new conceptual formulations, such as affective necro-power, sovereign touch, and poethics of care, that emerge from the interstices of theory and text.

Because the study deals with death, care, and suffering, ethical considerations are central to its methodology. The analysis is guided by the principle of representational ethics. It seeks to engage with depictions of dying and pain without aestheticizing or appropriating them. As Oliver (2001) suggests, interpretation must be an act of witnessing, a mode of response-ability rather than mastery. The researcher adopts a reflective stance, recognizing that writing about death is itself an ethical act (Derrida, 1995). Throughout the process, feminist care ethics (Kittay, 1999; Tronto, 1993) inform the analysis, ensuring attentiveness to questions of power, dependency, and relational vulnerability.

4.Limitations

The study also acknowledges its limitations. As a conceptual and interpretive inquiry, it cannot produce empirical generalizations or predictive models. Its strength lies instead in conceptual clarity and interpretive depth. The corpus is primarily Western, reflecting a



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historical and cultural context in which euthanasia debates have been most institutionalized. Consequently, its conclusions are not universally representative and would benefit from future comparative analyses involving non-Western ethical traditions. Furthermore, because multiple theoretical frameworks are mobilized, like biopolitics, affect theory, deconstruction, phenomenology, the analysis may at times risk theoretical density. This complexity is managed through transparent exposition and consistent thematic organization.

5. Rigor and validity

To ensure rigor and validity, the study employs several strategies. Theoretical triangulation, drawing on Foucault, Mbembe, and feminist affect theory which prevents any single framework from dominating interpretation. Reflexive journaling accompanies the analytical process, documenting interpretive shifts and ensuring self-awareness of methodological choices. Preliminary findings are also subjected to peer discussion within the academic community of medical humanities, offering a form of dialogical validation. Finally, textual fidelity is maintained through precise citation and careful attention to the internal logic of each text.

6. Theoretical framework

The study's theoretical framework is organized around three interrelated axes: biopower and necro-politics, affective economies and feminist care ethics, and aporetic ethics of responsibility. Together, these frameworks illuminate euthanasia as a site where emotional, institutional, and ethical forces converge. Foucault and Mbembe provide a vocabulary for analysing the political management of life and death; Ahmed, Kittay, and Puig de la Bellacasa expose the gendered and affective dimensions of care; and Derrida and Levinas offer an ethics of undecidability and responsibility that challenges procedural moralism. The synthesis of these frameworks produces three key conceptual insights: affective necro-power, which denotes the intertwining of emotion and sovereignty; thanatopolitical temporality, which captures the governance of dying through time; and aporetic ethics of care, which envisions responsibility as ongoing and irresolvable.

This methodological framework transforms euthanasia inquiry from a biomedical question into a philosophical cartography of care and sovereignty. By reading texts as ethical events, it illuminates how dying is both governed and felt. Its rigor derives not from quantification but from interpretive precision, theoretical coherence, and ethical reflexivity, qualities that align with contemporary standards in the critical medical humanities and feminist philosophy of care. In sum, this methodological framework transforms euthanasia from a medical-legal issue into a philosophical inquiry into care, sovereignty, and vulnerability. By reading texts as ethical events rather than static artifacts, the study seeks to



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reveal how dying is both governed and felt or regulated by institutions yet saturated with emotional and moral significance. Its validity lies not in empirical verification but in conceptual rigor, interpretive coherence, and ethical sensitivity. In this way, the methodology aligns with contemporary approaches in critical medical humanities and feminist philosophy of care, which emphasize the inseparability of affect, power, and ethical responsibility in the study of human mortality.

Research Questions

This study seeks to interrogate euthanasia not merely as a biomedical or moral decision, but as an affective and political phenomenon in which care, sovereignty, and emotional labour intersect. Drawing upon Foucault's notion of biopower, Mbembe's necro-politics, Derrida's aporia, and feminist care ethics, the research reconfigures euthanasia as a site where affect becomes an instrument of governance and where ethical action is perpetually undecidable. The following questions guide this inquiry:

1. How can euthanasia be re-conceptualized as an affective and political practice wherein care functions both as tenderness and as a form of sovereign power?
2. In what ways does affect operate as a technology of governance within the institutional and ethical discourses surrounding end-of-life care?
3. How does the caregiver's "sovereign touch" mediate the paradox between intimacy and authority, compassion and control, at the threshold of death?
4. How might a poethics of care reframe euthanasia beyond the procedural rationalities of autonomy and consent toward an ethics grounded in relational vulnerability and responsiveness?
5. What structural and affective asymmetries, of gender, class, and labour, shape the ethical experience of caregiving and euthanasia within late modern care regimes?

Significance of the Study

The significance of this study lies in its reconfiguration of euthanasia as an affective, political, and ethical phenomenon that exceeds conventional biomedical or moral frameworks. Whereas existing scholarship often approaches euthanasia through the dual lenses of legality and autonomy, this paper foregrounds the affective, relational, and sovereign dimensions of end-of-life care. By theorizing euthanasia through the conceptual triad of affective necro-power, sovereign touch, and poethics of care, the research intervenes in the ongoing debates on bioethics and palliative care, proposing a paradigm that situates emotion and vulnerability at the heart of ethical deliberation.

This approach makes three key contributions.



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First, it extends Foucauldian and Mbembean thought into the intimate domain of caregiving, revealing how power operates not only through institutional protocols but through the embodied emotions and gestures of caregivers. In doing so, it illuminates how compassion, guilt, and love can be mobilized as instruments of governance, rendering affect an essential component of necropolitical control.

Second, the study deepens the discourse on care ethics by drawing on feminist and phenomenological traditions that frame care as a site of moral exposure and relational risk. It reveals how caregivers, often women or marginalized workers, inhabit the paradox of administering both nurture and cessation, thereby transforming the ethics of care into an ethics of sovereignty.

Third, by proposing a poethics of terminal relationality, the paper contributes to the medical humanities and critical affect studies, offering an interpretive framework that values narrative, sensitivity, and open-ended responsibility. This perspective challenges the procedural rationalities of “dying with dignity” and re-centers terminal care as a space of ethical creativity, where meaning is made not through resolution but through witnessing, presence, and emotional resonance.

Ultimately, the study’s significance lies in its invitation to rethink euthanasia not as an endpoint but as an ethical encounter, one that demands humility, imagination, and relational courage in the face of mortality. It contributes to a growing interdisciplinary conversation that seeks to humanize death while acknowledging the structural, affective, and philosophical complexities that govern its administration.

Section 1: Biopower, Necro-politics, and the Technics of Dying

The governance of life in contemporary healthcare systems is deeply entangled with what Michel Foucault called biopower, the set of mechanisms through which the modern state “makes live and let’s die” (The History of Sexuality, 1978). Biopower functions through the administration of bodies and the regulation of populations, structuring the very conditions under which life is valued, prolonged, or abandoned. In terminal care, this power becomes most visible in the technocratic decisions surrounding when and how to end life, not only as a medical choice but as a political act. As Foucault noted, “If genocide is indeed the dream of modern powers, this is not because of a return to the ancient right to kill, but because power is situated and exercised at the level of life” (1978, p. 137). Achille Mbembe expands this logic into the terrain of necro-politics, the power to dictate “who may live and who must die” (“Necropolitics,” 2003, p. 11). In his formulation, the sovereign is not simply the one who decides the exception, but the one who manages death as a mode of control. Within the sanitized halls of palliative care, necropolitical decisions often masquerade as humanitarian



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choices. Yet, these are decisions saturated with affect, hierarchy, and structural violence. As Mbembe writes, modern sovereignty operates “through the generalized instrumentalization of human existence and the material destruction of human bodies and populations” (2003, p. 14). Euthanasia, then, is not merely a private, ethical question but a thanatopolitical mechanism that reveals the entwinement of care and control.

This paradox is hauntingly captured in Margaret Edson’s play *Wit* (1999), where the protagonist, Vivian Bearing, a professor dying of ovarian cancer, is subjected to the institutional protocols of aggressive treatment with little attention to her humanity. “Now is a time for simplicity. Now is a time for, dare I say it, kindness,” Vivian pleads, marking a late recognition that care cannot be reduced to cure. The play dramatizes how institutionalized technics of dying override ethical attentiveness to suffering, exemplifying Foucault’s and Mbembe’s claims that modern power governs even the terms of a subject’s death.

In this frame, death is not a biological event alone but a governed process, which is technicized, institutionalized, and deeply gendered. As feminist philosopher Maria Puig de la Bellacasa reminds us, “care has been an invisible infrastructure of contemporary capitalism” (Matters of Care, 2017, p. 5), and nowhere is this more evident than in terminal caregiving, where the labour of dying is outsourced to underpaid, emotionally taxed, often female caregivers. Thus, the technics of dying, comprising, life support withdrawal, sedation protocols, do-not-resuscitate orders but instead become a choreography of sovereign gestures. These are not only medical procedures but affective and political acts, woven into the discourses of “quality of life,” “compassionate choice,” and “dignified death.” The paradox is that while euthanasia is often framed as an act of liberation from suffering, it is also embedded in the necropolitical logic that governs who is permitted to die, how, and under what circumstances.

A similar ethical dissonance echoes in Leo Tolstoy’s *The Death of Ivan Ilyich*, in which the protagonist, nearing death, becomes increasingly aware of the falsity of the institutionalized empathy surrounding him: “What tormented Ivan Ilyich most was the deception, the lie...that he was not dying, but was simply ill.” Tolstoy’s portrayal reveals how institutional denial of death contributes to an affective erasure, where the subject’s autonomy is systematically stripped away beneath bureaucratic empathy. Here, death is both hyper-visible in its management and invisible in its truth.

Thus, the technics of dying, which becomes a choreography of sovereign gestures, are not only medical procedures but affective and political acts, woven into the discourses of “quality of life,” “compassionate choice,” and “dignified death.” Euthanasia becomes the site where sovereignty touches the flesh - gently, cruelly, or tenderly, and in doing so reveals the



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inescapably political nature of end-of-life care. This section proposes that to understand euthanasia fully, we must examine not only its ethical rhetoric but its embeddedness in structures of governance, affective economies, and technocratic rationalities.

Section 2: The Affective Labors of Sovereign Touch

Terminal caregiving is not only a site of technical decision-making but a dense affective field. Sara Ahmed's theory of affective economies reminds us that emotions are not private states but circulate between bodies and institutions, "stick to some bodies more than others," and thus function politically (The Cultural Politics of Emotion, 2004, p. 11). In the context of euthanasia, this "stickiness" of emotion manifests in how compassion, guilt, relief, and sorrow become unevenly distributed across caregivers, patients, and families.

The concept of the "sovereign touch" in this context signals a dual power: to comfort and to terminate, to soothe and to sever. This gesture is not neutral. It is infused with what Lauren Berlant terms "cruel optimism", a structure of feeling in which the very things we hope will sustain us, also threaten to undo us (Cruel Optimism, 2011). The caregiver's hand that administers morphine may simultaneously embody affection and authority, vulnerability and violence.

Literary representations offer poignant articulations of this duality. In Kazuo Ishiguro's *Never Let Me Go* (2005), the cloned characters raised for organ donation confront the devastating affective burden of knowing they were made to die. Kathy, the narrator, reflects, "We all complete. Maybe none of us really understand what we've lived through, or feel we've had enough time." Her language of completion, a euphemism for euthanized harvesting, evokes both tenderness and terror, mirroring the ambiguity of the sovereign touch. Similarly, Virginia Woolf's *Mrs. Dalloway* (1925) subtly critiques the state-sanctioned administration of care and mental health. Septimus Smith, a war veteran suffering from PTSD, receives cold, mechanistic medical attention. His physician, Sir William Bradshaw, epitomizes biopolitical control disguised as benevolent care. Woolf writes: "He watched them go... He was glad he had done it; thrown it away." Septimus's suicide becomes a resistance to medical and affective regulation, revealing how "care" can become a mechanism of abandonment.

Joan Tronto and Berenice Fisher describe care as a set of interconnected phases: "caring about, taking care of, caregiving, and care receiving" (1990). But in euthanasia, these categories collapse. The caregiver must "take care of" by "letting go." The hands that once bathed, fed, and comforted now become instruments of sanctioned death. This affective labor is invisibilized and under-theorized. As Eva Kittay argues, care work demands not only



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physical presence but “emotional, moral, and cognitive effort that is irreducibly interpersonal and deeply affective” (Love’s Labor, 1999, p. xii).

Moreover, this labour is gendered and racialized. The majority of hospice workers, home aides, and palliative nurses are women, many from marginalized communities. Their affective endurance, what Maria Puig de la Bellacasa calls “care as a matter of troubled and troubling times” (2017, p. 4), becomes the silent infrastructure of dignified death. Yet, their sovereignty remains partial, delegated, conditional, and often unrecognized.

The sovereign touch, then, is not a singular gesture but a scene of accumulation: of past attachments, ethical ambivalence, and future grief. As Judith Butler notes, “What is most ethically binding is not always most available to consciousness” (Giving an Account of Oneself, 2005, p. 86). The caregiver’s affective labour cannot be fully narrated because it exceeds representation. It lingers in silences, in withheld tears, in the trembling of a hand that must steady itself long enough to perform a final act of care.

This section argues that euthanasia is not only an event but a slow unfolding, a temporal space where affect becomes the language through which sovereignty is both enacted and contested. The caregiver’s emotional labour is not peripheral to euthanasia; it is constitutive of its ethical texture.

Section 3: Thanatopolitical Governance and the Temporal Architectures of Letting Die

Thanatopolitics in literal sense stands as the politics of death, revealing the temporal and architectural strategies through which death is managed. Thanatopolitics, is defined by Achille Mbembe as the power to dictate “who may live and who must die” (Necropolitics, 2003), which extends its influence beyond the explicit enactment of death to include subtle, temporally stretched processes of “letting die.” Euthanasia, far from being an instantaneous act, is mediated by protocols, waiting periods, legal thresholds, and institutional timelines. Governance operates not only through sovereign decrees or medical verdicts but also through the strategic manipulation of time, pain, and waiting. The temporality of death, rather than its immediacy, becomes a terrain of control, where the state, the institution, and even the caregiver participates in orchestrating how death is approached, delayed, or permitted. These temporalities configure what Lauren Berlant calls “slow death”, a condition not of abrupt cessation but of extended suffering under the guise of managed care (2011).

In Ian McEwan’s novel *Amsterdam* (1998), the character Molly Lane is depicted in a prolonged vegetative state, her once vibrant personality reduced by institutional indecision and familial dispute. Her death is not sudden but staggered, managed through a choreography of deferral. The novel’s exploration of euthanasia unfolds through delays and permissions,



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echoing Anne Boyer's critique of the "bureaucratization of death" in *The Undying* (2019), where every step toward ending suffering is weighed down by institutional hesitation.

Thanatopolitical governance is a logic of pacing: it decides not merely if one should die, but when, how long to wait, what counts as futile, and who gets to decide. This power is sedimented in forms such as advanced directives, hospital ethics boards, and palliative care plans. As Foucault notes, governance is effective when it "structures the possible field of action of others" (1982). In end-of-life scenarios, this structuring produces a strange temporality, what Berlant calls "the impasse", a suspension where action is impossible, and meaning is deferred.

Michel Foucault's notion of biopower finds its temporal corollary in what could be called chrono-governance, a regime in which temporality itself becomes a disciplinary tool. The management of life is inextricably bound to the management of death, and in terminal contexts, delay and prolongation often become mechanisms of control. As Foucault argues, biopower "exerts a positive influence on life, endeavours to administer, optimize, and multiply it" (*The History of Sexuality*, Vol. 1, 1976), yet in doing so, it also "disqualifies death," rendering the dying subject invisible within the matrix of life-preserving imperatives. Terminal patients are thus caught in a double bind: simultaneously over-attended and under-recognized. They are monitored, sedated, and catalogued, yet their existential needs are often occluded beneath procedural logic. As Giorgio Agamben warns, the modern subject may be reduced to "bare life," stripped of political or ethical significance, existing in a state of suspended decision (*Homo Sacer*, 1998). In palliative environments, the ethical stakes of euthanasia often hinge less on the moment of death than on the drawn-out duration leading to it, on the slow violence of delay, the bureaucratic temporization of suffering.

This temporality of letting die is not neutral. It is racialized, classed, and gendered. The structural inequalities of healthcare access and the bureaucratization of suffering mean that certain bodies are more likely to be allowed to linger, to endure prolonged precarity, to "wait for death" in less humane or private circumstances. Judith Butler's formulation of "grievability" (*Frames of War*, 2009) becomes pertinent here, that states that, some lives are rendered more worthy of mourning, of compassionate care, of a timely death, than others. This haunting tension finds a resonant echo in the closing pages of Ernest Hemingway's *The Old Man and the Sea* (1952), where the protagonist Santiago returns with the skeleton of a marlin, a slow, gruelling struggle with loss that ends not in triumph but in resignation. Though not about euthanasia per se, the novella metaphorizes the temporal exhaustion of dying, revealing the quiet heroism and futility of prolonged endurance. "A man can be destroyed but



not defeated,” Hemingway writes, capturing the paradox of enduring slow death under systemic delay.

Within this regime, caregivers again occupy a paradoxical space. They are both participants in and resisters of the temporal logic imposed by institutions. Their task is complicated by a care economy that often privileges clinical detachment over existential presence. Yet, as Lisa Guenther reminds us, temporality can also be reclaimed as an ethical practice: “To wait with the dying is to expose oneself to the unpredictability of time, to dwell in the thick of relational vulnerability” (Solitary Confinement, 2013).

Thus, the temporality of euthanasia must be reconceived not merely as a chronological event, but as a political and ethical duration shaped by institutional power, cultural scripts, and affective investments. In resisting the logic of mere prolongation, terminal care offers the possibility of another kind of time: *kairos*, the opportune moment to act ethically within the bounds of impossibility.

Section 4: Aporetic Ethics and the Irresolvable Responsibility of Care

At the core of terminal care lies a paradox of responsibility, an ethical impasse where the caregiver must act without certainty, must respond without resolution. Jacques Derrida captures this in his meditation on responsibility as inherently “without horizon, without limit, without ground” (The Gift of Death, 1995). Euthanasia, in this framing, becomes a moment of ethical rupture, what Derrida calls an “*aporia*”, a situation where the call of the Other demands response even in the absence of calculable outcomes or moral clarity.

Levinas’s ethics of alterity further complicates this encounter. For Levinas, the ethical relation begins with the face of the Other, whose vulnerability commands an infinite and non-reciprocal responsibility. “The Other,” he writes, “faces me and puts me in question. His presence is a questioning of my freedom” (Totality and Infinity, 1961). In end-of-life care, this asymmetrical call of the dying Other destabilizes instrumental ethics, rendering caregiving an act of ontological exposure rather than procedural duty.

The caregiver, then, is never secure in their ethical ground. Every decision to “let die” or to intervene is haunted by the impossibility of fulfilling the ethical demand in its totality. Yet, it is in this impossibility that responsibility resides. As Derrida writes, “responsibility is excessive or it is not at all” (The Gift of Death, 1995). It is precisely the excess, the surplus of meaning, of pain, of relation, that defines the ethical terrain of euthanasia.

This section contends that what makes terminal care ethically significant is not the achievement of closure, but the willingness to dwell in this irresolvable *aporia*. This echoes Maria Puig de la Bellacasa’s claim that “care is a matter of trouble” (Matters of Care, 2017), an ongoing negotiation with fragility, uncertainty, and partiality. The ethical subject in this



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frame is not a sovereign decider but a “wounded witness” (Kelly Oliver, *Witnessing*, 2001), navigating the unbearable proximity of death without retreating into abstraction or nihilism. Hence, the caregiver’s role is one of radical accompaniment, being-with rather than solving-for. It is a practice of “being undone by the Other” (Butler, *Giving an Account of Oneself*, 2005), in which one’s own identity, moral coherence, and autonomy are continually interrupted by the needs and pain of the terminally ill. It is not about mastering death but about encountering it ethically, vulnerably, responsively.

Section 5: Care Beyond Cure: Toward a Poethics of Terminal Relationality

In the wake of the aporia of euthanasia, this final section proposes a poethics, a poetic ethics of terminal care that refuses the binaries of life and death, autonomy and dependency, agency and passivity. The term “poethics,” as introduced by Joan Retallack, signals a mode of ethical engagement that is imaginative, indeterminate, and relational. In contexts of euthanasia, poethics invites us to shift from the logic of cure to the artistry of care, from problem-solving to presence-honouring.

This reorientation echoes Anne Boyer’s reflections in *The Undying* (2019): “There is no noble way to die, only a way not to be made abject by those who refuse to look.” A poethics of terminal care requires precisely that looking, a sustained witnessing that does not recoil from suffering, but insists on its irreducible dignity. Such care resists the institutional tendency to render the dying anonymous, procedural, or mute. Instead, it insists on narrative, memory, and the slow temporality of accompaniment.

This section draws also from Havi Carel’s phenomenological philosophy of illness, which argues that patients’ lived experience of dying should be “central, not peripheral, to medical knowledge” (*Illness*, 2008). A poethics of terminal care centers that experience its vulnerability, expressivity, and singularity within both ethical and aesthetic realms.

Moreover, the poethics of care draws on feminist philosophies that prioritize interdependence, situated knowledge, and embodied affect. As Berenice Fisher and Joan Tronto famously put it: “Care is a species activity that includes everything we do to maintain, continue, and repair our world” (1990). In the context of euthanasia, “repair” might mean not prolonging life, but dignifying death, not forestalling the end, but tending to its emotional, spiritual, and narrative dimensions.

In this vision, terminal care is not the end of ethical action but its most distilled expression. It is an ethics not of certainty, but of sensitivity, a poethics grounded in humility, presence, and shared finitude. Euthanasia, then, becomes not a termination, but a culmination of relational care - an ultimate gesture of love, courage, and ethical witness.



Findings and Implications

Findings

This study finds that euthanasia, when examined through the intertwined lenses of affective necro-power, sovereign touch, and poethics of care, is not simply a medical procedure governed by autonomy and consent, but a complex affective and political event in which care becomes both a vehicle of compassion and a conduit of sovereign control.

First, the analysis reveals that affective governance functions as a subtle form of necro-politics: emotions such as empathy, pity, and compassion are mobilized to render certain deaths socially acceptable while others remain ungrievable. The affective economy of euthanasia thus extends the state's biopolitical reach into the realm of feeling, transforming care into an instrument of moral rationalization.

Second, the study finds that the caregiver's touch embodies a paradoxical sovereignty, an ethical intimacy that both affirms and ends life. This "sovereign touch" is not an individual act of will but a relational gesture conditioned by institutional hierarchies, gendered care labour, and the emotional regimes of the medical system. It exposes the caregiver as both the executor and witness of power, operating within a structure that conflates tenderness with control.

Third, the concept of a poethics of care offers a transformative alternative to procedural bioethics. By foregrounding vulnerability, narrative, and responsiveness, this framework reimagine end-of-life decision-making as an open-ended ethical relation rather than a final, juridical closure. It emphasizes the ethical necessity of witnessing and presence, challenging the depersonalization inherent in bureaucratic and technocratic discourses of "dignified death."

Implications

The implications of these findings are threefold - ethical, philosophical, and institutional.

Ethical Implications:

The research calls for a shift from moral certainty to ethical attentiveness. It suggests that euthanasia should be framed not as an assertion of individual autonomy but as a relational practice shaped by affective interdependence. Policies and ethical guidelines should therefore account for the emotional and relational dimensions of end-of-life care, rather than treating affect as ethically irrelevant or secondary.

Philosophical Implications:

The findings advance a post-foundational ethics grounded in Derrida's notion of aporia, an ethics that accepts undecidability as intrinsic to moral life. This reframing invites



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scholars and practitioners to view euthanasia not as a resolution to suffering but as a moment of ethical exposure, where responsibility persists precisely because certainty is impossible.

Institutional and Policy Implications:

The study highlights the need for affect-sensitive frameworks in medical and palliative institutions. Training programs for caregivers and physicians should integrate reflective and narrative practices that acknowledge the emotional labour and moral ambiguity inherent in euthanasia. Furthermore, attention to the structural inequalities, suggesting gendered, economic, and affective, that shape caregiving can help produce more just and humane systems of end-of-life care.

Ultimately, the paper underscores that the governance of death is inseparable from the governance of emotion. Recognizing this interdependence enables a more honest, compassionate, and politically aware engagement with euthanasia, one that reclaims care as both an ethical and poetic act of shared vulnerability.

Conclusion: Toward a Radical Ethics of Terminal Responsibility

In rethinking euthanasia through the interwoven frameworks of affective necropower, thanatopolitical governance, and aporetic ethics, this paper has sought not to resolve the complexities of terminal care but to dwell within them. Caregiving at the threshold of death is not an act of clinical neutrality nor a simple exercise of compassionate autonomy; it is a sovereign gesture that performs both the politics of life and the metaphysics of responsibility. The caregiver, as this study has argued, operates at the intersection of biopolitical discipline and ethical rupture, a site where affect, sovereignty, and mortality converge in an intimate and fraught choreography. This ethics is not calculable, nor is it reducible to rights or rational choice. Rather, it is excessive, paradoxical, and radically relational, what Derrida calls an “ethics of the undecidable.” It demands that one remain exposed to the call of the Other, even when that call arrives in silence, pain, or a request to die. Levinas teaches us that the face of the dying Other interrupts our moral self-sufficiency, confronting us with an infinite responsibility that cannot be fulfilled but must be answered nonetheless. To euthanize, in this light, is not merely to end suffering, it is to inhabit the unbearable weight of someone else’s finitude with trembling dignity. It is to recognize, as Judith Butler puts it, that “our very capacity to respond is conditioned by the Other’s demand” (Precarious Life, 2004). This demand is not always legible. It may not always be voiced. But it structures the ethical terrain of terminal care in its entirety.

What emerges from this analysis is a poethics of dying: an ethics shaped not by decisiveness but by attentiveness, not by mastery but by mourning, not by solution but by sustained accompaniment. It is in this poetic and affective grammar of care that the sovereign



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touch is transfigured, from the hand that ends life into the hand that refuses to abandon it. In a world increasingly managed by biopolitical efficiency and juridical abstraction, to dwell in the messy, painful, and profound space of end-of-life care is perhaps the most radical ethical gesture we can make.

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