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Introduction

Every person who is born will eventually die; this is an immutable fact of life. Whether we like it or not, death will affect everyone at some point. Death has fascinated philosophers, thinkers, poets, and artists throughout the history of mankind. Socrates, when facing his death sentence, opined that death was nothing but the soul leaving the body. The entirety of human life is a preparation for death, and as such, death should not be feared.[1] Swami Vivekananda also opined that death should be viewed as a joyous event that releases the soul from the bondages of the mortal body and the miseries of the physical world.[2] According to Ravindra Nath Tagore, death often brings a peaceful end to a life when the materialistic life becomes meaningless and starts to suffocate the soul.[3] The common man, however, is filled with fear and anxiety when facing death. The haunting prospect of imminent death becomes even more unbearable for a person suffering from a painful incurable illness. Such a person may feel that rather than waiting for the inevitable death, opting for a premature termination of life in a painless and peaceful manner will be a better option. The situation is further complicated by the rapid advancements made by modern medicine that can often extend life with the help of technologies like mechanical ventilation, artificial feeding, renal dialysis, etc. Undoubtedly, these technologies have saved millions of lives worldwide and have significantly improved the quality of life and life expectancy. With a longer life expectancy, the emphasis shifts to quality of life rather than quantity. Artificial life support technology has allowed individuals to live longer due to medical breakthroughs. However, for individuals who suffer from

[1] Nikos Kokosalakis, "Reflections on Death in Philosophical/Existential Context" 57(4), Society, 2020.
[2] B.K. Lal, *Contemporary Indian philosophy*,29-30 (Delhi: Motilal Banarsidass. 1978).
[3] R Tagore, *The English writings of Rabindranath Tagore: A Miscellany* 486 (New Delhi, Sahitya Akademi Publication, 1994).

incurable illnesses, the capacity to live longer frequently means a lower quality of life.[4] Some illnesses lead people to experience excruciating physical agony in their final days, and euthanasia may appear to be a humanitarian method to stop this suffering.[5] Apart from extending the agony, it puts stress on the financial condition of the family as well as the limited resources of the healthcare system. In such a situation, if the person wishes to end their life prematurely to put an end to the meaningless existence, such a request needs to be considered with respect and empathy. The issue of Euthanasia arises in such scenarios.

Euthanasia is the intentional taking of life to end the suffering of a sick person. It is derived from the ancient Greek words "eu" (good) and "thanatos" (death).[6] Francis Bacon used the term in the 17th century to describe a painless, joyful death in which the physician's role and obligation were to relieve the patient's bodily suffering. It refers to painlessly terminating a life, defined as "a purposeful intervention done with the explicit goal of ending a life in order to relieve persistent suffering."[7] The Netherlands, the first country to legalize euthanasia, describes it as the intentional termination of life through an action, typically an injection into the patient's veins, intended to cause death.[8] According to Merriam-Webster dictionary, Euthanasia is "the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy".[9] According to the definition given in Oxford Dictionaries, Euthanasia means "The painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma".[10] According to Black's Law Dictionary, Euthanasia means "the act or practice of painlessly putting to death persons suffering

[4] Sharmila Ghuge, *Legalizing Euthanasia: A Pedagogue's Perspective* 1 (Himalaya Publishing House Pvt. Ltd, 1st edn., 2015).
[5] Ritika Bansal, *Euthanasia: Appeal and plea for mercy killing,* 11 (Universal Law Publishing Co. Pvt. Ltd, New Delhi,2013).
[6] Hennie Oosthuizen, "Doctors Can Kill - Active Euthanasia in South Africa." 22(3), *Medicine and Law*,551-560, (2003)
[7] Brian Vickers (ed.), *Francis Bacon: The Major Works,* (Oxford University Press, 2002).
[8] Raphel Cohen Almagor, *The Right to Die with Dignity: An Argument in Ethics, Medicine, and Law,* (Rutgers University Press New Brunswick, New Jersey, 2001).
[9] Euthanasia, available at- https://www.merriam-webster.com/dictionary/euthanasia#dictionary-entry-1// (last visited on July 15, 2022)

[10] Euthanasia, OXFORD DICTIONARIES, www.oxforddictionaries.com/definition/english/euthanasia (last visited on July 15, 2022)

from an incurable and distressing disease. An easy or agreeable death."[11] According to Collins dictionary, euthanasia means the "practice of killing someone who is very ill and will never get better in order to end their suffering, usually done at their request or with their consent."[12]

Euthanasia is meant to provide a terminally ill person with the choice of a dignified and painless death, if they so desire, rather than waiting in agony for the ultimate demise in the natural course of the illness. Nevertheless, it gives rise to various moral and legal questions. Euthanasia has been an ethically contentious issue for many centuries. The debate over euthanasia has existed since before the time of Hippocrates. However, in the last two decades, euthanasia has resurfaced as a topic of media interest, increasing public opinion, calls for legislative revisions, and different court precedents, among other things.[13] The controversy over the practice of euthanasia and the legality of euthanasia has spread virtually worldwide. Many countries consider it illegal, while others have legalized the practice under stringent conditions.

From time to time, there have been reports of people requesting for euthanasia in India. Since euthanasia has not been legalized, there is no formal database of such requests. However, searching for news reports shows many such petitions. A few examples of such petitions include the cases of B K Pillai from Kerala, Mohammad Yunus Ansari from Odisa, Tarkeshvar Chandravanshi from Patna, K Venkatesh from Andhra Pradesh, H. B. Karibasamma from Karnataka, Chandrakant Narayanrao Tandale from Maharashtra.

In many countries which have legalized euthanasia, robust mechanisms have been put in place to collect and analyse data on euthanasia. Robert Preston reviewed the annual reports of the Dutch Regional Review Committees on euthanasia. These Committees have been publishing consolidated annual reports on euthanasia and assisted suicide since 2002. Deaths reported under the 2001 act have been increasing (1882 in 2002 to 6091 in 2016). Between 2002 and 2016, 49287 deaths were reported,

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[11] Henry Campbell Black, *Black's Law Dictionary,*654 (West Publishing Co., Revised Fourth edn, 1968).
[12] Euthanasia, available at- https://www.collinsdictionary.com/dictionary/english/euthanasia (last visited on 15 July 2022)
[13] Apurba Nandy, *Euthanasia in principles of forensic medicine* 70 (New Central Book Agency (P) Ltd, Kolkata,3rd edn., 2009).

of which only 89 cases did not meet the due care criteria. Of the cases reported in 2016, in only 3.5% of cases, death resulted from the administration of lethal drug by the person (i.e., Physician Assisted Suicide, PAS). In the vast majority of cases, the lethal drug was administered by the doctor (i.e., Physician Assisted Euthanasia, PAE). 83% of the reported cases in 2016 involved terminal illnesses or other serious illnesses like cancer, diseases of the nervous system, diseases of the heart or diseases of the lungs. Rest 17% of deaths involved other diseases like mental illnesses and dementia.[14] In a study published in Canadian Medical Association Journal in 2016, Sigrid Dierickx et al analysed the profiles of the patients who opted for euthanasia under the Belgian Euthanasia act of 2002. According to this study, a total of 8752 cases of euthanasia were reported between 1st January 2003 and 31st December 2013. The number increased every year from 235 in 2003 (0.2% of all deaths) to 1807 in 2013 (1.7% of all deaths). In this period, the percentage of cases involving patients between the ages of 18 and 59 declined from 34.5% to 16.5% and the percentage of cases involving patients 80 years of age or older grew from 17.0% to 35.0%. The percentage of cases increased among nursing home residents (5.1% to 12.1%) and among patients diagnosed with diseases other than cancer (15.7% to 31.3%). A decline in the percentage of cases was seen among those dying in hospital (52.3% to 42.6%) and those with a diagnosis of cancer (84.3% to 68.7%). In the early years after legalization, physicians seem to have been more reluctant to grant euthanasia in cases of diseases other than cancer, perhaps because of uncertainty about its legality in such cases. Experience with the practice, reassurance through lack of prosecutions (with the first case since legalization being sent to the public prosecutor for judicial review only in October 2015), media reporting on controversial cases and ensuing public debate about the interpretation of legal criteria such as “incurable disorder” and “unbearable physical or psychologic suffering” are likely to have contributed to a broadening of the previously narrow interpretation of the legal criteria. The increase in euthanasia among cases with noncancer diagnoses and nonterminal diseases emphasizes the importance of thorough evaluation and monitoring of the practice since these situations are often more complex and may include psychiatric disorders

[14] Robert Preston, “Death on demand? An analysis of physician administered euthanasia in The Netherlands”125, British Medical Bulletin, 145–155, (2018)

and “tiredness of life.”[15] Kozlov et al aggregated the publicly available data from the jurisdictions where assisted death is legalized from 1998 to 2020. Over this period of 23 years, 5329 patients died through assisted death. 74% of these patients had cancer.[16] The number of MAID deaths in Canada increased from 1018 in 2016 to10064 in 2021.[17]

1.1 Difference Between Suicide and Euthanasia

Suicide and euthanasia are conceptually distinct from one another. When a person kills themselves purposefully—by poisoning, stabbing, or another means—it is known as suicide. It is an intentional act or event where someone kills themselves, usually out of depression or for other reasons like being unsuccessful in love, failing an exam, or having trouble finding a good job, among others. Euthanasia, when seen from the point of view of the classical Greek and Roman periods, is no different from suicide. In the classical period, euthanasia was achieved when the person took his own life by ingesting poisonous substances such as hemlock. In modern times, however, euthanasia is not used synonymously with suicide. Euthanasia nowadays refers to the intentional ending of one’s life with active intervention from a third person, such as giving a lethal injection (active euthanasia) or when a life-saving treatment is withdrawn or withheld (passive euthanasia). Suicide does not involve any third person. It is significant to note that ‘assisted suicide’ and ‘euthanasia’ are different in this context. A person who actively aids another person in committing suicide, such as by giving him the means to do so, is said to be engaging in assisted suicide. It is referred to as "physician-assisted suicide" when a doctor gives a patient a prescription for a lethal drug to help them kill themselves. In many countries, active euthanasia is illegal while PAS is legal; the crucial distinction being the administration of the lethal drug by a doctor or a third person in the former while the same is done by the person himself in the latter. In all the countries where some form of euthanasia is legalized, the procedure has to be done within clearly defined rules

[15] S Dierickx, L Deliens., et.al., (2016). “Euthanasia in Belgium: trends in reported cases between 2003 and 2013” 188(16), Canadian Medical Association journal, E407–E414, (2016).
[16] E Kozlov, M Nowels, et.al., “Aggregating 23 years of data on medical aid in dying in the United States” 70, Journal of American Geriatric Society, 3040-3044, (2022).
[17] Health Canada, “Third Annual Report on Medical Assistance in Dying in Canada 2021” (July, 2022).

and regulations to be deemed legal. Suicide, even when it is decriminalized, is not a legally regulated process.[18]

1.2 Types of euthanasia

Euthanasia means if a person intentionally ends his or her life through a proper legal framework and with the help of medical personnel to relieve pain or suffering. Euthanasia is the intentional termination of another person's life, either through direct intervention (active euthanasia) or by restricting life-prolonging measures and resources (passive euthanasia), either at that person's express or implied request (voluntary euthanasia) or in the absence of such approval/consent (non-voluntary euthanasia).[19] In the case of Aruna Ramchandra Shanbaug vs Union of India & Ors, two categories of euthanasia – Active and Passive euthanasia – were discussed. When discussing active euthanasia, also referred to as "positive euthanasia" or "aggressive euthanasia," it has been stated that the said type of euthanasia entails a positive act, affirmative action, or act of commission necessitating the use of lethal substances or forces to lead to the death of a person with a terminal illness who is in excruciating agony. In contrast, passive euthanasia, also known as "negative euthanasia" or "non-aggressive euthanasia," entails removing life support systems or withholding medical care that would otherwise prolong life, such as withholding antibiotics from a patient whose death is likely to result from not receiving the medication or removing mechanical ventilator from a patient in coma.[20] The key argument for the distinction, according to the bench, is that with passive euthanasia, medical professionals are simply not rescuing the patient and only expediting the end of the natural death process, which has already started.[21] The two-judge bench noted that, while active euthanasia appears to be prohibited unless it is authorized by law, passive euthanasia is lawful even in the absence of such a law as long as certain requirements and safeguards are upheld.[22] The court has further distinguished between voluntary and non-voluntary euthanasia in that voluntary euthanasia occurs when the patient gives consent, but non-voluntary euthanasia occurs when that consent is not possible

[18] Simon Steven, "Suicide never be the answer" 38(1753), *Community Care*, Sutton,10, (2009).
[19] *Common Cause (A Registered Society) v. Union of India* (2018) 5 SCC 1
[20] *Ibid.*
[21] *Id*., at p 54
[22] *Id*., at p 53

because the patient is unconscious or otherwise unable to do so (e.g., patient in PVS).[23]

1.2.1 Physician-Assisted Suicide (PAS)

Physician Assisted Suicide involves intentionally ending one's own life by injecting a lethal substance while receiving direct or indirect medical assistance. In physician-assisted suicide, a competent patient is given a prescription for medication to be taken with the primary goal of ending one's life.[24] Physician-assisted suicide is the term for when a doctor aids a patient in ending their lives by giving them the tools or knowledge, they require to do it (e.g., the physician provides sleeping pills and information about the lethal dose while being aware that the patient may commit suicide).[25]

1.2.2 Mercy Killing

Mercy killing includes termination of life by the assistance of any person for very many reasons, e.g., physically, or mentally challenged, whereas euthanasia is demanded always in case of a person who is a terminally ill patient. Mercy killing in itself is wrong as it includes mercy for insane or differently able person.[26]

1.3 Conceptual Definitions

1.3.1 Terminal Illness

The term terminal illness is used for an active and malignant disease which cannot be cured and is anticipated to cause death. Compared to trauma, this phrase is more frequently used to describe progressive illnesses like cancer or severe heart disease. A condition that is terminal can be described as one in which using life-saving measures merely serves to delay the patient's eventual demise. Terminal illness means an active and progressive illness for which there is no cure and the prognosis is fatal.[27]

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[23] *Common Cause (A Registered Society) v. Union of India* (2018) 5 SCC 1, at p55
[24] Neil M. Gorsuch, *In the Future of Assisted Suicide and Euthanasia*,87 (Princeton University Press, New Jersey, 2006).
[25] Physician-Assisted Suicide, available at - https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide (last visited on Aug 15,2022)
[26] Sharmila Ghuge, *Legalizing Euthanasia: A Pedagogue's Perspective* 139 (Himalaya Publishing House Pvt. Ltd, 1st edn., 2015).
[27] David Hui, Zohra Nooruddin, at. al., "Terminally Ill," "Terminal Care," and "Transition of Care": A Systematic Review" 47 (1), Journal of Pain and Symptom Management,77–89, (2014)

1.3.2 Persistent Vegetative State and Brain Death

In a persistent vegetative state (PVS), also known as post-coma unresponsiveness, people with serious brain damage are just partially awake rather than fully cognizant. The patient is considered to be in a persistent vegetative state (PVS) if they have been in a vegetative state for longer than four weeks. Some months (three in the US and six in the UK) following a non-traumatic brain damage or one year following a traumatic injury, this diagnosis is categorized as a persistent vegetative state.[28] PVS medically means a condition in which the brain stem continues to function but the cortex is wholly destroyed.[29] This condition was first fully explored in 1972 by Jennet and Plum.[30]

When discussing about euthanasia, understanding the difference between 'brain death' and 'persistent vegetative state (PVS)' is important. 'Brain death' refers to a condition where the functioning of the entire brain, including the brain stem, has stopped. It can be assessed objectively by various parameters such as the absence of response of the pupils of the eyes when light is shone into them (i.e., absent pupillary light reflex), or the absence of any spontaneous breathing effort when all artificial breathing supports are withdrawn (i.e., positive apnoea test), or absence of any blinking response when the cornea is touched with a wisp of cotton (i.e., absent corneal reflex), or absence of involuntary movements of eyeballs when the head is moved from side to side (i.e., absent doll's eye movement).[31] A brain-dead person is considered legally dead and such a person can donate organs under existing laws in India.[32] On the other hand, PVS is a condition of deep unconsciousness where a person is not able to respond to any external stimulus. Such a person's higher cortical functions of the brain have stopped functioning. Their brain stem functions are intact although they may require mechanical ventilation, artificial feeding or other such life-

[28] Xiao-Gang Kang, Li Li, Dong Wei, et. al., "Development of a simple score to predict outcome for unresponsive wakefulness syndrome" 18 (1), *Critical Care*, R37, (2014).
[29] Derick T Wade, Claire Johnston, "The permanent vegetative state: practical guidance on diagnosis and management"319, *British Medical Journal* ,841–844, (1999).
[30] Bryan Jennett, *The Vegetative State: Medical facts, ethical and legal dilemmas*,75 (Scotland, University of Glasgow, Cambridge University Press,2002).
[31] B Young, W Blume, et.al., "Brain death and the persistent vegetative state: similarities and contrasts" 16(4), The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 388–393. (1989). Available at-https://doi.org/10.1017/s0317167100029437 (Last visited on Aug 15, 2022)
[32] Rahul Anil Pandit, "Brain death and organ donation in India"61, *Indian Journal of Anesthesia*, 949-951, (2017).

saving measures for their survival.[33] It is often difficult to define PVS objectively. Such a person is not legally dead and cannot donate organs under existing laws in India.[34]

1.3.3 Informed Consent

Informed consent is a medical ethics and law principle that states that a patient must have adequate knowledge and understanding before making decisions about their medical care. When a healthcare provider teaches a patient about the risks, benefits, and alternatives to a certain operation or intervention, this is referred to as informed consent. The patient must be able to make an informed decision about whether or not to undertake the operation or intervention.[35] Relevant information may include treatment risks and benefits, alternative therapies, the patient's role in therapy, and the patient's right to refuse treatment. Healthcare providers in most systems have a legal and ethical obligation to ensure that a patient's consent is informed. This principle extends beyond healthcare interventions such as research and publishing a person's medical information.[36]

1.3.4 Palliative Care

The WHO defined palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."[37] Palliative care's goal is neither to prolong life nor to hasten death. Instead, the goal is to focus on the person's well-being and life experience in the precious final days, weeks, or months that may remain. To help people live before they die.[38]Palliative care is the stipulation of therapy or drugs

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[33] Janusz Andres, Alicja Macheta, "Przetrwały stan wegetatywny--aspekty medyczne, moralne, prawne i ekonomiczne (Persistent vegetative state: medical, moral, legal and economic aspects)" 39(3-4), *Folia medica Cracoviensia*, 73–77, (1998).
[34] Rahul Anil Pandit, "Brain death and organ donation in India"61, *Indian Journal of Anesthesia*, 949-951, (2017).
[35] Parth Shah, Imani Thomton, et. al., "Informed Consent" Treasure Island, StatPearls Publishing, (2022).
[36] *Ibid*
[37] Palliative care, https://www.who.int/news-room/fact-sheets/detail/palliative-care,2020, (last visited on September 28, 2022)
[38] John Wyatt, *Right to Die? Euthanasia, assisted suicide and end of life care*,134 (Inter- Varsity Press, England,2015).

which intends to relieve pain and make the patient comfortable until death occurs.[39] All those suffering from an advanced progressive, incurable disease need palliative care.[40] The definition adopted in 1987, when palliative medicine was recognized as a medical speciality in the United Kingdom, states that palliative medicine is the study and management of patients with active, progressive, advanced disease whose prognosis is limited and the focus of care is quality of life.[41] Palliative care can be offered at any point during an illness, including from the point of diagnosis, and it can be given alongside curative treatment.[42]

1.3.5 Hospice Care

The word Hospice is derived from the Latin 'Hospes', a word which served double duty in referring both to guests and hosts. Hospice is a type of care and a philosophy of care that focuses on alleviating the symptoms of a terminally ill patient, which might be medical, emotional, spiritual, or social in nature.[43] The modern definition of hospice includes palliative care for the terminally ill provided in institutions such as hospitals or nursing homes. The notion of hospice has been evolving since the 11th century, but the core elements of current hospice services were established in the 1950s by Dame Cicely Saunders.[44] Hospice care can be provided in two ways. One type of hospice is attached to the hospital, whereas the other is in-home hospice care. The in-home hospice care can be provided in the house of the terminally ill patient. The time when continued attempts to cure are not compassionate, hospice care helps by placing all efforts on making the patient's remaining time comfortable. Hospice care is a type of care that provides comfort, support, and dignity to those nearing the

[39] D. Giesen, *Dilemmas at life's end: A Comparative Legal Perspective*,200-224 (Cambridge University Press, 2010).
[40] James Golbert, "Palliative medicine: A new specialty changes an old debate" 52(2), *British Medical Bulletin*,296–307, (1996).
[41] James Golbert, "Palliative medicine: A new specialty changes an old debate" 52(2), *British Medical Bulletin*, 296–307, (1996).
[42] Joseph B Straton, "Physician Assistance with Dying: Reframing the Debate; Restricting Access, 15 TEMP. POL. & C.R. L. REV.,475- 476 (2006).
[43] David Kessler, *The needs of the dying, A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*, (Harper Collins, New York, Tenth Anniversary edn., 2007).
[44] *Ibid.*

end of their lives.[45] Hospice care is provided to terminally ill patients who are no longer seeking curative therapy and are anticipated to live for six months or less.[46]

1.3.6 Do Not Resuscitate Order

It is common for very sick and elderly patients' medical notes to contain instructions that resuscitation should not be attempted if they should suffer a cardiac arrest.[47] A do-not-resuscitate order (DNR), also known as Do Not Attempt Resuscitation (DNAR), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), no code or allow natural death, is a medical order, written or oral, depending on the country, indicating that a person should not receive cardiopulmonary resuscitation (CPR) if that person's heart stops beating. Ideally, a DNR order is created or set up before an emergency occurs. It is specific about CPR. It does not have instructions for other treatments, such as pain medicine, other medicines, or nutrition. The doctor writes the order only after talking about it with the patient (if possible), the proxy, or the patient's family.[48]

1.3.7 Advance Directives

An advance directive is a written instruction regarding one's medical care preferences to be opted for in future. An advance directive is meant to represent a patient's desire even when the patient has lost the ability to participate in healthcare and medical treatment decisions.[49] An advance directive is used to decide who will make decisions for a person if they cannot do so or to provide instructions to their loved ones and healthcare team when they must.[50] The primary utility of an advance directive is to avoid the difficulty that arises when patients are unable to express their wishes at the time a decision is made.

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[45] What Are the Four Levels of Hospice Care? Available at- https://samaritannj.org/hospice-care/levels-hospice-care// (last visited on August 14, 2022)
[46] Joseph B Straton, "Physician Assistance with Dying: Reframing the Debate; Restricting Access" Temp. Pol. & Civ. Rts. L. Rev. 475-476 (2006).
[47] S Aune, J. Herlitz, et.al., "Characteristics of patients who die in hospital with no attempt at resuscitation" 65(3), *Resuscitation*, 291-299, (2005).
[48] Do-not-resuscitateorder , available at- https://medlineplus.gov/ency/patientinstructions/000473.htm#:~:text=A%20do%2Dnot%2Dresuscitate%20order,the%20patient's%20heart%20stops%20beating. (last visited on August 23, 2022)
[49] Cees M P M Hertogh, "The role of advance euthanasia directive as an aid to communication and shared decision making in dementia" 35 (2), Journal of medicine and ethics,100-103, (2009).
[50] What Is an Advance Directive? Available at- https://www.cancer.org/treatment/treatments-and-side-effects/planning-managing/advance-directives/what-is-an-advance-health-care-directive.html (last visited on August 23, 2022).

The idea of advance medical directives originated in different nations under different names, even if the objectives were the same.[51] The Black's law dictionary defines "an advance medical directive as, a legal document explaining one's wishes about medical treatment if one becomes incompetent or unable to communicate." On the other hand, a Living Will is a document that specifies a person's desires for the medical care they would want if they were unable to communicate those wishes to healthcare professionals. A medical power of attorney is an additional sort of advance medical directive. It is a document that enables a person (the principal) to designate a reliable individual to make medical decisions. Using their shared understanding and knowledge, the agent chosen to handle these matters can interpret the principal's choices.[52] Advance directives include Living will, Medical Power of Attorney, Do Not Resuscitate Order.[53] The concept of living will has gained momentum in a few countries. On July 28, 2009, Barak Obama became the first United States president to announce publicly that he had a living will and encouraged others to do the same.[54] To protect individual autonomy, most states in the United States of America have enacted living will or right-to-die legislation as a process to prospectively reject life-sustaining measures in the event of a terminal medical condition.[55]

1.3.8 Doctrine of Double Effect

The rationale for murdering in self-defence offered by Thomas Aquinas, who was a Roman Catholic, is the source of what is frequently referred to as the "doctrine of double effect." Its purpose is to distinguish between desired results and those that are only predicted as likely but unintentional effects of one's conduct. It has long been accepted that doctors have the right to provide painkillers in dosages that could also shorten or hasten life. As their sickness progresses, a person may require continuously increasing doses of medicines, such as morphine and diamorphine. These medications can potentially result in respiratory depression and mortality if used in large enough doses. The Doctrine of Double Effect holds that a doctor who intends a good consequence is not guilty of murder just because she foresees a dire consequence but

[51] *Common Cause (A Regdistered Society) v. Union of India, (2018)* 5 SCC 1.
[52] *Ibid.*
[53] *Ibid.*
[54] Sheila A. M. McLean, (ed.) *Contemporary Issue in Law, Medicine, and Ethics*,179 (UK, Dartmouth Publishing Company Ltd,1996).
[55] *Ibid.*

does not intend it.[56] The principle is used to support cases where a doctor administers medications to a patient to alleviate physical discomfort, even though he is aware that doing so could shorten the patient's life. This is because the doctor is not specifically trying to kill the patient; instead, the bad outcome of the patient's death is an unintended consequence of the positive outcome of the patient's agony being reduced.[57]

1.4 Objectives of The Study

The objectives of the present research are as follows:

1. To trace the origin and historical development of euthanasia.
2. To critically analyse the role of the Indian Judiciary viz a viz euthanasia and the right to die with dignity.
3. To critically analyse the Medical Treatment of Terminally-Ill Patients (Protection of Patients and Medical Practitioners) Bill, 2016 and to suggest on its loopholes.
4. To present a comparative analysis of the legislations and relevant case laws of nations where euthanasia or assisted suicide has been legalized.

1.5 Statement of The Problem

Euthanasia has been a morally, ethically, and legally contentious issue for many centuries. In modern times, many countries have legalized euthanasia through legislation while some have allowed the practice through rulings of their apex courts. In India, there have been numerous instances of applications to the High Courts and the Supreme Court to allow euthanasia. Law Commission's reports have also advocated for the legalization of passive euthanasia, and accordingly, a draft bill has also been prepared. The Supreme Court of India in its judgement in the Common Cause case has legalized passive euthanasia and has laid down the guidelines for preparing advance directives. The foremost objective behind these developments is to give patients suffering from terminal illnesses or those in PVS the option to reject or discontinue treatment, if they choose so, to avoid unnecessary prolongation of their

[56] Emily Jackson, John Keown, *Debating Euthanasia*,14 (Hart Publishing, Oxford and Portland, Oregon,2012).
[57] *Ibid.*

suffering. The Supreme Court of India, in its wisdom, has left the issue of active euthanasia to be decided by the Parliament.

The guidelines laid down in the Common Cause judgement as well as the draft euthanasia bill are too complex procedurally which makes them practically beyond the reach of the common people. The Parliament is yet to legislate on the matter and the draft euthanasia bill too has not been taken up for debate. In the absence of an act, the stakeholders, viz. the patients and the family members and the treating doctors are facing a dilemma every day when dealing with terminal illnesses and patients in PVS. Family members of a patient, who is in PVS and is surviving with life-sustaining treatments with practically no hope of recovery, who wishes to withdraw the treatment are left with such a complex procedure that it can be many months before their wishes are granted. Even after all the procedures are followed, their wishes may not be granted. All this while, the patient continues to suffer, causing emotional as well as financial hardships to the patient and the family.

Legislating on an issue like euthanasia is fraught with many difficulties. On one hand, if the procedures laid down are not accompanied by adequate safeguards, there can be misuse of the provisions by unscrupulous family members or medical professionals. On the other hand, if the procedures are too complex, they become inaccessible to the common people. The existing laws in various countries that have already legalized euthanasia needs to be studied to gain from their experience that will help us legislate on the issue. At the same time, studying the legal provisions of these countries will also help us to have an informed debate on legalizing both active and passive euthanasia.

1.6 Research Questions

1. What are the historical roots of Euthanasia and how has the concept of euthanasia evolved over time?

2. How is the idea of dignity understood in the context of euthanasia and can euthanasia provide a dignified death?

3. How have the Indian High courts and Supreme Court dealt with the idea of right to die with dignity and euthanasia?

4. What are the legal provisions regulating the practice of euthanasia in those countries that have legalized it?

1.7 Methodology

The methodology adopted by the researcher is purely doctrinal. It will involve an in-depth study of source materials, text review, case study and comparative study. The work will deal with the literature relating to various issues related to the right to die with dignity and euthanasia, the legal position of various countries on the issue, including various constitutional and legislative policies and measures and the role of the judiciary in dealing with the issue. The research is based on secondary sources, and the researcher has gone through various national and international books, Indian and foreign journals, research articles, encyclopedias, research papers, newspapers, law commission reports, books of sociology, religious books, and magazines to collect literature and data for the study and analysis. A wide range of bibliographical sources from different scholarly articles, academic journals, conference papers and publications were visited. Also, various newspapers played a significant role in contributing to the researcher's knowledge.

The research also includes the study of various case laws from different countries. For this purpose, various important legal judgements have been issued by Indian courts and courts in the West, particularly in the United States and the United Kingdom. Due to the importance of these cases in explaining concern regarding euthanasia, a comprehensive study of the decisions was conducted, and significant arguments were carved out and discussed in depth. Importantly, given two major judgments on the right to die with dignity, a thorough analysis of the Common Cause and Aruna Shanbaug cases (Indian Supreme Court) and the Airedale NHS Trust case (United Kingdom House of Lords) has been made.

Therefore, various statutes and judicial decisions on the right to die with dignity have been examined in this study. To that aim, records of legislative, constitutional, and other political disputes on the right to die with dignity and euthanasia have been gathered and studied. Books by foreign authors such as John Keown, Emily Jackson, Jonathan Herring, Ronald Dworkin, Derek Humphry, Neil M. Gorsuch, as well as Dr Lily Srivastava, Dr Sharmila Ghuge and others, have been

consulted and used to gain a better understanding of the relevant legal situation both inside and outside India.

1.8 Citation Style

The Researcher has adopted the ILI (Indian Law Institute) style of citation for the entire research work.

1.9 Need for Comparative Study

For this thesis, extensive qualitative research was conducted to give a comparative study of the law of euthanasia and dying with dignity in India, as well as the practice of euthanasia and advance directives. The morality, legality, and social validity of euthanasia and its forms are still hotly debated topics, not just in India but in many jurisdictions of other countries as well. Hence it is necessary to look at the countries that have already studied this issue. Several jurisdictions have classified euthanasia or physician-assisted suicide as murder or culpable homicide, and a few jurisdictions, on the other hand, have chosen a more progressive approach, considering the changing nature of research and the advancement of modern medicine. Changes in approach have also happened due to the evolution of legal systems and the formation of a comprehensive jurisprudence of individual rights.

Some jurisdictions have already modified their laws to enable and regulate euthanasia, advance directives, and physician-assisted dying, so there is a dire need for a comparative study of this issue. A comparative study of the legislation would show how these activities are controlled. A comparative study might help to explain why certain rights are provided in different jurisdictions. The reasons and justifications for permitting euthanasia or giving criminal penalties for euthanasia in these countries would give logic and reasoning that may be used in India. It is a fact that the legislature considers the law prevailing in other countries at the time of law-making. This research is essential to determine the law in other countries concerning euthanasia.

In addition, efforts are being made to investigate the conditions under which euthanasia and advanced directives may be authorized in India. A comparative examination of a few nations, namely Australia, the Netherlands, Belgium, the United

States, and the United Kingdom, should also be highlighted. Australia was chosen because, in 1996, it was the first country to allow euthanasia. The debate over euthanasia in Australian courts and parliament has offered a unique viewpoint, which might benefit the current research. The Netherlands and Belgium were chosen because they were the first nations in Europe to allow euthanasia, and their debates have been lively and informative. These two nations' euthanasia laws are frequently invoked as examples in the slippery-slope argument; therefore, they are essential to the current study. The discussion in the United States and the United Kingdom has produced a variety of opposing viewpoints, which might help to clarify the concerns. Furthermore, judgments from the United States and the United Kingdom are frequently cited as precedents in India; thus, these nations are studied. The Indian constitution protects not just the right to life but also directs the government to provide health care to all people. The right to life also encompasses the right to a dignified death. As a result, it is critical to examine the entire scenario to draw a relevant conclusion. Furthermore, because a person's suffering and anguish throughout the final stage of a lengthy illness is not shared by society, and the individual is the only one who suffers, why should the law require such a person to live? Only because the state owes it to individuals to safeguard their lives. In normal situations, the state must safeguard an individual's life, but in the rarest of rare occasions, if life is more wretched than death, an exception to the rule must be made. These issues are worth pondering and, as a result, necessitate a more in-depth investigation. As a result, it is critical to investigate this subject further.

1.10 Significance of The Study

Euthanasia is a controversial and a sensitive topic, and the researcher is interested in and intellectually curious about it. The topic is closely related to life and death. In the end, everything comes down to human rights, and the argument significantly influences humane elements of life. This study is crucial in terms of practical application. The research will undoubtedly aid patients, physicians, and family members in improving their analytical skills by considering the seriousness of the issue and making judgments. Moreover, the multi-dimensionality of the issue has made the study of euthanasia more exciting and worthwhile.

Furthermore, India is a densely populated country where millions of Indians living in poverty can barely afford their daily bread; can they possibly imagine receiving modern medical treatment in the event of a terminal illness? Because half of our population lacks access to basic medical care in such situations, they are unable to afford costly therapy to extend life in a terminal disease. This issue should be thoroughly investigated. On the other hand, the researcher believes that passive euthanasia cannot be recommended rigidly. We do not have a euthanasia law in India, which is desperately needed. As we all know, while enacting legislation, the legislature considers the laws in effect in other nations. This comparative research study is vital to determine the law in other countries. Reforming the law can be done with a variety of tools. As a result, this study could be significant in terms of law reforms relating to euthanasia. For the legislation to be successful, effective policies and principles must be established. This research will help in this regard.

The Indian Constitution not only upholds the right to life but also directs the government to provide access to healthcare for all citizens. This constitutional guarantee derives from India's constitution's Fundamental Rights and Directive Principles of State Policy. The right to life also includes the right to die with dignity. This result was reached after a lengthy legal struggle that included several cases and was finally successful, attributable to the Common Cause case's verdict. Therefore, it is essential to carefully examine the entire circumstance to draw a meaningful conclusion.

Apart from that, it is important to conduct a critical analysis of the 2016 Bill's provisions to identify any loopholes in the said bill and strengthen it in order to achieve the ambitions of the Indian people. The researcher's curiosity about the effects of allowing passive euthanasia in a developing nation like India with proper legislation led to the study's undertaking. However, the researcher believes that suggestions for passive euthanasia cannot be made in a rigid manner. On the other hand, it is unavoidable that some circumstances, under exceptional situations, necessitate it. This study can help it progress more effectively under the Indian legal system. Research on euthanasia is used to determine the legal status of the practice in various countries.

The research also intends to explore the judicial trends associated with the topic; therefore, it is thoroughly studied both directly and indirectly influencing precedents, foreign decisions cited in Indian judgments, and Law Commission Reports. Although a bill is being proposed, India has no laws that directly address the issue. The researcher has sought to evaluate the proposed bill in the context of international legislation. This study confirms widespread opinions on the issue of euthanasia legislation.

1.11 Limitations of The Study

There are just two comprehensive judgements Aruna Shanbaug v. Union of India and Common Cause (a Registered Society) v. Union of India that deal specifically with the topic of euthanasia, there is a substantial degree of reliance on foreign judgments when addressing the issue. While efforts were made to explore other countries' judicial systems, the researcher is aware that the list is not comprehensive. The researcher had to rely on the English translations that were available on the internet because many of the original foreign laws were not available in English.

1.12 Scope for Further Research

Future research might focus on problems that the medical community, such as physicians, nurses, and other medical practitioners, may have in executing and implementing euthanasia and advance directives because this study only looked at the legislation and policy surrounding these topics. Medical professionals have an essential role in putting legislation into practice in the real world; thus, this might be an intriguing subject for future research. Finally, a future study may look into how advance directives are implemented and carried out. Because advance directives have been criticized for not being entirely conscientious, further study may look at how they were carried out and if they could be carried out by the family and medical professionals. This study could only be conducted in the future once a large number of individuals in India had signed advance directives, allowing the impact to be assessed.

Various other legal questions arise involving other facets of life when active or passive euthanasia is legalized. One such issue is insurance. How various countries have amended their laws regulating health and life insurance so that the claims are not

denied on the grounds that the patient has chosen to end their life with euthanasia needs to be looked into.

Another area that needs further research is the regulation of organ transplantation. Choosing euthanasia as a means to improve the availability of organ donors has raised new moral and ethical dilemmas in an already complex discussion. How various countries have dealt with this issue to avoid the misuse and exploitation of vulnerable people needs thorough research.

1.13 Review of Literature

Many books by national and international writers have been consulted for my research work. Many articles, research papers, journals, newspapers like Times of India, The Tribune, and Hindustan Times and websites like Wikipedia, Lexis Nexis, and Manu Patra helped me complete my thesis.

There is a review of the literature by many authors to have a deeper understanding of the topic. It highlights the comparative analysis from the legal perspective of different countries, including India. Understanding euthanasia from Hinduism, Islam, Christianity, Buddhism, and Jainism's perspective has also been aided by the review. It has concentrated on how religion affects the opinions toward this issue, making it possible to determine if it can be implemented in India, a secular nation that allows everyone to practice their chosen religion. It has been stated that how the term dignity is crucial for patients who call for the legalization of euthanasia. This thesis has also helped examine euthanasia's advantages and disadvantages by giving opponents' and proponents' arguments in light of the current global scenario, which also helps assess euthanasia's necessity in India. The many euthanasia interpretations from different countries have provided a clear understanding of what euthanasia implies, and these interpretations frequently have a clear impact on a person's thought process about euthanasia.

In her book 'Debating Euthanasia,' Emily Jackson argues that we should at least strive to create an efficient law allowing assisted suicide in a few specific situations. The author said that euthanasia and assisted suicide under a regulated system may prolong and improve the lives of those facing a protracted and agonizing demise. The author argues that it is vital to identify individuals who do not want death

lightly by presenting three major court instances involving Reg Crew, Tony Nicklinson, and Robert Baxter as examples. Before taking any action to terminate someone's life, we should look into other options for relieving the person's suffering in response to a request for assisted death. However, assuming that someone's request for assisted death is only a temporary reaction to momentary agony would be arrogant and inhumane. While presenting counterarguments in favour of legalizing assisted suicide or euthanasia, the author also asserted that those with religious objections frequently cite additional secular arguments against legalization, but if someone thinks assisted dying is morally wrong, illustrating that legal challenges are not unachievable will make no difference to them in exercise.[58]

According to the author of "Dying with dignity: understanding euthanasia," Derek Humphry, legalizing the option to end one's life will have two additional advantages. First, it will provide individuals who might seek this option in the future if they are suffering some confidence. Many thousands of people have kept or want to keep fatal doses of drugs because they dread a terrible death, even though they would prefer a doctor's assistance. Second, he believed that legalizing would extend life for many individuals. He also noted that many people who lacked access to legal means committed suicide because they feared losing control in the future. In the number one national bestselling book "Final Exit," author Humphry, who served as executive director of the Hemlock Society, stated that "the option of self-deliverance for the terminally ill person is the ultimate civil liberty."[59] In 1978, Derek Humphry released his first book, Jean's Way, in which he described how he assisted his wife in ending her life when she developed terminal bone cancer and made the case that an honest and compassionate society should start addressing the issues of two types of euthanasia: passive euthanasia, which involves withholding treatment from a person who is terminally ill, and active euthanasia, which entails giving a dying person the lethal drugs required to end their life.[60]

Raphel Cohen-Almagor, in “The Right to Die with Dignity: An Argument in Ethics, Medicine and Law”, stated that the dispute between the rights to life and the

[58] Emily Jackson, John Keown, *Debating Euthanasia,*2-8 (Hart Publishing, Oxford and Portland, Oregon,2012).
[59] Derek Humphry, *Final Exit: The practicalities of self-deliverance and Assisted suicide for the Dying,* (Dell Publishing, New York,3rd edn.,2010).
[60] Derek Humphry, *Dying with dignity: Understanding euthanasia* 69-74 (Carol Publishing Group, New York, 1992).

right to death raises crucial issues like whether we should pass away with the assistance of doctors or our loved ones. It is a matter of whether we can do so towards the end of life without being made to feel inferior or losing our honour and dignity. The author contends that the patient should be able to decide whether he or she wants to end their life or continue to live. The patient's autonomy is prioritized since it is believed that the "sanctity of life" is morally justifiable as long as authoritarianism is avoided. According to the author, it is unjustified to impose the "sanctity of life" on patients who do not view their existing circumstances as intrinsically worthwhile and who are thus open to considering death. The belief that we should always preserve life regardless of the patient's wishes and that because patients who choose death cannot completely understand their own interests, "we" know what is best for them more effectively than they do is ethically unacceptable. This point of view is ethically inadmissible because it disregards the patients' preferences and fails to consider the possibility that some patients may prioritize maintaining their dignity over maintaining their life. The need to save a person's life and her right to maintain her dignity, which may also be seen as an intrinsic value, must be balanced.[61]

In his book "Right to die? Euthanasia, assisted suicide and end-of-life-care," John Wyatt stated that euthanasia is a complex subject. He continued by saying that this subject is much more than just philosophical, political, or legal difficulties and that we must never ignore the human tragedies and anxieties that underlie the public debates. The two primary defences of medical killing—the argument based on compassion and the argument based on autonomy—are given special attention in chapters 5 and 6. According to the author, every human existence is extraordinarily important yet frail and dependent on others. The author skillfully explains the evolution of contemporary palliative care as a compassionate and practical means of assisting people in dying well in chapter 9.[62]

In the book "Euthanasia, ethics and public policy: an argument against legislation" John Keown argues that the current legal restriction of physician-assisted suicide and voluntary euthanasia is gravely unethical. The author examines the primary reasons for changing the legislation, including those that reference the

[61] Raphel Cohen Almagor, *The Right to Die with Dignity: An Argument in Ethics, Medicine, and Law* 3 (Rutgers University Press New Brunswick, New Jersey, 2001).
[62] John Wyatt, *Right to Die? Euthanasia, assisted suicide and end of life care* 10 (Inter- Varsity Press, England,2015).

experience of countries that allow these practices and find them unconvincing. He concludes that changing the legislation would be harmful in fact and incorrect in principle, especially for the elderly, the disabled, and the less privileged. Author Keown's purpose is to evaluate if VAE and PAS can be managed by the law, irrespective of whether these practices are approved for extreme circumstances. The author carefully examines the available data from countries and states where assisted suicide and euthanasia have been decriminalized in order to provide answers to these problems.

Derek Humphry, in his book "The Right to Die: Understanding euthanasia", tried to illustrate the nuances of the most controversial topic of the 1980s and 1990s in light of the relevant historical, legal, religious, and cultural contexts. Beginning with Greek and Roman views about dying, the author provided a thorough history of the topic in his book. He also covered active and passive euthanasia, suicide, mercy killing, medical and legal concerns, as well as moral and ethical dilemmas on both sides. The author claimed that giving someone else assistance in dying is likely the most intensely personal test of one's conscience known to humanity. He also claimed that while most people are horrified and revolted by murder, suicide, and genocide, nobody dares to intervene when a loved one cries out for assistance in dying with good reason. In these situations, are we being cruel or humanitarian if we aid in hastening death?[63]

Dr Sharmila Ghuge highlights the situation faced by terminally sick patients in her book "Legalizing Euthanasia: A Pedagogue's Perspective," which emphasizes the necessity for adequate laws for terminally ill patients in India. The evolving view of death, artificial life support techniques, various illnesses leading to terminal illness, the suffering experienced by patients, and the emergence of advance directives are some significant areas of concern that necessitate the legalization of euthanasia in any socially acceptable form. In addition, the author discusses the notion of euthanasia and its different manifestations, as well as the responsibility of the state to defend life. Furthermore, the author noted that just as every coin has two sides, advances in medical technology are not an exception, after describing how they dramatically boosted people's ability to prolong life after losing all hope of recovery. She claims

[63] Derek Humphry, *The Right to Die: Understanding euthanasia*, 296(The Hemlock Society, Eugene, Oregon, First Hemlock Society edn,1990).

that although some people benefit from advanced medical technology, others are made to endure medical intervention in order to survive. The great advancements in prolonging human life have led to this needless lengthening of the dying process, a drawback of highly advanced medical technology. In actuality, individuals are afraid of dying, but they also fear dying in a painful or undignified way. Thus, the worry about the quality of life for the dying has sparked increased attention.[64]

In "The Future of Assisted Suicide and Euthanasia", the author Neil M. Gorsuch, Covers the strengths and flaws of the most important ethical arguments for assisted suicide and euthanasia in a simple and complete manner. Then, he constructs a complex, creative, and potent moral and legal argument against legalization based on the idea that human life has inherent value. Gorsuch's arguments allow much room for patient autonomy at the time they are developed, including the freedom to refuse life-saving treatment and medical treatment. Neil M. Gorsuch's book is an excellent resource for people interested in the role that lawmakers and courts of justice play in the current debate over euthanasia since it considers all sides of the issue. The author covers the Washington and New York instances in chapter 2 of his book and attempts to determine their ramifications for upcoming legal and ethical discussions about assisted suicide and euthanasia. Based on trials and experiences in the Netherlands and Oregon, the author in chapter 7 discusses empirical and utilitarian reasons. Further, he suggests that the idea that every human being has intrinsic worth may help clarify and offer advice in end-of-life conflicts beyond assisted suicide and euthanasia, especially in the increasingly prevalent situations involving the discontinuation of life-sustaining medical care for incompetent persons. The author also examines the principle's roots in secular moral theory and the common law, considers its applicability to the debate over euthanasia and assisted suicide, and addresses a variety of potential criticisms along the way.[65]

In the book, "A Concise History of Euthanasia: Life, Death, God and Medicine," the author IAN Dow Biggin stated that changing views on what makes for a decent death has significantly influenced the history of euthanasia. Although the author's book shows that euthanasia has a long history that dates back many centuries,

[64] Sharmila Ghuge, *Legalizing Euthanasia: A Pedagogue's Perspective*,1-15 (Himalaya Publishing House Pvt. Ltd, 1st edn., 2015).
[65] Neil M. Gorsuch, *In the Future of Assisted Suicide and Euthanasia*, 4-8 (Princeton University Press, New Jersy, 2006).

much of the vocabulary used to explain death and dying has changed over time. In many other ways, though, civilizations are still debating what is essentially the same issue. He added that decisions about whether to keep certain people alive are made daily in both clinical and non-clinical settings. Many of these decisions involve highly personal opinions about what constitutes standard medical care, what does not, and when it is appropriate to let go of life as one's own demise draws near.[66]

In the book "Euthanasia: appeal and plea for mercy killing," the author Dr Ritika Bansal discusses euthanasia generally, taking into consideration the number of terminally ill people who want to end their suffering and their life but are unable to do it on their own and so require a doctor to carry out this act. The author also provided several examples of euthanasia, which illustrate the development of legislation through time. Besides that, Dr Ritika Bansal comments on the opposing perspectives on life and death. The book is a compendium of judicial decisions made with reference to the most divisive mercy-killing topic. Also, it discusses the benefits and drawbacks of euthanasia while taking into account disputes from ethical, moral, clinical, and political points of view. Although the law has made great strides recently, euthanasia laws still need to be codified. According to the author, if euthanasia were authorized, numerous issues involving the physicians, patients' loved ones, and patients themselves would receive the priority attention they currently lack. The book also includes a comprehensive examination of the relevant Indian situation. The author's work is highly commended since it covers not only the basic features of euthanasia but also the doctor-patient interaction, the sufferings, and numerous euthanasia situations. It is anticipated that both in India and globally, the problem will expand gradually.[67]

In his book "Medical Law and Ethics" author Jonathan Herring provides an in-depth analysis of the topic of dying and death. The author begins by defining death and comparing its various opposing connotations. The reasons for and against euthanasia are then thoroughly reviewed. This collection of literature is significant because it examines the arguments in favour of and against euthanasia from various angles, including ethical, legal, and medical ones. The author comprehensively

[66] Ian D. Biggin, *A Concise History of Euthanasia: Life, Death, God, and Medicine* 153 (Rowman and Littlefield Publishers, Inc., First Paperback edn.,2007).
[67] Ritika Bansal, *Euthanasia: Appeal and plea for mercy killing*, (Universal Law Publishing Co. Pvt. Ltd, New Delhi,2013).

explains the definition of "dignity" and how to uphold someone's dignity as their life draws to a close. This book analyses important British judicial decisions, such as the Anthony Bland case. The author also looks at the slippery slope argument and proposes safeguards against the abuse of euthanasia legalization.[68]

Ronald Dworkin divides his book “Life’s Dominion: Argument about Abortion, Euthanasia and Individual Freedom” into three parts. In the last part, Dworkin stated about euthanasia where he mentions famous cases such as the Cruzan case in America or Bland in the UK and also illustrates the appalling circumstances in which decisions to terminate human life must be taken. Dworkin raises three distinct concepts that may be implicated in such decisions and are often confused. First, there is the principle of autonomy. He claims that individuals must have as much autonomy over their lives as possible, including the choice to decline medical treatment. But does that include the freedom to choose how to end one's life? How one ends their life may have an impact on this. As numerous judges in the Bland case noted, the distinctions between murdering and letting to die in such circumstances may appear absurd.

However, patients like Anthony Bland or Nancy Cruzan, who were unlikely to ever regain consciousness, and in which there is little indication as to what the patient would have felt about the topic, increase the difficulties of trying to assure respect for autonomy. Such issues also appear to be related to the patient's best interests, which Dworkin also takes into account in this case. English lawyers are accustomed to applying the standard of what would be in the patient's best interests, and the House of Lords did so in Bland. however, The PVS sufferer is incapable of feeling or thinking, thus it can seem challenging to discuss their interests in a meaningful way. Dworkin never explicitly answers this issue, but he appears to reject it. He clearly holds the belief that there is a being whose previous life's integrity may be jeopardized by the decisions made at this time and that this is sufficient for us to be able to speak of their interests. However, in this case, we are discussing previous pursuits in a manner similar to how we could discuss a deceased person. And if we

[68] Jonathan Herring, *Medical Law, and Ethics*, (Oxford University Press, 4th edn.,2012).

can effectively discuss the interests of the dead, who are currently nonexistent, why not the foetus?[69]

In the book "Law & Medicine," Dr Lily Srivastava discusses the pertinent euthanasia legislation in different nations by showcasing a variety of international judicial decisions. She also discussed euthanasia from various angles in her book and provided justifications for voluntary euthanasia, which helped the researcher finish her study. After describing the Indian healthcare system, the author went on to say that only a small percentage of the country's 1 million weekly fatalities got palliative treatment. The image of insensitivity painted by this is bleak. Palliative care, which is the form of care provided at hospices and some other settings, according to the author, provides comfort to suffering patients and their families. In addition to medical assistance, patients and their families get emotional support and spiritual guidance as part of its mission to offer the finest care possible for individuals suffering from a terminal disease.[70]

Through his literary work, "Euthanasia is not the answer- A Hospice Physician's View," David Cundiff expresses his staunch opposition to euthanasia while focusing on palliative care and hospice. The book's central topic is how to care for terminally sick individuals rather than trying to cure them. Instead of requesting mercy killing, it is suggested that the patient be treated in a way that makes them want to live. According to the author, euthanasia is never a viable option. The author contends that everyone eventually confronts their creators and that death is inevitable. He demonstrates how devoted hospice care may allow patients to live meaningful lives up to their natural deaths. The author also believes that the debate over assisted suicide will be settled as technology and medical services develop. He underlines how important it is to teach doctors and nurses about palliative care.[71]

In his book "Freedom to Die: Moral & Legal Aspects of Euthanasia," Russell O. Ruth claimed that as medical science progresses and makes it possible to maintain a body practically forever with the use of artificial feeding, a pacemaker, a respirator, and kidney dialysis, the dilemma only gets worse for the patient, their family, and

[69] Ronald Dworkin, *Life's Dominion, An Argument About Abortion, Euthanasia, and Individual Freedom* 255-260 (Vintage Publication, Reprint ed, 1994).
[70] Lily Srivastava, *Law & Medicine* 145-153 (Universal Law Publishing Co. Pvt. Ltd, 2010).
[71] David Cundiff, *Euthanasia is not the answer- A Hospice Physician's View,* (Humana Publication,1992).

society as a whole. Dr Russell discusses how views about death and dying are evolving in modern society as she makes her case for voluntary, active euthanasia. She also analyzes the development of euthanasia through its legal and medical justifications, intellectual debate, and proposals for legislation. Dr Russell then offers suggestions for new and improved euthanasia legislation before making his closing argument for the legalization of euthanasia. First, he discredits all objections to euthanasia as being unfounded and should be easily disproved.[72]

In the book "Jurisprudence and Indian Legal Theory," Prof. S.N. Dhyani provides a detailed notion of the position of a deceased man while emphasizing the importance of dignity. He believed that even a deceased man's honour and reputation should be preserved. Every person has the right to deserve a respectable, well-defined existence free from neglect and carelessness on the part of others.[73]

In their book, Euthanasia and Law in the Netherlands, authors John Griffiths, Alex Bood, and Heleen Weyers skillfully described three important decisions made by Dutch courts in situations involving the legality of medical action that shortens life. The Courts of Appeals' decisions served as the foundation for the assertions of facts. Schoonheim, Chabot, and Kadijk cases are the three significant cases that the writers in their works discuss.[74]

Prof Dr C. Karthikeyan, in his research paper “An Analytical Study on Euthanasia and Its Possible Impact in India; With Special Reference to Recent Approval of Passive Euthanasia” also stated that since medical science is advancing, and as a result, we now have technologies that artificially extend life. This may unintentionally prolong the final pain and cost the patient's relatives a lot of money. As a result, end-of-life concerns are becoming important ethical dilemmas in India's contemporary medical research. According to the author, the government still has to take a rigorous analytical study extremely seriously since, in order for democracy to pass away with dignity, every member of our nation must have a legal voice and the ability to make crucial decisions that might save countless families. According to the author, there are ardent supporters and opponents of PAS and euthanasia in India and

[72] Oliv Ruth Russell, *Freedom to Die: Moral & Legal Aspects of Euthanasia*, (Dell Publishing Company, Indiana University, Laurel edn.,1976);
[73] S.N. Dhyani, *Jurisprudence, and Indian Legal Theory*, (Central Law Agency,5th edn.,2020).
[74] John Griffiths, Alex Bood, et.al., *Euthanasia and Law in the Netherlands,* (Amsterdam University Press, 1998).

the rest of the globe. However, it does not appear that the Indian legislative is sensitive to these. Although there is still a long way to go before the parliament passes it, the historic Supreme Court decision has significantly boosted pro-euthanasia supporters. Before it becomes a law in our nation, it should also be addressed because worries about its misuse are still a big problem.[75]

Visnja Strinic, in his article "Arguments in Support and Against Euthanasia", opined that by respecting the "Right to die" with dignity, euthanasia might be seen as a means to protect the "Right to live." The author went on to say that it should be permissible for some people, particularly doctors, to aid incurable patients in ending their lives whenever they choose to. His recommendations are to legalize passive euthanasia and assisted suicide, approve them only for terminally ill patients who do not benefit from any form of therapy, require that only doctors conduct euthanasia and assisted suicide, and only use euthanasia as a last resort rather than as a substitute for palliative care. He wants to emphasize that euthanasia must be a part of palliative care and that a united team must make choices about it.[76]

In his article "Euthanasia – A dignified end of life!" Vaibhav Goel argued that providing the terminally ill with compassionate, expert care is the true alternative to euthanasia. In England, a novel idea for the terminally sick emerged under the name of Hospice care in professional, compassionate care of the dying. Throughout the Western world, this idea has become widespread. The call for euthanasia goes away once a patient feels accepted and is not seen as a burden by others, once his pain is controlled, and after other symptoms have at least been scaled back to bearable levels. When medical students are given sufficient training in a teaching hospital, proper care is the alternative to it. Technically, the ideas of euthanasia and the right to die are not inherently offensive. Instead, they promote the concept of personal satisfaction. The author also stated that it is the family's responsibility to monitor a disappointed person's social and psychological status. As a social welfare state, India is responsible for taking the appropriate actions. The author concluded that the essential theological mechanisms should be used to grant people, families, medical professionals, and

[75] C. Karthikeyan, "An Analytical Study on Euthanasia, and Its Possible Impact in India; With Special Reference to Recent Approval of Passive Euthanasia" 2(16), *International Journal of Business and Administration Research Review*, 190-195, (2016).
[76] Visnja Strinic, "Arguments in Support and Against Euthanasia" 9(7), *British Journal of Medicine & Medical Research*, 1-12 (2015).

society the right to a dignified end of life. It also stated that a timely choice could avoid the financial and emotional suffering of the dying person.[77]

In their paper "Euthanasia: A study in Indian perspective, " Shashank Tyagi and Shreya Singh contended that the judiciary must legalize active euthanasia so that those who choose to end the lives of themselves or others may do so without interference from the legislature or the judiciary.[78]

Arsalaan. F. Rashid, Balbir Kaur, and O.P. Aggarwal, in their review research paper, "Euthanasia Revisited: The Aruna Shanbaug Verdict", contended that the topic of who gets to decide what is in the patient's best interest when he or she is in a PVS is still not clear. According to most decisions, a choice made by parents, a spouse, or another close family should be considered if it is informed but is not conclusive. In their response, they point out that, while the requests of close family members and friends, as well as the opinions of medical professionals, should be given appropriate weight in reaching a decision, it is ultimately up to the Court to decide, as parens patriae, what is in the patient's best interest.

Piyali Chatterjee In her paper, "Right to Life with Dignity also includes Right to Die with Dignity: - Time to amend Article 21 of Indian Constitution and Law of Euthanasia", posed the crucial question of whether the right to a dignified life encompasses the right to a dignified death. If the answer is yes, then why should a cancer patient who is already in the final stages of the disease undergo excruciating pain till death? The only choice in these situations to end the suffering of cancer patients is active euthanasia. Furthermore, the author added that most cancer patients passed away in unfortunate circumstances when neither they nor their families could bear the disease's painful agony for such a prolonged period. In these situations, dying with dignity is the only way for the patient and the patient's family to be relieved of their worst suffering ultimately. For these patients, active euthanasia is required. The author also stated that everyone who is born would eventually pass away. Where there is life, there is death, and this is a universal reality. Nobody is exempt from dying. The right to live and die with dignity is something that every man is entitled to in this

[77] Vaibhav Goel, "Euthanasia – A dignified end of life!" 3 (12), *International NGO Journal*, 224-231, (2008).
[78] Shashank Tyagi, Shreya Singh, "Euthanasia: A study in Indian perspective" 4(2), *International Journal of Law*, 4(2),236-237, (2018).

life. This right should not be denied to anyone. According to the author, the right to die with dignity for the terminally ill should be included in Article 21 of the Indian Constitution. To debate and determine the illnesses that may qualify as "terminally sick," a medical committee should be established. Additionally, physician-assisted suicide should be permitted for patients with certain diseases so that they can "die with dignity." The author described countries where the right to die with dignity is recognized. The author further highlighted that only wealthy individuals can live successfully in today's environment by using the Darwin principle of "Survival of the Fittest" as an example. And those who are destitute are destined for a life of sorrow from birth. However, death is the final stage of life and is invisible to the affluent and the poor. Therefore, there should not be any pain or suffering throughout this final phase of life.[79]

According to Dr Sandeepa Bhat B. and Shyamala D., authors of "Euthanasia Regime: A Comparative Analysis of Dutch and Indian Positions," the Netherlands has one of the most comprehensive legal systems for two apparent reasons. On the one hand, it specifies the requirements that must be met before performing euthanasia, and on the other side, it establishes Review Committees to act as checks and balances. Euthanasia is not therefore granted to the patient as a matter of right; instead, it has been made an exemption to the doctor's obligation under Dutch law. The particular legislation in the Netherlands has made their stance obvious, but the absence of explicit legislation in India has left their position uncertain. In order to protect the interests of physicians on the one hand and the vulnerable group of patients on the other, it is high time for the Indian legislature to intervene and clarify the legislation on euthanasia.**[80]**

In S Sheldon and M Thomson (eds), Hazel Biggs, "I don't want to be a burden! A Feminist Reflects on Women's Experiences on Death and Dying", said that if euthanasia was widely available, elderly people might feel coerced into adopting it. People may occasionally be forced to undergo euthanasia because of the vested

[79] Piyali Chatterjee, "Right to Life with Dignity also includes Right to Die with Dignity: - Time to amend Article 21 of Indian Constitution and Law of Euthanasia" 1 (5), *International Journal of Scientific Research in Science and Technology*, 117-121, (2015).
[80] Sandeepa B. Bhat, Shyamala D, *Euthanasia Regime: A Comparative Analysis of Dutch and Indian Positions* (2011) The West Bengal National University of Juridical Sciences, 32-33. NUJS Working Paper Series, NUJS/WP/2011/03, available at- http://www.nujs.edu/nujs-working-papers-research-series.html// (last visited on August 23, 2022)

interests of the family members, even when long-term medical treatment is available.[81] The author claimed that Richard A. Epstein's moral theory had significant ramifications in light of his rejection of the distinction between treatment withdrawal and euthanasia/assisted suicide. However, if there are no moral differences at play, then we need to explain why so many judges, legislators, and academics still place much importance on the distinction. The difference has, therefore, played a crucial role in American law, which the author examines in detail. Regarding the constitutional matter, the author argues that the issue is not whether providing euthanasia or assisted suicide is a constitutional right. Practically speaking, a right to euthanasia was granted when the Supreme Court upheld the option to forego life-sustaining care in Cruzan v. Director, Missouri Department of Health. Currently, the debate focuses on whether to decriminalize assisted suicide after a right to euthanasia has already been established. In response to that query, the authors contend that in a society where euthanasia is legal, assisted suicide improves patient welfare and reduces risks.[82]

Suresh Bada Math, and Santosh K. Chaturvedi, in their article 'Euthanasia: Right to Life vs Right to Die', explain euthanasia from an Indian perspective. Before examining the arguments for and against euthanasia, the authors first analyse the legal framework that controls the exercise of the right to life and, perhaps, the practice of death. The conflict between protecting the sanctity of life and allowing individuals to die quietly without pain has been thoroughly examined. The authors present an insightful examination of the potential abuse of euthanasia in India due to the commercialization of healthcare. The authors contend that the government should regulate euthanasia since it may potentially be misused by hospitals and family members for their personal advantage.[83]

Vinod K. Sinha, S. Basu, and S. Sarkhel, in their article "Euthanasia: An Indian perspective," write that with the availability of technologies that can artificially extend life since medical science is advancing in India and the rest of the globe, the

[81] Sally Sheldon, Michael Thomson (Eds.), *"Hazel Biggs, I don't want to be a burden! A Feminist Reflects on Women's Experiences on Death and Dying"* Feminist Perspectives on Health Care Law, London, Cavendish Publication, 289-292, (1998).
[82] Richard A. Epstein, *Mortal Peril: Our Inalienable Right to Health Care?* (Basic Books Publisher,2000).
[83] Suresh Bada Math, Santosh K Chaturvedi, "Euthanasia: Right to Life vs Right to Die" 136(6), *The Indian Journal of Medical Research*,899-902, (2012).

relatives of the patient in issue may incur significant costs as a result of this, and it may indirectly prolong final anguish. As a result, end-of-life concerns are becoming important ethical dilemmas in India's contemporary medical research. There are active supporters and opponents of PAS and euthanasia in India and the rest of the globe. However, it does not appear that the Indian legislative is sensitive to these.[84]

In his research article "Euthanasia: A Study into The Ethical and Legal Dimensions", Armaan Gandhi thought that passive euthanasia should be protected by legislation and made lawful. Euthanasia must, however, be legalized with a number of specific and detailed restrictions that must be carefully considered after assessing its implications as a matter of public policy as well as an individual right. Additionally, it was declared that only voluntary active euthanasia should be legalized. The patients themselves should sign a form indicating that they want to be put to death. However, euthanasia without patient permission and nonvoluntary euthanasia, which are performed when the patient is unable to decide for themselves, should continue to be considered illegal actions. This paradigm would stop euthanasia abuse and prejudice. Only in exceptional cases, after consulting with doctors and, if necessary, psychiatrists, should euthanasia be considered. Finally, before choosing euthanasia, it is essential to promote and evaluate alternatives like palliative care.[85]

In his article "Concept of Euthanasia in India – A Socio-Legal analysis, " Dr Sanjeev Kumar Tiwari said that euthanasia is contentious and delicate, provoking strong emotions and misunderstandings. Despite being often discussed in scholarly publications and the general media, it lacks a defined set of terms and concepts. The conflict arises from the need to vigorously preserve the right to life while promoting autonomy and individual rights so that each person may decide for themselves whether to live or die. Numerous questions need to have their answers clarified since they are ambiguous. The urgent need for comprehensive regulation on this delicate subject must be addressed while exercising extreme precaution and care in light of our

[84] Vinod K Sinha, S Basu, et.al., "Euthanasia: An Indian perspective" 54(2), *Indian Journal of Psychiatry*,177- 183, (2012).
[85] Armaan Gandhi, "Euthanasia: A Study into The Ethical and Legal Dimensions" 8(9), *International Journal of Advance Research*,155-164, (2020).

country's long-standing religious beliefs, culture, and natural and physical sensibilities.[86]

In "The Supreme Court of India on Euthanasia: Too Little, Too Late", the authors Sunita VS Bandewar, Leni Chaudhuri, Lubna Duggal, and Sanjay Nagral, in their article provide a detailed analysis of the case decided by the Supreme Court's Constitution Bench in the matter of Common Cause v. Union of India. The article claims that the Supreme Court failed to articulate its interpretation of the distinction between active and passive euthanasia. The article continues by asserting that the guidelines established by the Supreme Court for administering euthanasia or enforcing prior directives are not only complex but also almost unavailable to the general population. Even though the Supreme Court in Common Cause v. Union of India delivered a lengthy judgment with 522 pages, it only approved and authorized specific types of euthanasia, particularly the passive form of euthanasia.[87]

The author Rohini Shukla, in 'Passive Euthanasia in India: A Critique', contends that doctors should have the power to evaluate each patient's condition and decide if euthanasia should be used to assist the patient die with dignity. The author argues that doctors should be free to take action that could lead to a dignified death rather than being forced to attempt to preserve the patients' lives in every circumstance. The article also highlights the inconsistencies in the Supreme Court's Division Bench decision, including its fuzziness in defining active and passive euthanasia. The Supreme Court assumed that passive euthanasia is less unpleasant than active euthanasia in the case of Aruna. According to the author, the difference between the two strategies has to be further studied, as it is possible that this assumption is not always accurate.[88]

In her Article "Legal challenges to euthanasia India: A Critical study, " Sharma Seema voiced opposition to the legalization of euthanasia and claimed that India's legal system might not be comparable to that of the Netherlands or Belgium, where it is permitted under specific conditions. Euthanasia is an unnatural way to end

[86] Sanjeev Kumar Tiwari, "Concept of Euthanasia in India – A Socio- Legal analysis" 2(3), *International Journal of Law and Legal Jurisprudence Studies*, Universal Multidisciplinary Research Institute Pvt Ltd.
[87] Sunita Vs Bandewar, Leni Chaudhuri et. al., "The Supreme Court of India on Euthanasia: Too Little, Too Late" 3(2), *Indian Journal of Medical Ethics*,91-94, (2018).
[88] Rohini Shukla, "Passive Euthanasia in India: A Critique" 1(1), *Indian Journal of Medical Ethics*,35-38, (2016).

life, which makes it contradictory and incompatible with the idea of the "right to life," which is a natural right. The State has a responsibility to safeguard human life and provide medical care. There is a serious concern that if euthanasia is legalized, the State may refuse to invest in health care. Additionally, there is a chance that family or society may misuse euthanasia to get the patient's possessions. In a developing country like India, the high cost of keeping patients alive causes patients and their families to withdraw from or refuse treatment. If euthanasia becomes legalized, the commercial health industry will execute countless old and disabled Indians for a pitiful sum of money. According to the author, not even the person in question has the authority to take away another person's life. Because investing in health is not a charitable act and the right to life in our constitution also includes the right to health, the government should provide adequate health care for the poor.[89]

In her masterpiece Revisiting Euthanasia: A Comparative Analysis of a Right to Die in Dignity, Nuno Ferreira clarifies the terms and ideas often used in the euthanasia discussion and lucidly presents the arguments made by civic groups and writers to support or against the legalization of euthanasia. The author then discusses the legal and social context surrounding euthanasia in multiple countries, where cases and legislation have prompted a greater social consciousness. The author also tries to compare the various national contexts previously examined. Finally, it discusses how to improve the current perspective and seek better solutions for regulating euthanasia. In addition, the author said that many situations in which euthanasia is recommended result from medical professionals pushing for the continuation of irreversible coma treatments and rejuvenation procedures that should not have ever been initiated. Since there are frequently almost no chances for improvement in these circumstances, it is best to avoid them from the outset to save the families and medical staff from emotional suffering and ethical complexities. According to the author, when these situations cannot be avoided, no one should face additional punishment due to poor judgement or lack of time to make a more thoughtful choice. Therefore, physicians, families, and patients should be permitted to stop the life-saving mechanism and even

[89] Seema Sharma, "Legal challenges to euthanasia in India: A Critical study" 7(2), *International Journal of Research in Economics and Social Sciences*,223-228, (2017).

request a fatal injection if rejuvenation attempts or the usage of a life-saving system leads to a vegetative state or the prolongation of terrible agony.[90]

Anton van Niekerk in his article "We have a right to die with dignity. The medical profession has a duty to assist", stated in favour of euthanasia by saying that it is sometimes argued in favour of voluntary active euthanasia or physician-assisted suicide that individuals have the right to die with dignity just as they have the right to live. Some medical illnesses are just so excruciatingly painful and needlessly protracted that the ability of the medical community to provide palliative care to lessen suffering is exceeded. The sufferers lose most of their dignity due to unrelenting terminal pain. Additionally, modern medical research and practice can extend human life in ways that have never been done before. It might be a prolonging that all too frequently entails a concurrent prolongation of needless misery. Families and the healthcare system are under tremendous pressure to devote time and expensive resources to patients with little hope of recovery and are doomed to death. The argument makes the case that helping such patients terminate their life is not cruel nor disrespectful, especially if they do so explicitly and repeatedly. Although the arguments against it raise valid concerns that must be addressed, the author supports active voluntary euthanasia and physician-assisted suicide.[91]

While distinguishing between the concept of death and the notion of dignity, Peter Allmark, in his article "Death with dignity", remarked that the terms "death" and "dignity" have come to mean basically the same thing: a person who lives well. This means that having dignity is a personal achievement and that having a dignified death cannot be bestowed onto a person by others, such as medical experts. In contrast, he further stated that insults against one's dignity are considered indignities. These factors make it difficult or impossible for someone to live honourably, mainly because they make it impossible for him to participate actively and sensibly in his own life. Here, healthcare providers have a dual responsibility: the first is to avoid imposing such humiliations, and the second is to lessen them. It appears to provide initial support for voluntary euthanasia. For instance, a person could decide to take his

[90] Nuno Ferreira, "Revisiting Euthanasia: A Comparative Analysis of a Right to Die in Dignity" Bremen,64-67, (2005), ISSN 0947-5729, available at- http://sro.sussex.ac.uk// (last visited on October 20, 2022)

[91] Niekerk, Anton Van, *"We have a right to die with dignity. The medical profession has a duty to assist"*,2016, October 25, 2016 available at- https://theconversation.com/we-have-a-right-to-die-with-dignity-the-medical-profession-has-a-duty-to-assist-67574// (last visited on August 23, 2022)

or her own life today while he or she is still healthy and capable of living and dying with dignity rather than battle a disease that makes that prospect impossible. However, this support for euthanasia is not very strong. It is obvious that despite having a strong character, a person's dignity can be taken away by bad luck. It is far from certain that suicide or euthanasia would save it if this occurs. Additionally, choosing euthanasia without a valid basis can be considered an insult to human dignity in and of itself.[92]

The author Sujata Pawar in her article "Euthanasia: Indian Socio-Legal Perspectives", made the contention that in order to decide the euthanasia issue, the contradiction between the principle of the sanctity of life and the rights to autonomy and dignity of a human being must be resolved. Euthanasia may be permitted as a necessary exemption only in the passive form in appropriate cases when the patient cannot provide consent, and the medical opinion is that the patient's death is close and definite and that withdrawing life support is in the patient's best interests.[93]

Dr Amit Patil, in his article, "Euthanasia: Ethical and Legal Perspective", stated that Doctors are at the centre of this ethical dilemma as, ultimately, they are going to perform PAS and practising it would seriously undermine and jeopardize the objectives of the medical profession. Medical science is progressing, and we now have better ways of controlling terminally ill patients' unbearable pain. Even the life of such patients can be prolonged by artificial means. Though these efforts will improve the quality of life, these methods may be costly for the patient's family. Also, considering the low ethical levels prevailing in society, one cannot rule out the possibility of using such a request of passive euthanasia by unscrupulous relatives for ulterior motives. Though the recent Supreme Court judgment greatly boosted the proponents of euthanasia, there is still scope for its misuse.[94]

1.14 Chapterization

Chapter 1 Introduction: The first chapter is the introductory chapter, which discusses the general aspect of euthanasia. This introductory chapter deals with a brief

[92] Peter Allmark, "Death with dignity" 28(4), *Journal of Medical Ethics*,255–257, (2002).
[93] Sujata Pawar, "Euthanasia: Indian Socio-Legal Perspectives"15, *Journal of Law, Policy and Globalization*,11-19, (2013).
[94] Amit Patil, "Euthanasia - Ethical and Legal Perspectives" 1(1), *D Y Patil Journal of Health Sciences*,7-10, (2013).

background to the topic of the thesis and then describes the significance and importance of this topic. The chapter then provides the research objectives in-depth as well as the limitations of the current study. The research questions and methodology are described based on the study objectives. A comprehensive literature review is provided, where important existing literature on the subject is analysed, creating a clear context, setting the tone for the research, and providing a brief overview of the study.

Chapter 2 Origin and Historical Development of Euthanasia: In the Second chapter, the author attempted to analyse the history and development of euthanasia and the evolution of the right to die with dignity in India. How it was developed from ancient times to modern periods and what views have been formulated and followed in almost all the major religions concerning euthanasia worldwide are also covered.

Chapter 3 Euthanasia and Dying with Dignity: A Human Rights approach: The third chapter deals with various human rights issues about euthanasia and dying with dignity in the context of human rights law. It also discusses the concept of dignity and individual dignity as a facet of Article 21. It also discusses about dignity in the human rights law and dignity in the international instrument such as the Universal Declaration of Human Rights, International Convention on Civil and Political Rights, International Convention on Economic Social and Cultural Rights, United Nations Convention on the Rights of the Child, Convention on the Rights of the Persons with Disabilities, Geneva conventions etc. and how suicide is different from euthanasia and also discusses the arguments for and against euthanasia.

Chapter 4 Euthanasia: Present Position in India: The fourth chapter discusses the legal aspect of euthanasia in India and the role of the Indian judiciary. It deals with the development of the legal position on the right to die in India. An analysis of the reports by the Law Commission of India is provided in the first part of the chapter. The chapter then dwells on important judicial decisions by the Supreme Court of India. In this part, an analysis of the crucial judgments laid out by the Indian Courts in the cases of P. Rathinam, Gian Kumar, Aruna Shanbaug, and Common Cause v. Union of India is carried out. In the last part of the chapter, a summary of the current law and procedure on the right to die with dignity in India. It also discusses constitutional aspects, other case laws and recent Supreme Court judgments.

Chapter 5 International Perspectives: A Comparative Analysis: The fifth chapter deals with the international legal position of euthanasia. To provide a comparative analysis, this chapter analyses the law governing euthanasia and advance directive practices in Australia, the United Kingdom, the United States of America, Switzerland, the Netherlands, and Belgium. The chapter starts by stating the need for comparative analysis. In this chapter, the researcher has discussed the legal position of euthanasia in various countries of the world.

Chapter 6 Critical Analysis of The Medical Treatment of Terminally-Ill Patients (Protection of Patients and Medical Practitioners) Bill, 2016: The sixth chapter analyses the draft bill on euthanasia proposed by the ministry of health and family welfare. Various key provisions of the bill are discussed including their shortcomings. The chapter also provides a few suggestions on removing those shortcomings.

Chapter 7 Suggestions and Conclusion: The seventh chapter deals with the conclusion and suggestions. It summarizes the entire thesis work and lays down the way forward. The chapter then provides suggestions and recommendations and lays out the importance of implementing these suggestions in the future.