

DBRANLU LAW REVIEW 2025

CONTENTS

Articles

1. **Unraveling Backwardness: Analyzing The Dynamics of Development from Individual to Community Perspectives**
Abhinav K Shukla and Dr. Anukriti Mishra 1
2. **Towards Privacy-Centric Governance: Analyzing India's Data Protection Trajectory**
Divya Singh and Dr. Harish Tiwari 30
3. **Recognising 'Euthanasia' As A Human Right: National and International Concern**
Dr. Jaswinder Kaur and Mr. Birendra Singh 46
4. **Social Reintegration of Released Prisoners in India: An Analysis of The States of Kerala and Tamil Nadu**
Harsh Mahaseth and Pratham Shah 63
5. **Social Stock Exchange: Navigating Roles, Regulations, and Urgent Reforms**
Satakshi Gupta and Priya Nahar. 77
6. **Social Security for the Digital Age: Evaluating Provisions Contained in The Social Security Code of 2020 for the Protection of Gig Workers in India**
Shailesh Kumar Pandey and Dr Balwinder Kaur 90

7. **Dark Patterns that Plague Indian E-commerce**
Swathi S and Sadhana S 110
8. **Media Trial: A Double-Edged Weapon to Be Used Within Legal Parameters**
Swechha Malik 128
9. **Indian Education System and Inclusivity: Gaging through the Policies towards the Divyang Community**
Vijoy Kumar Sinha and Saheli Chakraborty 140
- Case Comment*
10. **Anil Kumar v. State of Kerala**
Priya Sharma 156

RECOGNISING 'EUTHANASIA' AS A HUMAN RIGHT: NATIONAL AND INTERNATIONAL CONCERN

- Dr. Jaswinder Kaur* and Mr. Birendra Singh**

ABSTRACT

The legal concept of death has developed on the notion that it should happen naturally and anything otherwise shall be prohibited. However, cases like Aruna Shanbaug and Hannah Jonas have challenged this notion and put forward the concept of assisted suicide or euthanasia. The current article looks to understand euthanasia and analyses the different debates as to its legality, individual autonomy, religious grounds, and other related aspects. It further examines its emergence as a basic human right through the lenses of International Law, under the Indian legal system and comparative legal framework. Further it provides suggestions to the policy makers as to how uniform standards can be laid down for the right to die with dignity.

I. INTRODUCTION

"Death is not the greatest loss in life. The greatest loss is what dies inside us while we live."

~ Norman Cousins, American Journalist

Since time immemorial, scholars from different fields such as religion, policy, science, law, medicine etc. have attempted to find the meaning of life and death but the question regarding the true nature of death has remained unanswered. Within a wide range of different approaches towards looking at life and death, legal jurisprudence towards life and death has developed with an approach of death being an uncalled abrogation of life. While law acknowledges the death of a person as an inevitable and certain event, but it strictly base its understanding of death on the underlying premise that the event of death should come to a person of its own, and any act or assistance causing or accelerating death needs to be prohibited. Recent coverage of episodes all around the world of terminally ill patients lying in a vegetative state such as

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(Hembert)¹, (Aloisi 2008)² Eluana Englaro, (Verkaik, R. 2008)³ Hannah Jonas and (Barnagarwala, T. 2015)⁴ Aruna Shanbaug wishing to end their life at once instead of living for few more days only to witness grief pain has constrained us to question the said premise as to what quality of right to life does law attempts to preserve (Besirevic, 2008)?

With the advent of 21st Century, when medical science has seen rapid advancement and has been able to prolong the life expectancy of humans, there have been instances of a large number of patients who though are able to breathe but only to suffer traumatic pain and witness protracted death. This poses a question as to why law attempts to protect such prolonged life which is not worth living and against the will of the individual himself. Looking at this in light of evolved understanding of the term 'life' which is no more seen in its limited sense of animal existence, there have been recent debates and discussions over 'euthanasia' and 'right to die' as part of an individual's autonomy.

II. UNDERSTANDING EUTHANASIA AND ASSISTED SUICIDE

Before analysing the various laws allowing euthanasia as enacted in different jurisdictions around the world, it becomes essential to understand the meaning of Euthanasia, its types and debates around it. First will start with briefly explaining the concept of Euthanasia, its types and thereafter, point out major arguments in favour of and against Euthanasia as prevailing in the society.

2.1. Meaning of Euthanasia

The term 'Euthanasia' is derived from a Greek term 'EUTHANATOS' which is a combination of two words – 'EU' meaning 'good' and 'THANATOS' meaning 'death'. Looking at it together, meaning of Euthanasia comes out to be 'good death' (D. Chao, 2002). The term Euthanasia was used by English Philosopher Sir Francis Bacon in the Seventeenth Century (Report 241). Black's Law Dictionary defines Euthanasia as *'the act or practice of causing or hastening the death of a person who suffers from an incurable or terminal disease or condition,*

¹ Vincent Hembert, French, who became paralysed & blind after a road accident in 2000 and died after suffering pain for 3 years. His death in 2003 sparked debates in French Parliament to legalise active Euthanasia.

² Case of Eluana Englaro, who was lying in vegetative state for hospital in Italy after meeting with an accident and after suffering pain for nearly 16 years in vegetative state without any improvement, Italy Court authorised father to disconnect the feeding tube & let her daughter die.

³ 13 years old British Teenager, Hannah Jones, after undergoing chemotherapy & nearly dozen operations refused to undergo heart transplant surgery in 2008.

⁴ Aruna Ramchandra Shanbaug story remarked as centre of euthanasia debate in India, when after spending nearly 42 years in vegetative state, Supreme Court allowed passive euthanasia.

esp. a painful one, for reasons of mercy'.⁵ Basically, Euthanasia means intentional premature ending of life to relieve intolerable sufferings. Legal studies refer to it as 'death with dignity', 'mercy killing' or 'death at will'.

At this juncture, there is also need to understand Euthanasia as different from Assisted Suicide, Physician Assisted Suicide or Non-treatment decision. While Euthanasia is intentional killing of a person for his benefit, Assisted Suicide is assisting the person to kill himself. The point of contrast between both lies in the fact that while authority to act in case of Euthanasia lies in hands of other person, authority to act in case of assisted suicide lies in hand of the person who wants to end his life. Physician Assisted Suicide (PAS) is further a subset of Assisted Suicide, when the person helping the subject is physician who suggests the most appropriate recourse because of their medical expertise. On the other hand, Non-Treatment Decision (NTD) is an act of withholding medical treatment. NTD directive can be because of medical futility such as decision to not perform fourth line chemotherapy in a patient with rapid progressive cancer and upon whom previous treatment has not responded. The Non treatment decision is different from euthanasia as, unlike euthanasia, NTD does not attempt to fasten death rather it is based on accepting death as a natural event by omitting to undergo ineffective or futile treatment (Radbruch, 2016).

2.2. Religious views on Euthanasia

2.2.1. Islam

Islamic religious beliefs oppose euthanasia. They believe that all human life is sacred because Allah gave it, and that Allah determines how long each person will live. However, according to IMANA (Islamic Medical Association of America), shutting off life support for those who are believed to be in a persistent vegetative state is permitted. This is due to their view of all mechanical life support treatments as temporary (Euthanasia: Human Rights Perspective, n.d.).

2.2.2. Christianity

Christians are largely opposed to it. The arguments are typically founded on religious beliefs that life is provided by God and that humans are created in God's image. Some churches also stress the significance of not interfering with death's natural process. God's gift is life. Every human being must be respected, according to Christianity (Radbruch, 2016).

⁵ *Black's Law Dictionary (9th edn, 2009)* 634.

2.2.3. Hinduism

Monks promoted renunciation of the body (kaya) for eternal rewards and blessings in the pursuit for God in ancient India, according to Hindu faith. Making a demand for death is supported in cases where a sick individual is experiencing unbearable suffering. The right to sue for death stems from the freedom to choose one's own path. Everyone has the right to self-determination and the freedom to select his or her own way of life. Similarly, it is urged that everyone should have the right to end one's life when life becomes so stressful that it is easier to die than to live. As a result, death will provide him with respite from an incurable condition and a painful life. Euthanasia has been performed for centuries. Residents of Athens may get a dose of poison with official permission, allowing them to choose death over pain. Euthanasia debates fluctuate from country to country and culture to culture. Most Hindus believe that a doctor should refuse a patient's request for euthanasia since doing so would cause the soul and body to be separated at an unnatural moment. As a result, both the doctor's and the patient's karma will suffer. Other Hindus think that euthanasia is prohibited because it violates the ahimsa precept (doing no harm) (Monvik 2021).⁶

Karma: Hindus believe in the soul's (or atman's) rebirth over many lives, not all of which are human. Moksha, or escape from the cycle of death and rebirth, is the ultimate goal of existence. Karma determines a soul's next life as a result of its own good or bad conduct in previous lives. You could think of a soul's karma as the net worth of its good and negative activities. Without good karma, a soul cannot get moksha. According to the theory of karma, a Hindu seeks to get their life in order before they die, ensuring that there is no unfinished business or sadness. They attempt to attain the state of a sannyasin, a person who has forsaken the world. The ideal death is a conscious death, which indicates that palliative treatments that lower mental awareness will be problematic. Because one's final thoughts are relevant to the process, the state of mind that prompts a person to choose Euthanasia may alter the process of reincarnation.

Dharma: Hindus spend their lives in accordance with their dharma, or moral obligations and responsibilities. A Hindu's dharma mandates them to care for the elderly members of their community.

⁶ Monvik 2021, *Euthanasia: Human Rights perspective*. <https://www.legalserviceindia.com/legal/article-7487-euthanasia-human-rights-perspective.html>.

2.3. Types of Euthanasia

The classical definition of Euthanasia i.e. premature ending of natural life for a good death and to relieve the subject from intolerable pain is very broadly worded. This definition encompasses different types of euthanasia on basis of circumstances.

On the basis of consent of subject, Euthanasia has been classified into three types – Voluntary, Involuntary and Non-voluntary. Voluntary Euthanasia refers to a situation of euthanasia with consent of subject. When the subject has expressed his intention to premature death and someone performs any act or omission to let him die. Contrary to it, both in Involuntary and Non-voluntary Euthanasia, euthanasia is carried out without the consent of subject. However, the point of distinction between Involuntary and Non-voluntary Euthanasia lies in the fact that Involuntary Euthanasia refers to a situation when subject was competent to express his will but he was not consulted whereas Non-voluntary Euthanasia is a situation when the subject was not competent to decide for his life (D. Chao, 2002).

Parallely, on basis of modus operandi, Euthanasia has also been classified into two types – Active and Passive. Active Euthanasia as the name suggests require performance of some active act towards Euthanasia such as injecting a lethal drug etc. whereas Passive Euthanasia refers to situation when death is hastened by some omission.⁷ Technically, there exist a distinction between Active and Passive Euthanasia, but it is argued that such distinction has no nexus with the ultimate purpose of relieving sufferings. This distinction is essentially recognised due to ethical and religious debates and has no basis on legal and medical standards (The Moral Basis for a Right to Die on JSTOR). The term ‘Passive Euthanasia’ sometimes becomes misleading and causes unnecessary confusion with non-treatment directive (Hansard, 9 May 1994).

2.4. The Euthanasia Debate

Debates over euthanasia around the world have recently gained momentum in various fields of study including medical, legal, psychological, ethical etc. As observed above, literal meaning of euthanasia is ‘good death’, however the question what is ‘good death’ has remained unanswered and the quest for finding answer to this question has its own versions and limitations. The idea of euthanasia and voices to legalising it flows through the natural human

⁷ *Common Cause Society v Union of India (2018) 5 SCC 1.*

right to have dignified life. Despite debates all around the world, a common consensus on the topic is yet to be formed.

The principle argument for allowing euthanasia flows from the right to have dignified life and individual autonomy. It is argued that euthanasia should be legalised as each person have inherent right to be respected as an individual and should have complete authority over his own life (Lawrence O. Gostin, 1997). If a competent person is provided true knowledge about his medical condition on basis of best medical evidence, it is in the interest of individual as well as society that he be given liberty to take decision about his life. Besides argument of individual autonomy and a quality life, the demand for legalising euthanasia is also based on principle of beneficence as allowing the person to die instead of forcing him to take more breaths just to suffer pain is in the best interests of the patient (N M Harris, 2001). This can also be considered in light of utilitarianism theory of maximising pleasure and minimising pain. Euthanasia enables subjects to avoid misery and make most of their last days. In addition to above, the agreement for euthanasia and physician assisted suicide also flows from the argument that it would relieve burden from the relatives and available resources can be reallocated for saving lives of other needy patients. The practice of Euthanasia is also seen as appropriate means to proper health care in cases of incurable disease since death will relieve the patient from painful life (Mishra, S. & Singh, U. V., 2020).

On the other hand, this argument of individual autonomy is countered on the ground that justifying euthanasia as a contemporary human right of autonomy is absurd and self problematic as assisted suicide in the name of autonomy once acted upon takes away the very existence of individual autonomy (Safranek, J. P., 1998). Euthanasia is also seen as State's abdication of its duty to protect individuals. Other reasons for opposing euthanasia are based on possible repercussions of legalising it. Opponents argue that legalising euthanasia is a threat to weak old and vulnerable members of society as there are possible chances of financial and cultural pressures upon them to opt for euthanasia. Opponents also base their argument on the 'Slippery Slope' Phenomenon to regard euthanasia as first step towards genocide in the sense that today euthanasia as justifying killing of brain dead, tomorrow handicapped and then opponents of government. It is also contended that euthanasia would undermine the doctor patient relation as treating doctor should never foster idea of killing (N M Harris, 2001).

The practice is also majorly refuted on religious ground of euthanasia being an interference with sanctity of life. However the religious arguments become self contradictory in cases as

while religious debate on euthanasia gives importance to sanctity of life and prohibits any interference with natural course of life on one hand, it also propounds the concept of actual life after death. There have been many traditional practices in nature of euthanasia based on the religious and cultural beliefs prevalent in society such as practice of Sallekhana or Santhara (Ghatwai, M., 2015),⁸ Thalaikoothal (Chatterjee, 2014),⁹ etc.

Therefore, it would be appropriate to conclude that despite debates all around, a common consensus and collective will on the concept of euthanasia is still unclear. Due to difference of religious views, personal experiences and cultural fabric, each community and nation perceives euthanasia differently. The next chapter analyses the legal validity and status of euthanasia at national as well as international level.

III. EUTHANASIA AS EMERGING HUMAN RIGHT NORM

In light of prevailing diversified views and conflicting arguments with regard to concept of euthanasia as outlined above, now would analyse how euthanasia has started to become an acceptable norm over the period of time and how jurisdictions around the world have started allowing euthanasia.

3.1. Under International legal regime

The voices for allowing euthanasia at international level are believed to have started in the year 1935 with foundation of 'Voluntary Euthanasia Society' in the UK, which in 2006 has changed its name as 'Dignity in Dying' (Dignity in Dying, 2006). The initiative to legalise euthanasia during 1935-36 saw major debates and resulted in introduction of Voluntary Euthanasia Legalisation Bill 1936 before the House of Lords, which could not see the light of the day and after rigorous debate was resolved in negative after second debate (Hansard, 1 December 1936). Thereafter, the Second World War led to atmosphere unfavourable to demand for Euthanasia. The euthanasia programme started by Nazi in the year 1939 which caused death of more than 70 thousand psychiatric patients by poison. Such programmes during Second World War reversed the momentum gained towards legalising euthanasia (D. Chao, 2002). The debate

⁸ *Santhara is a Jain ritual of fasting till death as an act of supreme renunciation & salvation. Ghatwai, M. (2015, September 1). The Jain religion and the right to die by Santhara.*

⁹ *Thalaikoothal is the traditional practice of killing elderly people by their own family members, observed in some parts of southern districts of Tamil Nadu state of India.*

remained silent until late 1970's and early 1980s, when several incidents of terminally ill patients being forced to suffer pain came into limelight. The stories of sympathetic patient

Despite euthanasia in its varied contexts slowly becoming acceptable norm around the world, "right to die with dignity" or "euthanasia" or "assisted dying" finds no express enumeration in any international human rights treaty till date. However, there are various instruments under human rights law recognising and reaffirming right to life, which can be seen as validating euthanasia in its varied contexts. Universal Declaration of Human Rights (UDHR) acknowledges that all human beings are born free, equal in dignity and are endowed with reason and conscience (Art. 1). Everyone has right to life, liberty and security of person (Art. 3). This acknowledgment is further fortified by International Covenant on Civil and Political Rights (ICCPR) which also guarantees legal protection of inherent right to life (Art. 6(1)). The scope of Right to life as used under ICCPR has been interpreted widely from time to time. As per Human Rights Committee General Comment No.36 on Article 6 ICCPR (as adopted on 30 October 2018) though not expressly mentions about die with dignity but does acknowledge it being followed by state parties in context of human dignity of personal autonomy. Para no.9 thereof provides that while state parties should take measures to prevent suicide as a general rule, the State parties which allow termination of life of afflicted adults such as terminally ill, who experience severe physical or mental pain and suffering and wish to die with dignity, should ensure robust safeguards to prevent its abuse (Art. 6).

Besides it, the right to proper and effective medical health care also carries it with implications of euthanasia in its varied form of physician assisted suicide particularly. The right to the highest attainable standard of health guaranteed under Article 12 of ICESCR (Art. 12) interpreted vide General Comment No.14 (as adopted on 11 August 2000) Paragraph 25, incorporates enabling chronically and terminally ill older patients to die with dignity (Art. 12). Another inherent human right which impliedly supports euthanasia is recognition of inherent dignity of a person provided & ensured under almost all human rights instruments including the UDHR (Art. 1, 22 & 23), the ICCPR (Art. 10 (1) and the ICESCR (Preamble). The inherent right of human to have a dignified life should extend to whole life till death and thus, to die with dignity also flows as necessary corollary out of this right.

Thus, although international human rights law though impliedly acknowledge euthanasia in its varied contexts, but express stand of international community on the concept of euthanasia is still awaited. And in such circumstances, the decision has been left with municipal perspective.

Around the world, various jurisdictions have started recognising and allowing euthanasia in their own understandings (Staff, 2021). The table below illustrates jurisdictions allowing euthanasia or assisted suicide, year of allowing:

S. No.	Jurisdiction	Year of legalising 'die with dignity'	Legal Status
1.	Switzerland	1942	Euthanasia is not allowed. However, Assisted Suicide have been decriminalised except if carried out with selfish motive.
2.	Columbia	1997	Court ruling decriminalised Euthanasia and Physician Assisted Suicide.
3.	Netherlands	2002	Enacted legislation allowing Euthanasia and Assisted Suicide.
4.	Belgium	2002	Enacted legislation allowing Euthanasia and Physician Assisted Suicide.
5.	Luxemburg	2009	Enacted legislation allowing Euthanasia and Assisted Suicide.
6.	Canada	2016	Enacted legislation allowing Euthanasia and Assisted Suicide under label "Medical Assistance in Dying" In Quebec, only Euthanasia is allowed.
7.	Victoria	2017	Enacted legislation allowing Euthanasia and Assisted Suicide under label "Voluntary Assisted Dying"
8.	Western Australia	2019	Enacted legislation allowing Euthanasia and Assisted Suicide under label "Voluntary Assisted Dying"

9.	Germany	2020	Apex Court held Assisted Suicide to be legal while euthanasia still remains offence.
10.	Spain	2021	Enacted legislation allowing Euthanasia and Assisted Suicide.
11.	India	2023	In 2018 the Supreme Court recognised the right to die with dignity as a fundamental right and prescribed guidelines for terminally ill patients to enforce the right. In 2023 the Supreme Court modified the guidelines to make the right to die with dignity more accessible, but not enacted any legislation as of now.
12.	USA	Oregon (first in 1997), Washington, Vermont, California, Colorado, Washington DC, Hawaii, New Jersey, Maine, Montana and New Mexico allow Physician Assisted Suicide.	

3.2. Under Indian Legal System

India has not enacted any legislation or statute legalising mercy killing in India. Though Law Commission of India in its 241st Report, 2012 recommended to enact law allowing Passive Euthanasia for terminally ill patients and annexed revised ‘The Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill’, which was earlier recommended in its 196th Report, 2006 (Law Com No 241, 2012). But, the legislation has not seen light of the day till date. The only text in legislative framework which mentions about euthanasia is Clause 6.7 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 provides practising euthanasia is an unethical conduct. However, in exceptional cases decision to withdraw life support would be taken by team of doctors by proper procedure (Regulations, 2002).

The jurisprudence around the concept of euthanasia has developed in India through judicial interpretations. The question whether right to life guaranteed under Article 21 of the Constitution of India includes right to die with dignity has been posed before Court at various

instances. In *P. Rathinam N. Patnaik v Union of India* (P. Rathinam Case)¹⁰ Supreme Court, while dealing with constitutionality of S.309 Indian Penal Code held right to life includes right not to live a forced life. But this interpretation was overruled in 1996 by constitution bench of Supreme Court.¹¹ Thereafter, after public coverage of case of Aruna Shanbaug lying in vegetative state for almost 4 decades, a petition was filed for permitting Euthanasia but the same was turned down by Supreme Court, while holding that passive euthanasia can be legalised and extended in India only through legislation.¹² The same issue of euthanasia was again presented before Supreme Court, recently in *Common Cause Society v Union of India*, wherein Apex Court has recognised right to die with dignity as a fundamental right and has allowed passive euthanasia. Court has also paved way for using 'Advance Medical Directive' or 'Living Will' executed by person while he was in mental capacity.¹³

3.3. Complexities due to absence of uniform international standards

Though dying with dignity and end life laws are slowly becoming new normal around the world but the problem lies in the fact that, in absence of clear recognition of such concept under international human right law, each state perceives it in its own fashion. States like Netherland, Belgium, Luxemburg considers active euthanasia as part of dying with dignity whereas the laws in United States of America though considers active euthanasia as illegal but allows self administration of lethal drug in assistance of physician under the label physician assisted suicide (Sarah Morz & Others, 2021). India has taken a stand that though dying in dignity is a fundamental right but this is limited to allowing passive euthanasia and not active euthanasia. In opinion of researcher, allowing passive euthanasia in exclusion of active euthanasia has no nexus with the exercise of right to die with dignity since euthanasia in both ways (active or passive) attempts to hasten death & relieve sufferings. In the same way, allowing physician assisted suicide while keeping euthanasia illegal is not intelligible in context of die with dignity.

Another problem which lies with implementation of end of life laws is lack of common consensus as to who can access such option. While most of the jurisdictions keeps applicability of such laws restricted to adults (above 18 years) as competent to opt for euthanasia or assisted suicide, Netherland and Colombia extends it to children above 12 & 6 years respectively. Belgium on other hand has no age restriction although in case of children, can be opted only in

¹⁰ *P. Rathinam N. Patnaik v Union of India* AIR 1994 SC 1844, 1868.

¹¹ *Gian Kaur v State* AIR 1996 SC 946.

¹² *Aruna Ramachandra Shanbaug v Union of India* (2011) 4 SCC 454.

¹³ *Common Cause Society v Union of India* (2018) 5 SCC 1 (*Common Cause Society case*).

case of terminal illness (Davis, 2019). In India as well, passive euthanasia can also be opted by adult only.¹⁴ The researcher finds the model opted by Belgium best in context of age requirements since the essence behind human right lies in the fact that they are fundamental to very existence of the human and can be restricted by age. Beside it, there is also lack of common consensus on the point as to which patients can opt for euthanasia. While most of the countries restricts it to terminally ill patients, Belgium and Netherland extends it to conditions of unbearable sufferings (Staff, 2021). With respect to procedural requirements, while all jurisdictions mandates peer consultation Canada and USA skips the requirement of medical committee review of such request (Sarah Morz & Others, 2021).

When terminology, competency and procedural requirements are inconsistently defined, this presents a problem at international level. In present day globalised world, when access to information and movement is not being restricted within national limits, individuals who wish to exercise right to die with dignity generally travels to countries with less procedural restrictions to end their lives. In 2018, 221 individuals travelled to particular clinic at Switzerland to end their lives (Staff, 2021). Therefore, leaving the decision of acknowledging right to die with dignity and prescribing conditions thereupon with municipal governments is not practicable and there in need of recognising this right at international level.

IV. CONCLUSIONS AND SUGGESTIONS

4.1. Conclusions

After extensive understanding of Euthanasia in its varied contexts and analysis of primary debates, perceptions around the concept of euthanasia under introduction; AND analysis of legal status of dying with dignity at national as well as international level by looking at origin of concept of euthanasia, tracing right to die with dignity under international human rights documents, development of concept in India and inconsistencies in end life laws around different jurisdictions under various head, this study can be concluded as while debates around right to die with dignity and euthanasia remains to exist in society, legalisation of euthanasia and assisted suicides is expanding significantly. This research paper started with hypothesis that Euthanasia is not expressly recognised as human right norm internationally and is understood differently by different nations and there is need for international recognition of

¹⁴ *Common Cause Society Case.*

euthanasia as a natural human right and placing uniform standards for euthanasia taking into account possibility of it being abused, which stands proved in light of present research paper.

4.2. Suggestions

The study carried hereinbefore has confirmed that the law relating to right of dying with dignity is ambiguous & unsettled, and there is the need to expressly recognise right to die with dignity and lay down uniform standards and safeguards to protect vulnerable individuals from its abuse. Some key recommendations for laying down uniform standards which can be considered by policy makers are detailed below:-

- There is need to expressly recognise right to die with dignity as a fundamental human right. Denial of a human right just because there are chances of it being abused in itself.
- The exercise of euthanasia or assisted suicide should be pre-conditioned by ‘informed consent’. The subject should be provided with exact details about his medical conditions after proper medical diagnosis/ investigation.
- The applicability of end of life laws should not be restricted to adults only but should extend to individuals of all age groups. However, special safeguards to be laid down in cases of children below 18 years.
- The States should also incorporate concept of ‘advance directives’ and ‘living will’ to do away with problem of consent in cases when patient is not competent to consent. However, to act upon such advance directives certain additional safeguards to be laid down.
- To avoid ‘slippery slope’ argument, the conditions should be categorically specified for applicability of end of life laws. Euthanasia or assisted suicide should be last resort and should not be accessible if there are alternate options of relieving pain by palliative care etc.
- After Peer Consultation, Medical Committee Review of such decision to end life should be made mandatory to reconsider best interests of patients.

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