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# EUTHANASIA: A COMPREHENSIVE ANALYSIS ON INDIAN PERSPECTIVE

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ABSTRACT

In this civilization, the sedative care and value of existence matter in enduring life-threatening illnesses like high-grade cancer-like disease and HIV/AIDS have turned out to bea significant apprehension for Doctors. Corresponding this apprehension has happened one more contentious concern, i.e., Euthanasia or "mercy–killing" of lethally ill persons. Promoters of Physician-Assisted Suicide (PAS) experience it as a personal liberty to self-rulespontaneously,leadingthem to choosea peaceful death without any pain. The rival one feels that a doctor's responsibility for the demise of someonebreaks the vitalprinciple of the therapeuticcareer. Moreover, untreated melancholia and the prospect of collective'intimidation' in publicdemanding 'euthanasia'[1] put anauxiliaryinterrogationremark overmoral attitude,which is elementary to such an act. These apprehensions have guidedus to uncompromising leading standards for executing PAS. Appraisal of the psychological condition of the human being submissive to PAS happens tobe obligatory, and also, the responsibility of the psychiatric consultation developsinto essential. Although measured asunlawful in our country, PAS has numerous lawyers in the form of willful standards and declarations like "death with dignity"[2] establishment. It has achieved desire in the Honorable Apex Court decision in the ArunaShaunbag case. It stays to be noticed is till when it is obtained by this predisposedmatterclatters the Indian government.

1 Sinha, V. K. (2012). *Euthanasia: An Indian perspective*. ResearchGate <https://www.researchgate.net/publication/230872039>
2 Ibid.

## INTRODUCTION

Duringthe 17th century, Britishtheorist Sir Francis Bacon invented the term "euthanasia". Euthanasia originated from the Greek words "eu", which means "good" and "Thanatos", which means "death". Originally, it meant a "good" or "easy" death. Willful extermination is characterized as the organization of a noxious specialist by someone else to a patient to save the patient from terrible and untreatable misery. In typical fashion, the doctor is motivated by compassion and the expectation of curing the condition. Doctors perform euthanasia, which has been categorized as either "active" or "passive". Active euthanasia involves a general practitioner performing actions to end a patient's life. Aloof willful extermination worries about keeping or reducing activity key to maintaining life. Active euthanasia falls into one of three categories. Intentional killing is one type of dynamic willful extermination that is executed in the interest of the enduring person. Unintentional euthanasia, which is also popular as "mercy killing", is the process of endangering a patient's life to alleviate his suffering when the patient neverprayed for it. In non-willful killing, the training is completed despite the reality that the patient isn't in that frame of mind to give assent.

## 1. EUTHANASIA AND MORAL INTEGRITY

It is occasionally questioned that specialists have some specific moral obligations, a flat-out impulse by no means to take life, and it is only for this motive that they are never willing to contribute to willful extermination. According to this point of view, doctors are lawfullyforbidden from performing euthanasia, even when an endure has proficiently appealed it, for the reason that they infringe their most elementary professional commitment to by no means unnervingly and deliberately reason a patient's death.[3] However, as I will demonstrate, if sufficientcontemplation is provided to howphysicians'responsibilities are carried out and the ethical credence of neutralizingresponsibilities that are uniformly elemental to medicine, it is not apparent how the doctor's responsibilityby no means to execute could ever actually be unqualified — where that term is obtained to denoteunconditional or inviolable. Although it is a justifiableresponsibility, doctors do have a responsibility to refrain from deliberate murder.

The knoll of clinical science is the sole area that is recognized for the close three-sided interrelation between medication, regulation, and morals. Euthanasia is a mostly important area of medicine that sits at the intersection of law and ethics. Willful extermination question is obtained in different social orders of the world over an extensive period. The divergent legal positions pledged by the States replicate the field's never-ending dilemma. In veracity, the supported conditions of the States crossways the world have stretched out in the district of the moral planning of individuals dwelling in particular regions. Therefore, addressing the ethics of euthanasia is very important even in the modern era, when we are seeing a gradual rise in the number of populace who would like to use it because modern medical technology makes it easy to die without pain.[4]

With an outsized whole number of partners and excess of cultural hints, instances of willful extermination present amazing tackle to the general public overall and specialists specifically. The expansions in overabundance have brought forward inquiries regarding the recipe of direction, patients' independence, specialists' obligation to treat, anxieties of relatives, the job of the general public and State, and capable utilization of clinical assets to forestall wastage.[5]

More than the past few decades'integers of theorists' apprehension with medical ethics have found it progressively thornier to substantiate the comprehensivesegregation of taking life. Harris, in his prominent work on medical ethics, "The Value of Life" talks of killing as being a caring thing to do. Tooley, whose work on abortion and infanticide has caused extensivehullabaloo, takes issues further and argues freedom to life is notinexorably a concomitant of being a human being, and it does not inevitablypull out to newly born infants. Such a position is tremendous

3 <www.tendoffline.com>

4 Bhat, B. S. (2017). *Reflection on medical law and ethics: Euthanasia in India – Is ethics in the way of law?* (2nd ed.). p. 130.

5 Ibid.

and conspicuously a marginal one, but it is momentousneverthelessthat a prominentvoice in moral philosophy is questioning the ethics thatstringently outlaw any taking of human life.[6]

This has gone hand in hand with the increasingly significantfundamental role being given to the standard of independencenecessitates that we tolerate people as far as feasible to make their judgments, then why should the populace be denied the right to settle on something as vitallyclandestine as the mode and time of their dying.[7]

Healthcare professionals are morally obligated to appreciate life's purity and provide relief from suffering. Usefulness, independence, and equity are acknowledged moral principles directing the exercises of medical care specialists inside society. The application of these moral standards and the use of specific types of medical treatment have become at odds as a result of technological and medical advancements.

Hippocratic Oath and the International Code of Medical Ethics create moral challenges for doctors. According to the oath and the ethics, the doctor is to relieve the pain of his patient on one side and protect and prolong his life on the next side. First is the favor of Euthanasia, and second counters the doctrine.

Approaches that will result in reforms and delivery of health care are influenced by two distinct moral theories: the formalist or deontological view and the effective or significant view. According to John Stuart Mill's utilitarian perspective, ethical declarations are those that exaggerate the greatest optimistic equilibrium of worth over the least enthusiastic equilibrium of value for all individuals. Immanuel Kant articulated the normativeoutlook of ethics, which grasps that several actions are erroneous and others are right,not considering the outcome.

## 2. EUTHANASIAAND INTERNATIONAL PRACTICE

Analysis was done on the euthanasia experiences of other countries, where different strategies for legalizing the right to die were used. Deadly tourism is a phenomenon that has grown as a result of legislative decisions in some jurisdictions being inconsistent. A certain level of legislative harmonization or the establishment of suitable limits in the laws of those jurisdictions that have allowed euthanasia is required to prevent such a scenario. Since an interstate consensus cannot be reached, the Council of Europe handles the euthanasia issue individually at the state level.

Most states that are parties to the Convention for the Protection of Human Rights and Fundamental Freedoms have laws that criminalize aiding and abetting suicide or euthanasia. Because of this, the European Court of Human Rights (ECtHR) hears the majority of cases pertaining to the so-called "right to die". Therefore, when it comes to deciding whether a person has the right to die when and how they want, the European Court of Human Rights is the ultimate arbitrator. As a result, the Court is extremely hesitant to acknowledge the right to die. The ECtHR, however, remains impartial and acknowledges that member states have the right to make their own decisions on this complicated matter.

The formulation of Ukrainian and European legislation, national and international legal acts, and ECtHR rulings using the comparative and law technique was necessary to achieve the study's purpose. The writers processed international and legal acts in the sphere of human rights related to the exercise of the right to euthanasia and the realization of related rights using logical methods of analysis and synthesis. The comparative and legal technique is the most popular research approach for this topic. It enabled the writers to examine the right to euthanasia in detail, pinpoint similarities and differences, as well as the advantages and disadvantages of each, and spot patterns in how this phenomenon is being applied.

The experiences of other nations with euthanasia, where various approaches to granting the right to die were employed, were analyzed. The problem known as "deadly tourism" has increased as a result of conflicting state legislation. To avoid such a situation, some degree of legislative harmonization or the implementation of appropriate limits in the legislation of those jurisdictions that have allowed euthanasia is necessary. The Council of Europe addresses the euthanasia issue individually

6 Srivastava, L. (2013). *Euthanasia: Law and medicine*.
7 Ibid.

at the state level because an interstate consensus cannot be obtained.[8]

The Court does not consider the right to life to be a right to suicide or euthanasia, nor does it consider it to be a right to death. The study of the main cases that most clearly and informatively convey the ECtHR's stance on the right to die shows that the right to assisted suicide and the right to passive euthanasia may only be recognized as part of the Convention's right to respect for private life, and only if they do not contradict with the respondent state's national legislation. Before euthanasia is allowed in Ukraine, lawyers and specialists from the domains of medicine, bioethics, philosophy, sociology, and other disciplines ought to engage in a serious public discussion. To stop misuse and reduce the number of applications,[9]

The Venice Declaration on Incurable Diseases (1983) was endorsed by the 35th World Medical Assembly due to the seriousness of the subject at hand. This document states that a doctor may choose not to treat a patient who has an incurable illness with the patient's agreement (and, if the patient is incapable of expressing their wishes, with the approval of their immediate family). The aforementioned does not, however, absolve the physician of the duty to help a patient who is near death to lessen their suffering during the last stages of the illness.

Although the Declaration on Euthanasia (1987) was accepted by the 39th World Medical Assembly in Madrid, the topic of euthanasia is not specifically governed by international law. According to the Declaration, euthanasia is unethical since it involves purposefully taking a patient's life, even if the patient or their family members wish it. It does not negate the need for the doctor to respect the patient's wish to not impede their natural death process during the latter stages of their illness. Regardless of whether it is permitted by domestic or international legislation, euthanasia is practiced in many jurisdictions today. Euthanasia is legal in a number of states. Euthanasia is legal and practiced extensively in certain states. Regardless of whether it is permitted by domestic or international legislation, euthanasia is practiced in many jurisdictions today. Euthanasia is legal and practiced extensively in certain states.[10]

The Netherlands was among the first states in this regard. Both assisted suicide and direct euthanasia have been permitted in the nation since 2002. Euthanasia accounts for an average of 6.6% of all fatalities in the Netherlands. Cancer (66%), comorbid problems (12%), neurological diseases (6%), cardiovascular diseases (3.8%), respiratory diseases (3%), old age (3.3%), and the early stages of dementia (2.4%), mental disorders (1%), and other ailments are the most prevalent reasons of euthanasia. In 85% of cases, a general practitioner or family doctor performs euthanasia and is also the first person the patient turns to for assistance. Eighty percent of the time, the treatment is performed at home; just three percent are performed in hospitals, various types of nursing homes, or hospices. Physicians are permitted to conduct euthanasia under tight guidelines, which call for a high level of moral preparedness and accountability. Physicians are permitted to conduct euthanasia under tight guidelines, which call for a high level of moral preparedness and accountability.[11]

Finland and Sweden do not have laws against passive euthanasia. The legalization of active euthanasia is being discussed in France, where passive euthanasia is likewise not illegal. At the same time, health officials are being forced to enhance palliative care by the French Parliament. In the UK, euthanasia is now illegal under English law as it is considered intentional murder or manslaughter. The Dutch Parliament made the practice of euthanasia lawful in 2001. Belgium approved euthanasia in 2002. Switzerland formally authorized euthanasia in 2006. Euthanasia programs for foreigners are becoming incredibly popular in this state. The expression "travel to Switzerland" has lately come to mean euthanasia in Britain. Euthanasia has been permitted in Luxembourg since 2009.

8 Orlova, O. O., Alforova, T. M., Lezhnieva, T. M., Chernopiatov, S. V. &Kyrychenko, O. V. Euthanasia: National and international experience (based on the European Court of Human Rights practice materials). Journal of Forensic Science and Medicine.

9 Tavolzhanska, Y., Grynchak, S., Pcholkin, V. &Fedosova, O. (2020). Severe pain and suffering as effects of torture: Detection in medical and legal practice. *Georgian Medical News, 307*, pp. 185–193.

10 Supra Footnote no. 9.

11 Tkachenko, V.,Berezovska, L. (2019). The Issue of Euthanasia in the Practice of Family Physicians in the Netherlands. Fam Med.4:61-4.

Article 27 of the Ukrainian Constitution, Article 281 of the Ukrainian Civil Code, and Article 52 of the Law of Ukraine,"Fundamentals of Health Legislation of Ukraine" all expressly forbid euthanasia in any form. Euthanasia translates as "good, easy death" from the Greek words "eu", which means nice, and tanatos, which means death. The following are characteristics of euthanasia:

a) The patient needs to endure excruciating pain brought on by an incurable illness;
b) Not everyone can end life or speed up death, but certain professionals, including medical professionals, may;
c) A medical professional engages in this activity intentionally, either by acting or by not acting, and deliberately considers the repercussions of their actions;
d) The patient should repeatedly and consistently state that they wish to die, or if they are unable to do so, their close family members should make the request;
e) Euthanasia is performed just to alleviate the patient's suffering;
f) The effects of such an intervention should be completely, impartially, and promptly communicated to the patient or their representative;
g) The patient's death is the result of euthanasia.

**Judgments Delivered by the European Court of Human Rights**

When states fail to recognize the right to euthanasia, the European Court of Human Rights (ECtHR) steps in to seek justice. The ECtHR has heard very few cases pertaining to this matter. These include instances like "Haas v. Switzerland", "Koch v. Germany", "Gross v. Switzerland", "SanlesSanles v. Spain", and "Pretty v. the United Kingdom". An applicant stated in the case of "SanlesSanles v. Spain"[12] that the state should not interfere with an individual's choice of how to end their life. A person wished to pass away with dignity after suffering from agony and worry due to a vehicle accident that left them disabled. Nevertheless, the Spanish national courts declined, and a criminal inquiry was launched following the death.

The applicant in "Pretty v. The United Kingdom"[13] had a condition of the motile neurons thatwas incurable. The woman wanted to end her life because she knew that in the later stages of her condition, she would be paralyzed and unable to move her muscles, which would diminish her human dignity. She sought her spouse's assistance because she was physically unable to end her own life. The pair had previously requested that the police not punish her spouse for aiding suicide because it is illegal in the UK. But their plea was turned down. The woman applied to the ECtHR for infringement of the following rights after passing through the UK courts:

Article 2 of the Convention guarantees the right to life, whereas Article 3 forbids torture, Article 8 protects private and family life, Article 9 allows for freedom of speech, and Article 14 forbids discrimination. After reviewing the case, the ECtHR concluded that none of the articles cited by the applicant in "Pretty v. the United Kingdom" were violated by the conduct of the authorities.[14] The European Court of Human Rights (ECtHR) made it abundantly evident in this instance that the right to life guaranteed by Article 2 of the Convention does not imply or defend the right to die.

To put it another way, the issue of the right to euthanasia has been brought before the ECtHR. Contrary to the conventional interpretation of the right to life, the right to life takes on a negative connotation in the context of this right. Determining whether the right to life encompasses the freedom to choose when and how to pass away is the negative component of the right to life. The cases "Haas v. Switzerland" and "Koch v. Germany", which address the right to die as a component of the right to respect for private life in the context of Article 8 of the Convention, provide examples of the ECtHR's stance on euthanasia.[15]

The petitioner in the "Haas v. Switzerland" case had bipolar affective illness for 20 years, which was

12 The European Court of Human Rights. (2000). *Case of SanlesSanles v. Spain* (Application No. 48335/99). Available from <http://hudoc.echr.coe.int/eng?i=001-22151>

13 The European Court of Human Rights. (2002). *Case of Pretty v. the United Kingdom* (Application No. 2346/02). Available from <http://hudoc.echr.coe.int/fre?i=003-542432-544154>

14 Ibid.

15 The European Court of Human Rights. (2011). *Case of Haas v. Switzerland* (Application No. 31322/07). Available from <http://hudoc.echr.coe.int/rus?i=001-102940>

challenging to manage and kept them from leading a dignified life. The applicant made two suicide attempts and spent a number of times in a mental health facility throughout this period. The medicine could not be lawfully purchased. The petitioner claimed that their right to choose when they die had been violated, citing Article 8 of the Convention. In the "Koch v. Germany" case, a person with a life-threatening illness was denied permission to acquire a deadly dosage of a medication.[16]Article 8 of the Convention's criteria was broken in this case. The petitioner in the "Haas v. Switzerland" case had bipolar affective illness for 20 years, which was challenging to manage and kept them from leading a dignified life. The applicant made two suicide attempts and spent a number of times in a mental health facility throughout this period. The medicine could not be lawfully purchased. The petitioner claimed that their right to choose when they die had been violated, citing Article 8 of the Convention. In the "Koch v. Germany" case, a person with a life-threatening illness was denied permission to acquire a deadly dosage of a medication. Articles 8 of the Convention's criteria were broken in this case.

Therefore, two types of circumstances fall under the ECtHR's practice on the right to die. One category is the right to "assisted suicide", which occurs when a person requests a third party to help them end their life when they are physically unable to do so themselves or when a doctor prescribes a deadly amount of medication for voluntary death. The euthanasia of patients whose lives are artificially preserved falls under the second group of instances. In some situations, stopping therapy has the consequence of ending the patient's life (for instance, by stopping the use of specific medications or disconnecting the patient from artificial life support systems).The Council of Europe's Parliamentary Assembly adopted Recommendation No. 14/8, "On protection of the human rights and dignity of the chronically ill and the dying", on June 25, 1999.[17] The conflicts between euthanasia and the right to life guaranteed by Article 2 of the European Convention for the Protection of Human Rights and Fundamental Freedoms were highlighted in the text.

According to Gergeliynyk, assisted suicide and euthanasia are not "rights", therefore, the Convention on Human Rights should not enable the practice of euthanasia. According to scientists, euthanasia is a flagrant breach of Article 2 of the Convention, which established the concept that "no one can be deprived of life intentionally" and requires the state to respect and safeguard the lives of all persons without distinction. The Council of Europe's Parliamentary Assembly stated in 2005 that it opposed the legalization of euthanasia in some jurisdictions. The Council of Europe's Parliamentary Assembly stated that the development of a medication that might lessen patients' pain and palliative

## 3. A RELIGIOUS OUTLOOK

In the Hindu holy book, the Bhagavad Gita, it is stated that death is merely a step in the continuum of birth, life, death, and rebirth. Yudhisthir in the Mahabharata said, "It is most astonishing that man sentient of his mortality prolongs to experience that he can deceive death and does all he can accomplish this goal", which is a quote from the epic.

In contrast, Dr. Iftekhar Ali Raja began his discussion of Islam and medical ethics with a quote from Einstein. He cited the Last Address of the Prophet Mohammed, which said that no killing is allowed unless it is ordered by the courts to punish certain clearly defined crimes. This kind of murder shows no mercy.

Conversations about death are frowned upon all over the world. Although India's spiritualcustoms emphasize the decorum and piousconnotation of death, it is considered "apshagun" or unlucky, to even talk about it. However, when patients, their families, and medical professionals confront the unavoidable, it is essential to have discussions about the end of life. Without clear direction, the default choice is a pointlessly drawn-out death. Intensive care and recovery can coexist if done correctly[18].

16 The European Court of Human Rights. (2014). *Case of Gross v. Switzerland* (Application No. 67810/10). Available from <http://hudoc.echr.coe.int/rus?i=001-146780>

17 Council of Europe. (1999). *Recommendation No. 14/8 on the protection of human rights and the dignity of the terminally ill and the dying*. Available from <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=16722>

18 Gursahani, R. & Mani, R. K. (n.d.). India not a country to

In such a manner, it is acknowledged that the decisions made by clinical experts are, to some degree, not quite the same as those disclosed by the position concerning them and their families. Doctors and nurses valued the excellence of life and death more than the extent of life in the questionnaire-based ETHICATT study from Europe. In the expanded world, there is now a pervasivegeneralconsciousness of the ineffectiveness and encumber of seriousconcern in the rest few days of living, and the law is quickly keeping it into account. In the USA, during the mid-1970s, regulation and case regulation developed into genuinely settled lawful situations regarding impediments of treatment, mitigation, and living wills[19].

## 4. NON-CORRELATIVIST CONCEPTION OF DUTY OF A PHYSICIAN AND EUTHANASIA

However, owing to the reality that moral commitments have not for all time been interpreted as correlating with rights, this might not be sufficient to determine the query of whether doctors have a particular, categorical duty by no means to kill. A few hypotheses of obligation (e.g., Kant's or with the intention of the Thomistic Normal Regulation practice) are not reciprocal speculations because they don't depend primarily on taking place a connection among the freedoms of additional to make sense of what obligations are; they slightly, they prioritize their responsibilities (Citation: Finnis, 1980, Ch. 8), and extravagance rights as if they were derived from them (if rights are even treated at all). Therefore, even though a correlativetheory of this kind holds that one's moral obligations might be based on some aspect of one's association-with other people, this feature does not happen as a consequence of their moral claim but rather as a result of the incrediblescenery of the representative, for example, as her reasonableness or self-sufficiency. In the matter of particular duties, it appears obvious that moral obligations are created by the agent's community or proficient role.

Since doctors' obligations truly do have all the assigns of being extraordinary obligations, if they are likewise non-correlative, according to this sense, it might yet be feasible to contend that no less than them — the compulsion never to kill — is unrestricted, or sacred, such that gets away from any of the protests thought about up to this point. However, to make a convincing case for this, it has to be demonstrated that many things are there about medicine that require doctors to never deliberatelygive life execution to their patients. It has to be demonstrated that the division of what it means to be a doctor is to strictly prohibit killing.[20]

A patient's "right to life" means that they have the option to exercise it or not. That right, similar to any legally binding case, might be postponed. A doctor's obligation to safeguard the patient's existenceshould not be unqualified by any means, yet rather reliant upon the patient's choice regardless of whether to practice their freedom of life. According to this view of rights, it would appear that the doctor is obligated to never take the lifeof the enduringperson on purpose whenever the enduring person does not desire to be exterminated; under any circumstances, there is a highpossibility that the patient does skillfully communicate a craving to kick the bucket, under conditions anywhere it might be objective to accomplish as such, and ifso is what the person in question wants, the enduring person has postponed the freedom of life, and afterward, the doctor no longer has amoral responsibility to cease from purposefully killing that person.[21]

Therefore, it appears that the physician's responsibility not to take lifewill not be acategoricalresponsibility of themselves if the physician's ethicalresponsibilities are interpreted as correlating using the rights of patients (or others). Because the freedom to which euthanasia is correlated is either waivable or empty (relying on the notion of freedom we accept), and as a result, the duty is defeasible in situations where euthanasia would be deemed morally justifiable.

In severalmethods, this appears like a reasonable argument. But it is doubtlessly powerless against protest in one manner, for it isn't clear why a patient's trust would essentially be encouraged

die. *Indian Journal of Medical Ethics*.

19 Ibid.

20 Seay, G. (2005). Euthanasia and physicians' moral duties. *Journal of Medicine and Philosophy, 30*(5). pp. 517-533. <https://doi.org/10.1080/03605310500253071>

21 Ibid.

all the more successfully by the doctor's unqualified denial to take a life than by her severe loyalty to a patient's communicated wishes that regards his independence, on the off possibility that in attendanceof some cases in where the specialist can't notice the two standards. Even thoughwe generally esteem the existence and anticipate that our PCPs should esteem them as well, itnever is such in a few outrageous instances of horrendous, actual enduring toward the finish of living; moreover, in this instance, the patient may legitimately suppose the surgeon to honor his own decision to end his suffering sooner. In that scenario, why wouldn't the doctor's enthusiasm to endow with it be the strongest indication of her reliability? Why isn't the responsibility of reliability enhanced accomplished by respecting the patient's appeal for deliberatedynamic euthanasia if she is acquainted that the patient's prognosis is as awful as he thinks it is if all efforts at stinger have failed and if she is certain that the enduringdecided to die? Doubtlessly,in a few cases wherever, the rule of benevolence will itself be subject to regard for independence becausemany of the time,we can't realize without a doubt what is considered damage to anenduringunless we are acquainted withsomewhatconcerningthepersonalnatures.

Edmund CitationPellegrino (1992, p. 33) contributed to the Kass/Baumrinoutlook that medication is primarily about mending, however, for him, the faithmatter is just a result of double bigger worries. One argument is that allowing supported self-killing or euthanasia mighttake awayconventional-remedial prevention alongside deliberate killing. Another argument is that it will make it difficult to distinguish between deliberate and instinctive euthanasia, resulting in outlandishcircumstances in which people are euthanized against their will. In any matter, as someone has contended somewhere else (Seay, 2001), it is in no way, shape, or form clear that doctors will be caught on a dangerous slant into loathsome practices assuming the standard against purposeful use of killing is sometimes penetrated since the qualification among non-voluntary and compulsory killing is as a subject of information a brilliant line. When a patient is proficientat consenting, euthanasia is involuntary; however, whilst it is governed byanenduringwho has permanentlyvanished (or never had) the ability for proficiency, questions of consent—whether given or withheld—cannot arise. Euthanasia is non-deliberate when it is directed to a patient. At the same time as the final may be justified in some circumstances (such as when the enduring is undyinglycomatose and the relativesdesire to rescue organs that could be transplanted to put aside the lives of additional), the previous is incorrect because it infringes on the mainlyelementary aspect of the patient's autonomy.

## 5. INDIAN PERSPECTIVE OF EUTHANASIA

In its decision in the Common Cause Case in March 2018, the Apex Court of India made euthanasia fully legal in India. It has additionally permitted living wills and has even planned rules for this sake. However, the Indian judiciary's journey to legalize euthanasia was fraught with controversy, and there are still opinions in favor and against its legality. The query of whether the "Right to Life includes the Right to Die" has been the subject of intense debate. In this circumstance, it turns out to be exceptionally important to survey the assessments of different researchers to decide the legitimacy of the High Court's activity, particularly because of the special arrangement of Law and order in India. It may become very difficult to adequately enforce this rule in the absence of a clear law in the country. In addition, it is alleged that India has a weak rule of law. As a consequence, the vulnerable portions of the world may be exploited by euthanasia, which is why understanding the notion of euthanasia from the perspective of India is so important. As a result, the principle of this article is to investigate the notion of euthanasia in the radiance of the various legal frameworks that exist in various nations around the planet and to comprehend the Indian legal perspective on the subject. In the sense to comprehend the veracity of India's euthanasia laws, the remainder of the article will concentrate on the various arguments in favor of and against the practice.

Humans are living things that follow the rules of nature and complete the livingseries thatinitiates with their birth here on earth and ends when they die. On the other hand, for many persons, this

natural life cycle may become abnormal for several reasons, making it extremely difficult for them to die in a dignified manner. Today, because of the progression of clinical innovation, it is currently conceivable to keep people alive for quite a long time, regardless of whether they are alive in an extremely terrible circumstance, not deserving of living by any stretch of the imagination. In a situation like this, the idea of euthanasia takes center stage. The word "euthanasia" comes from a Greek phrase that means "good death".[22] It implies a demonstration of killing somebody who is extremely sick or exceptionally old so they don't endure any longer, according to the English word reference. It and mercy killing are frequently used interchangeably. But mercy killing occurs when a human being takes the life ofa different person since they think the victim would benefit from it, despite the possibility that the facts exposed will reveal a different truth. On the other hand, euthanasia is only referred to as "merciful killing" when the evidence and consensus concur that the individual should die. In India, the Jains and Hindus had traditional rituals called Santhara and Prayopavasa, respectively, in which one fasts until death.[23] Diverse countries have variantregulations regarding euthanasia. Under some conditions, voluntary euthanasia is legal in many nations. Latent willful extermination where the casualty is denied having food and water is, for the most part, lawful, while dynamic killing is legitimate in a couple of countries.[24]

## 5.1. The Genesis of Euthanasiain the Indian Judiciary

The majority of Indian society is religious. The vast majority of Indians adhere to and practice Hinduism. Pray-upavasa, or death by fasting, is a Hindu practice that is considered an "acceptable way for Hindus to end their life only in certain circumstances". Pray-upavasa must be non-violent and used only when the body has served its purpose and becomes a burden before it can be adopted. Different practices were showing the jokes of willful extermination, like Sati Pratha,[25]where the lady picked passing. In ancient India, it was accepted by society and religion. Samadhi and Jal Samaadhi had been obtained in other ways by saints, sages, seers, and sadhus. This custom is as yet predominant among strict and supernaturally arranged people. The update, or method of committing suicide on one's own, is associated with the tenets of IchchhaMaran, DayaMaran, and SwachchhandMrityu. These thoughts appear to be closer to the regulation of killing given under the Hindu lifestyle. The fruits of "freedom to leave" are these.

There is another branch of the Hindu religio-philosophical system with a different point of view. In Hindu strict requests, it is accepted that an individual can accomplish salvation or mukti and moksha from the pattern of resurrection if he/she passes on in a normal way. Sharad is also performed, and Tarpon is presented to the deceased person's soul if their death occurs naturally. A person's soul is not eligible for tarpon and shared if they die accidentally, by suicide, or have been killed by someone else. The soul of such a deceased person wandered throughout the universe without a destination. A Hindu cannot choose an inflicted death through suicide, assisted suicide, involuntary death, or mercy killing, according to religious traditions and customs.[26] In this way, a derivation can be drawn that willful extermination is strange to the Hindu culture and ethos.

The ancient Indian theocratic order known as the Jain religion recognizes euthanasia in the form of Santhara. "Presumed to voluntarily shunning all of life's temptations — food, water, emotions, bonds — after instinctively knowing death was imminent",[27] according to this Jain belief system. Santhara is referred to by a variety of names, including

22 Young, R. (2019). *Voluntary euthanasia*. Stanford Encyclopedia of Philosophy <https://plato.stanford.edu/entries/euthanasia-voluntary/>

23 Gandhi, K. R. (2019). *Euthanasia: A brief history and perspectives in India*. AIIMS Bhopal <https://www.researchgate.net/publication/320829903.Euthanasia.A.Brief.History.And.Perspectives.in.India>

24 Voluntary and involuntary euthanasia. (2019, January 8). BBC <https://www.bbc.co.uk/ethics/euthanasia/overview/volinvol.shtml>

25 Pawar, S. (2010). Euthanasia for death with dignity: Is it necessary? XXXVII (3-4). Indian Bar Review, at 4.

26 Sharma, P., & Ansari, S. (2015). Euthanasia in India: A historical perspective. *Dehradun Law Review, 7*(1). pp. 13–21. Retrieved from <http://www.dehradunlawreview.com>

27 Phadke, M., & Venkatraman, T. (2015, September 6). The right of death. *The Sunday Express* (Indian Express), New Delhi.

"Pandit Maran", "Sallekhana", and "Sakham-maran". It is believed to have been performed continually since Jainism was founded. The followers believe that "a person can opt for it when all purposes of life have been served, or when the body is unable to serve any more purpose". Sadhna would not be successful without Sallekhana, the center of Jainism. The Sikh religion is completely opposed to euthanasia and suicide, claiming that it is an interference in God's plan. Santhara is simply a matter of dying with dignity. This may be performed in matters of lethalinfirmity or imminent death, famine or the lack of food, and old age with the loss of faculties.[28] Still, if someone wants to die, the Christian religion opposes the assassination of innocent people. Christians hold the credence that "birth and death are fractions of the existenceprocedure that God has created, sowe should esteem them", as a fraction of their belief system.[29]

Euthanasia is categorically opposed in the Islamic socio-legal system. According to Islamic Sharia, human life is sacred and cannot be violated. "Do not take lives that Almightyendedconsecrated, additional than in the route of justice", it is commanded.[30] It is stated in another verse of the Quran that killing anyone, except murder or causing mischief in the land, is the same as killing the entire human race. Furthermore, it is stipulated that only Allah determines one's life expectancy, so it is forbidden to take one's own life.[31] According to Sharia, God alone, not a human being, is the one who gives and takes human life. The core of the above clarification is that Islam is against the possibility of killing in unambiguous terms.

Relevant fundamentals like the right to life, the right to die, the right to kill, and the right to be killed are addressed in euthanasia law. Consensual killing, suicide, and homicide are all legal terms for it. It is prevalently realized that willful extermination is a Greek idea that, in a real sense, implies great demise, in other words, simple passing. "It is the act of killing a person or animal without or with minimal pain for benevolent reasons, typically to end their suffering. In the strictest sense, euthanasia means actively causing death, but in a broader sense, it also means helping someone commit suicide in a specific situation. It is translated "into the Latin expression "benemortasia" meaning the benevolent or four mercy killing" by some jurists.[32] The idea that euthanasia is a way to kill someone is widespread. In some instances, it says that causing death is good or right, so there is no criminal liability for the death of a terminally ill person. These undertones have the effect that killing is a demonstration of abetment or prompting to end it all or to help self-destruction by offering guidance for finishing the existence of an at-death door 5 patient.[33]

The human and animal psyches, as a whole, are characterized by a dislike of death, whether it is untimely or not. Birth and death are always celebrated and mourned in human society. Most people want to live an extended period;however, there are instances when they wish to die to escape the pain and suffering of a long illness. In Indian culture, ethos, and history, we are familiar with the concepts of DayaMaran, SwachchhandMrityu, and IchchhaMaran. These upaye are given to free the spirit from the actual sufferings of a patient. These could have been endorsed for getting mukti from slow and horrendous delayed disease.

Jurists and historians have attempted to examine euthanasia's forms and patterns to dispel the myths surrounding the practice. The patient's intention plays a crucial role in the classification of the euthanasia concept. Active and passive euthanasia are the two types of euthanasia that are distinguished by intention and action. Active euthanasia involves injecting a powerful drug into patients six whose doctors have given up on even trying to save them with the best medical care.[34] "The doctor is enthusiasticallyengrossed in the termination of the enduring's life no matter for whatever reasons" is an attempt at active euthanasia. To put it another way, the intervention of the doctor results in death; otherwise, death might not have occurred. Another way, or at least, uninvolved

28 Ibid.

29 Sharma, S. R.Euthanasia and assisted suicide. *Nyaye Deep*. p. 41.

30 Quran, XVII: 33.

31 Quran, V: 32.

32 Masoodi, G. S., & Dhar, L. (1995). Euthanasia in Western and Islamic legal systems: Trends and developments. *Islamic and Comparative Law Review, XV-XVI*.p. 1.

33 Kadish, S. H. (1983). Encyclopaedia of crime & justice, New York. p. 709.

34 Mahapatra, D. (2011, March 8). Commenting on the judgment of the Supreme Court in the Aruna Shanbaug case. *Times of India*, New Delhi.

killing, includes "withdrawal of life-supporting medications and additionally life emotionally supportive network for patients" who are in an irreversible vegetative state. In the "Aruna Shanbaug case, the Apex Court allowed passive euthanasia"[35] while declaring active euthanasia a crime.

Moreover, there are three categories of euthanasia: voluntary, non-voluntary, and involuntary. In voluntary euthanasia, a terminally ill person expresses their desire to die. He declares his intention that he will no longer desire to live. The patient is supposed to beg for voluntary euthanasia if he or she asks for help dying, refuses medical treatment, requests the removal of a life support device, refuses to eat, or decides to die to avoid a painful future. Under non-intentional killing, the patient can't settle on a choice for taking his own life. This is based on the wishes of a close relative or guardian of the terminally ill person, not on the wishes of the patient.[36] This incorporates the situations where such quiet is in a trance state or extremely small kid or is under psychological sickness, which makes his daily routine hopeless and not worth experiencing. In these situations, a third party, such as a close relative, gives consent or requests that life support be removed. This third individual should be the gatekeeper or next companion of the patient. In the willful killing, the assent of the patient is fundamental. In addition, it needs to be an informed consent.

## 6. CHRONOLOGICAL LEGAL INTERPRETATION OF EUTHANASIA

### 6.1 Maruti ShripatiDubal Case[37]

In this instance, the petitioner was involved in an accident that resulted in manifoldhead injuries, which are the causeof his mental imbalance, and it was later discovered that he had schizophrenia. Because he once attempted suicide, he was even charged with the offense of attempting to consign suicide under Section 309 of the IPC. Following that, the Bombay High Court determined that a right can have both positive and negative aspects. As per the Court, the "right not to exist a strained life" falls under the explanation of the "right to life" in Article 21 of the Constitution of India. "No person shall be deprived of his life and personal liberty except under procedures established by law",[38] reads Article 21. The Court additionally went to the degree of negating Segment 309 of IPC, which endeavored to end it all as an offense, and held it unlawful as it disregarded Article 14 and Article 21 under the Constitution of India. After citing numerous scenarios in which anindividual might wish to finish their life, the Court concluded that the responsibility to die was not unconstitutional but rather unusual and unusual. In the P Rathinan case,[39] the ApexJurisdiction of India decided that "Section 309 of the Indian Penal Code was unconstitutional and held that the Right to Life includes the Right to Die".[40]

### 6.2 Gian Kaur Case16[41]

In the present case, the defendant and her spouse helped their daughter-in-law commit suicide. The ApexJurisdiction ruled that the Liberty to expire violates the Constitution and that anything that leads to the death of a person is against the Right to Life. In addition, it was decided that "death with dignity does not in any way indicate an unnatural extermination of life that restricts a person's natural life span". Again, in the Naresh Marotrao case[42], Justice Lodha ruled that mercy killing or euthanasia constitutes homicide regardless of the circumstances. Nevertheless, in this instance, a distinction was made between euthanasia and suicide. Suicide was defined as the act of killing oneself without the support of any other human being,

35 Priya (2024, October 25), case summery: Aruna Shanboug v. Union of India <https://legalfly.in/aruna-shanbaug-v-union-of-india/> [Last Access Nov. 11, 2024].

36 Harma, P. & Ansari, S. (2015). Euthanasia in India: A historical perspective. *Dehradun Law Review, 7*(1). p. 13–21. Retrieved from <http://www.dehradunlawreview.com>

37 Maruti ShripathiDubal v. State of Maharashtra, BomCR (1986). BOMLR 589.

38 Dahiya N. (2022 June 10). Right to Life. Blog ipleader <https://blog.ipleaders.in/right-to-life-2> [Last access 20th June 2023].

39 P. Rathinam v. Union of India. (1994). AIR SCC (3) 394.

40 Dahiya N. (2022 June 10). Right to Life, Blog ipleader <https://blog.ipleaders.in/right-to-life-2> [Last access 20th June 2023].

41 Gian Kaur v. State of Punjab (1996). AIR, 946, SCC (2) 881.

42 Naresh MarotraoSakhre v. Union of India. (1996). BomCr. 92.

whereas euthanasia, also recognized as compassionassassination, is the act of killing someone through the assistance of a different human being.

Supportedby the above-mentioned few cases, it can be concluded that, previous to the Common Cause case, the Indian judiciary interpreted the Constitution of India in a range of ways supportedby the nature and conditions of the cases in matters about the right to die. However, it was unclear from the regulation whether the Indian Constitution recognized euthanasia.

Under Section 309 of the IPC,it has been deemed constitutionally valid in the Gian Kaurcase, but Parliament should remove it because it has become outdated. When a person is depressed and makes a suicide attempt, he needs help rather than punishment. In State v. Sanjay Kumar Bhatia,[43] a case brought under section 309 of the IPC, the Delhi High Court noted that there is no reason for section 309 of the Indian Penal Code to remain in force. In Maruti ShripatiDubal v. State of Maharashtra,[44] the Bombay High Court looked into the constitutionality of section 309 and concluded that it violates both Article 14 and Article 21 of the Constitution. It was determined that the Section was arbitrary, discriminatory, and violated Article 14's guarantee of equality. The right to die or have one's life taken away was interpreted to be a fraction of Article 21. As a result, it was deemed an infringement of Article 21.

As a result, eventhough the patient's close relatives, doctors, or next friend decide to end life support, they have to obtain endorsement from the High Court by the Airedale's[45] cases. This is even more important in our country because we cannot rule out the possibility that relatives or others will cause harm to inherit the patient's property.

## 6.3 Aruna Ramchandra Shanbaug

Aruna Ramchandra Shanbaug v. Union of India,[46] a recent Supreme Court decision, set the stage for the legalization of passive euthanasia. In this present case, anappeal was filed with the Apex Court to allow Aruna Ramchandra Shanbaug's euthanasia because she is in a Persistent Vegetative State (P.V.S.) and almost lifeless. Aruna has no consciousness, and her brain is almost dead. The Apex Court established a committee to conduct a patient's medical examination to govern the issue. Finally, the petition filed on behalf of Shanbaug was denied by the court, which noted that while vigorous euthanasia is against the law, submissive euthanasia is lawful when supervised by the law. Additionally, the court endorsed eliminating the IPC's punishment for suicide attempts to decriminalize them. In this regard, the recommendations which have been launched by the Court will continue to be the law until Parliament adopts a law on the subject. The decision to end life support must be made by the patient's parents, spouse, or other close family members, or, in the nonappearance of any of these, by anindividual or group of people acting as a next friend. It can also be obtained by the patient's medical staff. However, the decision should be based solely on the patient's best interests.

After the decision in the ArunaShanbug case, in which Aruna was a nurse working in the "King Edward Memorial Hospital, Parel, Mumbai", and was strangled and solemnized by SohanlalWalmiki on Nov. 27, 1973, the issue in India became highly contentious. She was in a coma-like vegetative state ever since. The Supreme Court rejected Pinki Virani's petition for the passive euthanasia of the victim because the medical support staff were not in favor of it. However, as anoutcome of the court's legalization of passive euthanasia, several guidelines were established, including the requirement that the person deciding to perform the procedure must do so in the victim's best interest and with the approval of the relevant High Court. In addition, India legalized passive euthanasia in March 2018.[47]

The Court also allowed "living wills", but only if certain conditions were met. For example, the person making the will must be of sound mind and aware of the consequences; they might not be coerced or influenced; the will had to be written; at least two witnesses had to be present when the

43 State v. Sanjay Kumar Bhatia. 1985 Cri.L.J 931 (Del.)

44 Maruti ShripatiDubal v. State of Maharashtra. 1987 Cri.L.J 743 (Bom.)

45 Airedale's case 1993(1) All ER 821 (HL).

46 Aruna Ramchandra Shanbaug v. Union of India.2011(3) SCALE 298: MANU/SC/0176/2011.

47 Boruah, J. Euthanasia in India: A review on its constitutional validity. SSRN <https://ssrn.com/abstract=3868357>

person signed the will, which had to be countersigned by a Judicial Magistrate of First Class; and there were other requirements.

## 7. MEDICAL TREATMENT FOR TERMINALLY ILL PATIENTS BILL, 2016

This bill completely relies on the recommendation of the 241st Law Commission Report. The Ministry of Health and Family Welfare of India submitted this bill to the Indian Parliament, but it has not yet been passed. The purpose of passing the bill was to encourage respectable death. It makes voluntary passive euthanasia legal, and the competent patient can even make a living will to stop receiving medical care if the persons have an incurable disease. The assumption that a competent individual has the liberty to make an informed decision underpins this, Bill. However, the doctor's or the close relative's decision will not be final if the person in question was competent but did not make an informed choice. In such instances, the High Court's approval is required, and before making a decision, the High Court will have to consult three experts in the field.

This bill paves the way for the country to implement passive euthanasia by allowing patients who are of sound mind to make an educated decision about whether or not to withhold medical treatment for them.

- The bill says that anyone over the age of 16 who is terminally ill can decide to stop getting medical care and let the countryside take its course;
- Most importantly, the bill says that palliative care — also known as pain management — can continue and provides medical professionals, including doctors and nurses, with protection from legal consequences for withholding or withdrawing medical treatment;
- A patient's declaration of this decision to a medical professional is legally binding on the practitioner;
- However, the physician ought to be satisfied that the patient can make the decision and that it was made of their own free will (without any pressure);
- A panel of medical professionals would make the final determination regarding whether or not to end treatment, which would be based on each case;
- The pending bill also encompassesfacilities for the specific steps involved, such as forming the panel of medical experts and applying to the High Court for permission, among other things;
- The appropriate High Court must grant permission to withhold or withdraw treatment.

### 7.1. Who Should Apply for the Same?

- Any person obtaining permission from the court, including a close relative, friend, legal guardian, medical professional, or staff member caring for the patient;
- The chief justice of the High Court is required to assign such an application to a divisional bench because it is treated as an original petition. Within a month, the petition ought to be resolved to the greatest extent possible;
- A committee consisting of three well-known doctors will nominate this bench and require a report;
- The doctor or nurse should keep track of all the patient's information and ensure that the patient makes an informed choice;
- The doctor should tell the patient whether it's best to stop taking the medication or continue it;
- The patient should inform the family if the patient is unconscious;
- Any person who regularly visits the patient should be informed if the family members are incapableof being there:
- The bill does not discuss active euthanasia but rather only passive euthanasia. The latter is still in contradiction with the regulation in the nationsince it is considered that people with ulterior motives could use it improperly;
- Medical treatment is withheld or withdrawn, and the enduring dies without life support in passive euthanasia. Active euthanasia

comprises administering a lethal drug to the enduring, resulting in their death;

- The IPC stipulates penalties for active euthanasia;
- The bill says that an advanced medical directive — also recognized as a living will — is invalid and that anexisting will has no legal effect on a physician.

## 7.2. What is the Living Will?

If a patient becomes seriously ill and is incapableof making or communicating their own choices, will be a document that outlines their wishes regarding health care and treatment. Active declarations and advance medical directives are other names for living wills.

Concerns about the Upcoming Bill on Clinical Treatment for Incurably Ill Patients Experts have raised a few concerns about the bill. Below, we'll go over a few of them.

The bill lacks clarity regarding the perception of a living will. It is significant to communicate that the Supreme Court allowed people to make living wills in 2018.

It has been pointed out that the provision allowing minors between the ages of 16 and 17 to make this decision about withholding or withdrawing treatment is contradictory because, in India, only people over the age of 18 can marry or sign a contract.

There is a possibility that the bill's provisions will be misused. For instance, a dishonest physician may fabricate evidence to demonstrate that a patient had no chance of recovery when this was not the case. In addition, relatives or friends of a critically ill individual who is unconscious, in a coma, or incapableof giving consent may use the regulation to allow the enduring to be euthanized out of selfish interest and not in the patient's best interest.

Experts also believe that the bill's definition of "terminal illness" is subjective and ambiguous. A terminal illness is one in which a person cannot live a "meaningful life" due to a persistent and irreversible vegetative state. Additionally, disabled individuals may be disadvantaged by this definition.

## 8. BASIC ANALYSIS

Euthanasia is very different from murder, suicide, and attempted murder. Section 309 of the Indian Penal Code makes it illegal to attempt suicide, and Section 306 of the IPC makes it illegal to aid in suicide. People commit suicide for a variety of reasons, including marital strife, lovelessness, exam failure, unemployment, and so on. However, in euthanasia, these factors are absent. In cases of incurable diseases or when a person's life has become meaningless or hopeless as a consequence of a mental or physical handicap, euthanasia means administering a painless death. Furthermore, it differs from homicide. The murderer intends to harm or kill in his mind when he commits the crime. However, despite the purposeof killing, euthanasia is carried out in good faith. When a patient has been in a coma for 20-30 years or more, like ArunaShanbaug, the patient has a terminal illness that cannot be treated, is in irreparable condition, or has no chance of recovery or survival[48].

As a result, it is recommended that, while voluntary euthanasia should be allowed in many occurrences as an exception to the general rule, criminal punishments for suicide attempts and aiding suicide must be kept in the public interest. As a consequence, the Indian Parliament ought to pass a euthanasia law that permits doctors to end a patient's agonizing life with the patient's consent. The subsequent are some of the conditions under which Parliament may legalize euthanasia:

a) The patient's consent must be obtained;
b) The patient has failed all medical treatments;
c) The patient or his family is in deplorable economic or financial condition;
d) The doctor's intention must not be to cause harm;
e) Proper safeguards must be taken to prevent doctors from abusing it; and
f) Any other relevant circumstances.

Euthanasia could be legalized, but the laws would need to be extremely stringent. Each circumstance will needcautious monitoring that takes

48 Krishanu, "Euthanasia in India, the concept of euthanasia, the difference between euthanasia and suicide, kinds of euthanasia, arguments against and for euthanasia and latest SC judgment and suggestion"<https://www.legalservicesindia.com/>

into explanation the patient's, relatives', and doctors' perspectives. Given that this is a substance of life and death, it remains to be seen whether Indian society is mature enough to face this.

## CONCLUSION

If we carefully examine the arguments against making euthanasia legal, we can conclude that the most significant one is that doctors will misuse it. As a result, it is argued that if a patient or his family is willing to put their lives in the hands of a doctor they trust, then why shouldn't a doctor have such discretion to decide what is best for his patient? Another question that is frequently raised is whether doctors will eventually request involuntary or non-voluntary euthanasia if they are given the discretion to perform voluntary euthanasia. However, it is respectfully proposed that distinct legislation be drafted to only permit voluntary euthanasia and not involuntary or non-voluntary euthanasia. We are obliged to take into account the limited number of medical facilities and patients in India, as was previously mentioned. The question of who ought to have access to those facilities is still unanswered, whether a patient who is in the last stages of their illness or a patient who has a chance of recovering. The physician should not permit euthanasia for the reason that the enduring is asking for his death out of pain and agony. In the Gian Kaur case, the Apex Court ruled that Article 21 does not include the right to die. However, one may attempt to interpret it by the United States and England's interpretation of the rights to privacy, autonomy, and self-determination. As a result, we can see that since the aforementioned right falls under Article 21, it can also fall under Article 21. In the previous case, this question was not brought up. Again, the question about how doctors abuse this right remains unanswered. However, appropriate safeguards can be placed on this right to prevent abuse. One safeguard is the appointment of a qualified quasi-judicial authority with relevant medical knowledge to investigate the patient's request and the doctor's actions. Two or three additional assistant officials, one of whom may come from the legal profession, may also be appointed to strengthen the evidence. This will prevent any misuse of this right, which is given to patients who are terminally ill. In this case, we must consider the patient's painful situation, and reducing his pain should be our top priority. Now that we are aware that he will ultimately die today or tomorrow and that he has explicitly requested his demise, it makes no sense to deny him the right to at least live his life in the most humane manner possible. If not, his life won't be any better in that circumstance. As a result, the choice between allowing euthanasia and not allowing it is still up in the air when financial and medical considerations are taken into account.

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