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Confirm or Refute the Slippery Slope of Euthanasia: Comparative Analysis of Laws of Euthanasia of India, Netherlands and Switzerland

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ABSTRACT

This paper evaluates the need for euthanasia in the Indian context, with reference to how it is perceived in the Netherlands and Switzerland. The Constitution of India recognises the right to life and the right to die with dignity, but only within the boundaries of passive euthanasia; voluntary (active) death remains a criminal offence in India, and there are no statutory provisions or redressal mechanisms dealing with mercy killing. The study examines whether euthanasia laws of the kind found in Western jurisdictions such as the Netherlands and Switzerland are suited to India. In the Indian setting the judiciary has introduced passive euthanasia through a handful of judgments, yet public awareness of its advantages and drawbacks remains limited; the analysis is therefore oriented towards personal autonomy, impact and the attendant social dilemma, drawing on an open-ended, doctrinal and comparative approach.

Keywords: euthanasia, mercy killing, passive euthanasia, self-determination, right to die with dignity, assisted suicide

I. INTRODUCTION

The word euthanasia is derived from the Greek words 'eu', meaning good, and 'thanatos', meaning death. Commonly known as mercy killing, it is a process to accelerate the death of terminally ill patients with the intention of reducing their suffering, by active as well as passive means. The Netherlands was the first country to codify euthanasia laws with carefully regulated rules. The Supreme Court of India has recognised passive euthanasia through its landmark judgments in *Aruna Ramchandra Shanbaug v. Union of India*¹ and *Common Cause v. Union of India*², leading to recognition of the right to die with dignity under Article 21 of the Indian Constitution³. This paper therefore analyses in depth how the law of euthanasia evolved in the

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¹ *Aruna Ramchandra Shanbaug v. Union of India*, (2011) 4 SCC 454 (India).

² *Common Cause v. Union of India*, (2018) 5 SCC 1 (India).

³ INDIA CONST. art. 21.

Netherlands and how it is perceived in the Indian context, discussing whether euthanasia laws are needed in India, using a doctrinal research methodology that compares the legal decisions and statutes of three jurisdictions.

II. EUTHANASIA: BRIEF HISTORY AND ITS TYPES

Whether an individual possesses a legally enforceable right to die with dignity is still debated in this 21st century, as contemporary jurisprudence coincides with medical advancement allowing the prolongation of life. Discussion of euthanasia can be traced to the opinions of philosophers such as Socrates, Plato and the Stoics, who refused the traditional Christian belief depicted in the Ten Commandments.⁴ The term euthanasia was seen for the first time in Thomas More's *Utopia* (1516) and later, in 1605, Francis Bacon used the term in his work *The Advancement of Learning*.⁵ Debate on euthanasia started prominently after the publication of Karl Binding and Alfred Hoche's *Die Freigabe der Vernichtung lebensunwerten Lebens* (Permitting the Destruction of Life Unworthy of Life) in 1920. A Bill was introduced in Britain's House of Lords in 1936 stating that a person aged 21 years, who was mentally competent and fatally ill with an incurable disease and in immense pain, could request voluntary euthanasia; however, the Bill was rejected. Thereafter, in 1938, the Euthanasia Society of America was formed in New York. For the first time in history, passive euthanasia was accepted by the Vatican in 1957.⁶ Subsequently, in 1992, the British Medical Association expressed its support for the expression 'living will', which means that a person can execute a will expressing their wishes concerning death, and in 1997 the Patient Self-Determination Act was approved by the US Congress and implemented the 'living will'.⁷ After the case of *Lee v. State of Oregon*, Oregon became the first state to decriminalise euthanasia. The law of euthanasia was accepted on 28 November 2000 by the Dutch government and came into effect on 1 April 2002. Thus, the Netherlands became the first country to legalise euthanasia, followed by Belgium in 2002.

A. Types of euthanasia

Active and passive euthanasia: In active euthanasia, a person's life is taken consciously by a physician or another person to hasten death by administering a lethal injection. In passive

⁴ *The Ten Commandments, Come Unto Christ*, <https://www.churchofjesuschrist.org/comeuntochrist/uk/beliefs/holy-bible/the-ten-commandments> (last visited Sept. 24, 2025).

⁵ *A Brief History of Euthanasia and the Contribution of Medical and Surgical Ethics to the Cultural Debate*, Univ. of Catania, <https://www.iris.unict.it/retrieve/dfe4d227-2054-bb0a-e053-d805fe0a78d9/brief%20history%20pdf.pdf> (last visited Sept. 23, 2025).

⁶ Anna Hiatt, *The History of the Euthanasia Movement*, JSTOR DAILY (Jan. 6, 2016), <https://daily.jstor.org/history-euthanasia-movement/>.

⁷ A. Santosuoso, *A proposito di living will e di advance directives: Note per un dibattito*, 2 POLITICA DEL DIRITTO 477 (1990).

euthanasia, a person is left to die by withdrawing or withholding treatment. Alison Dines explains that 'passive euthanasia involves simply refraining from doing anything to keep a patient alive'.⁸

Voluntary euthanasia: Here a person requests to die and euthanasia is carried out with the free will of the patient. James Rachels defined voluntary euthanasia as the 'standard case in which a suffering terminal patient who, while rational, requests to be killed as an alternative to a slow, lingering death'.⁹

Non-voluntary euthanasia: This is carried out when the patient does not have the ability to communicate their will (for example, a person in a coma or vegetative state). Euthanasia is then carried out with the permission of a family member, by court order, or on the opinion of a health-care professional. It is defined as 'killing someone, supposedly in his own interests, but where he is either not in a position to have, or not in a position to express, any views on the matter'.¹⁰

Involuntary euthanasia: This type is performed without consent and falls within the ambit of murder. James Rachels notes that this kind of euthanasia is set aside as 'morally odious'.¹¹

III. INDIAN PERSPECTIVE ON EUTHANASIA

A. Ancient history

In Indian history, euthanasia can be traced to ancient times through notions such as 'daya maran', 'santhara' and 'upavasa'. These imply attaining the fruitfulness of life through moksha and were used to liberate the soul from suffering. In fifth-century Buddhism, the essence of euthanasia can be traced in the idea of 'samsara', through which a human attains mukti. The notion of euthanasia is rooted in various religious beliefs; in Hinduism, praya-upavasa (fasting to death), sati-pratha, samadhi, jal-samadhi, atmaghata and jauhar are near the notion of euthanasia.¹² However, India's ancient smritis such as the Manu Smriti and Yajnavalkya Smriti rejected the idea of taking one's own life, yet in the same smritis lower-caste people were forced to throw themselves into fire if they disobeyed Brahmins; thus Hindu religious thought gave mixed

⁸ A. Dines, *Does the Distinction Between Killing and Letting Die Justify Some Forms of Euthanasia?*, 21 J. ADVANCED NURSING 911 (1995).

⁹ JAMES RACHELS, *THE END OF LIFE: EUTHANASIA AND MORALITY* 179 (Oxford Univ. Press 1986).

¹⁰ JONATHAN GLOVER, *CAUSING DEATH AND SAVING LIVES* 190 (1977).

¹¹ RACHELS, *supra* note 9, at 179.

¹² Pankaj Sharma & Shahabuddin Ansari, *Euthanasia in India: A Historical Perspective*, DEHRADUN L. REV., <https://www.dehradunlawreview.com/wp-content/uploads/2020/06/2-Euthanasia-in-India-a-historical-perspective.pdf> (last visited Sept. 23, 2025).

notions about euthanasia.¹³ In the Jain religion, euthanasia is seen in the form of santhara.¹⁴ Religious ideology under Sikhism was wholly against any form of euthanasia, as it was believed that God-given life can be taken only by God himself. Christianity too was against the idea of euthanasia. In Islam there was a strong rejection of euthanasia: 'Do not take life, which Allah made sacred, other than in the course of justice'.¹⁵ In India, the debate on euthanasia started after the 42nd Law Commission Report of 1971.¹⁶

B. Landmark judgments

Until recent cases, the Indian judiciary did not seem to fully agree with euthanasia. The change in the judiciary's approach can be traced from *P. Rathinam v. Union of India*¹⁷ to the *Common Cause* case. Over these years, a gradual shift in the attitude of the Indian judiciary, from absolute prohibition to recognising the administration of passive euthanasia, could be seen.

In *P. Rathinam v. Union of India*, the Hon'ble Supreme Court of India decided that, under Article 21 of the Constitution, the 'right to life also constitutes the right to die'.¹⁸ In *Gian Kaur v. State of Punjab*,¹⁹ the Apex Court overruled the aforesaid decision and held that Article 21 of the Indian Constitution does not include the right to die. The Court observed that the right to life is a natural right, whereas termination of life is not a natural process. In *Aruna Ramchandra Shanbaug v. Union of India*,²⁰ the Supreme Court had to decide whether to stop feeding a patient lying in a persistent vegetative state. A petition was filed by a social activist as 'next friend'; the Supreme Court rejected her plea but laid down guidelines for passive euthanasia:

- The decision must be taken by the parents or spouse or, in their absence, a next friend, but it must be in the best interest of the patient.
- Even if the decision is taken by the family, next friend or doctors, permission must be obtained from the High Court concerned, until Parliament makes a law on euthanasia.²¹

In *Common Cause v. Union of India*,²² the Supreme Court held that passive euthanasia is permissible and that a living will or advance directive can be executed by the patient. The Court

¹³ Purushottama Bilimoria, *The Bioethics of Euthanasia in India: Past and Present*, Univ. of Chicago Divinity Sch., <https://divinity.uchicago.edu/sightings/articles/bioethics-euthanasia-india-past-and-present> (last visited Sept. 23, 2025).

¹⁴ Sharma & Ansari, *supra* note 12.

¹⁵ Sharvari Digambar Darekar & Dinesh Naik, *Euthanasia — Meaning, Types and Its Indian Framework*, SciSpace (2023), <https://scispace.com/pdf/euthanasia-meaning-types-and-its-indian-framework-4j0zhnf8jd.pdf>.

¹⁶ LAW COMM'N OF INDIA, 42nd Report on the Indian Penal Code (June 1971).

¹⁷ *P. Rathinam v. Union of India*, (1994) 3 SCC 394 (India).

¹⁸ *Id.*

¹⁹ *Gian Kaur v. State of Punjab*, (1996) 2 SCC 648 (India).

²⁰ *Aruna Shanbaug* (n 1).

²¹ *Id.*

²² *Common Cause* (n 2).

also gave directions for advance directives: the executant must be of sound mind; it must be voluntarily executed; and the will must clearly state the circumstances and instructions under which withholding and withdrawal of treatment should be resorted to. The will must be executed in the presence of two witnesses and be countersigned by a Judicial Magistrate First Class. If a patient is suffering from a prolonged illness, the advance directive can be considered only after approval by the hospital's medical board. The directive must then be notified to the jurisdictional collector, who shall constitute a medical board to review and grant approval. Following this, the decision must be communicated to the Judicial Magistrate First Class, who will make the final determination. The advance directive may be revoked by the patient at any time.

C. Article 21 of the Indian Constitution: right to die

Article 21 of the Indian Constitution serves as the 'heart and soul' of the Constitution. However, looking into various notions of personal autonomy, the desire to live, ethical issues, social stigma and the cultural-religious perspective, the Indian judiciary decided that the right to life does not include the right to die.

Article 21 of the Indian Constitution states that 'no person shall be deprived of his life or personal liberty except according to procedure established by law'. The question is whether the right to life also means the right to die. It is pertinent to note that the Supreme Court has given judgments specifically stating that the right to life does not include the right to die. Even though the Bharatiya Nyaya Sanhita, 2023 does not address attempt to suicide, abetment of suicide is still punishable under Section 108 of the BNS. In *Maruti Shripati Dubal v. State of Maharashtra*, the Bombay High Court attempted to draw a distinction between suicide and euthanasia.²³ In the Indian scenario, however, active euthanasia is considered under the head of abetment to suicide and homicide.

In 2002 the Euthanasia (Regulation) Bill was introduced before the Lok Sabha, but the Bill is still under consideration. The Law Commission, in its 196th Report, suggested that there must be a law to protect terminally ill patients, and that if a doctor practises euthanasia in the best interest of the patient, the doctor must be protected from any criminal liability arising out of it.²⁴ In its 241st Law Commission Report of August 2012, the Medical Treatment of Terminally Ill Patients Bill²⁵ suggested provisions for passive euthanasia; however, the Indian Parliament neither legalised the Bill nor enacted any legislation based on it. It is pertinent to note that neither the Supreme Court nor any High Court has provided a specific definition of what the

²³ *Maruti Shripati Dubal v. State of Maharashtra*, 1987 Cri LJ 743 (Bom) (India).

²⁴ LAW COMM'N OF INDIA, Medical Treatment of Terminally Ill Patients, Report No. 196 (Mar. 2006).

²⁵ LAW COMM'N OF INDIA, Passive Euthanasia: A Relook, Report No. 241 (Aug. 2012).

right to die with dignity entails. Therefore, Article 21 of the Indian Constitution does not expressly encompass the right to die.

IV. CURRENT SCENARIO

'A long illness between life and death makes death a comfort both to those who die and to those who remain.'²⁶ In India, the attitude towards euthanasia is largely conservative. Most Indians believe that life is God-given and hence cannot be taken by any human action. This belief is deeply rooted in the socio-political nature of India.

In the recent case of *Harish Rana v. Union of India*,²⁷ the Delhi High Court in July 2024 rejected the plea to administer passive euthanasia to a 30-year-old man who was quadriplegic with 100% disability. The Court said that the patient was not being kept alive using any medical device. It is therefore clear that the Indian judiciary is still in a dilemma about ordering medical professionals to administer euthanasia to a patient, and India's socio-cultural debate continues over whether to choose euthanasia as death in an unnatural way. Recently, on 11 March 2026, the Supreme Court allowed the plea in the patient's best interest and permitted passive euthanasia; even so, active euthanasia is not practised in India. Thus, to date, India does not have a codified law on euthanasia, which seems next to impossible for the reasons set out in the following sections.

V. SWITZERLAND AND THE NETHERLANDS

The Netherlands became the first country to legalise euthanasia, whereas Switzerland narrowly allows physician-assisted suicide. In Switzerland, euthanasia is prohibited by law under Article 114 of the Swiss Criminal Code; however, Article 115 provides that 'a person who, from selfish motives, helps or induces a person to commit suicide can, when the suicide succeeds, be punished with five years' imprisonment or a monetary penalty'.²⁸ Article 114 of the Swiss Criminal Code is treated as killing at the request of the victim, whereas Article 115 allows assisted suicide unless there is an ulterior motive. The ethical duties of Swiss medical professionals do not allow them to perform euthanasia unless the patient has the capacity for discernment and an independent wish to die, free of any external pressure. Switzerland was the first country to permit assisted suicide, in 1942; euthanasia, however, remains illegal, and organisations such as Dignitas offer assisted-suicide services to foreign nationals.²⁹

²⁶ JEAN DE LA BRUYÈRE, *THE CHARACTERS, OR THE MANNERS OF THE AGE* 145 (Henri Van Laun trans., Reeves & Turner 1885).

²⁷ *Harish Rana v. Union of India*, 2024 SCC OnLine Del 4639 (India).

²⁸ Swiss Criminal Code [Strafgesetzbuch] arts. 114–115 (Switz.).

²⁹ *Assisted Suicide in Switzerland*, Alliance VITA (2023), <https://www.alliancevita.org/en/2023/10/assisted-suicide-in-switzerland/>.

The Netherlands was the first country in the world to legalise active and passive euthanasia, in 2002, under the Termination of Life on Request and Assisted Suicide (Review Procedures) Act. In 1985 a commission report titled 'Intentionally Terminating Another Person's Life at the Person's Request' was produced, but it was not accepted. The Dutch judicial history of the legalisation of euthanasia can be traced from the *Postma* case to the *Brongersma* case.³⁰ In the *Postma* case (1973), the court agreed to termination of life on the request of the physician, family and social activists, and set down various guidelines: the patient must be suffering from an incurable illness with an extreme, intolerable level of pain or agony, and the request for euthanasia must be made by the patient without any coercion. In the *Schoonheim* case, the court acquitted a physician who had performed euthanasia, taking the view that the physician had acted out of necessity; later, in the *Brongersma* case (2002), a doctor performed euthanasia in the best interest of the patient. These decisions eventually led the State to legalise euthanasia.

A. Advancement in laws of euthanasia

To date, the Netherlands, Belgium and Colombia have legalised euthanasia. In countries such as Finland, Germany, Switzerland, Luxembourg and Canada, physician-assisted suicide is legal. In China, Denmark, France and Italy, both practices are unlawful. In India, through various precedents, passive euthanasia is legalised when it meets certain criteria, but there is no enactment governing the legal status of euthanasia.

The term euthanasia is often confused with suicide. Discussions on euthanasia often centre on the sanctity of life, while the concept of death is closely linked to personal autonomy, self-determination and the right to die with dignity. The four-principles approach to euthanasia involves autonomy, best interest, no harm and justice. Taking these principles into consideration, and looking into political, religious, ethical and cultural connotations, various countries have different perspectives on euthanasia laws, and the dilemma faced by courts is to decide what is in the 'best interest' of the person. Countries such as China are against euthanasia, South Africa has an unclear attitude towards it, and America has a mixed attitude towards it.

B. Are the laws being used justifiably?

In Switzerland, assisted suicide is not forbidden by law, and various organisations help with it, such as Dignitas, Exit, Life Circle, Pegasos and Ex International, which accommodate Swiss as well as foreign nationals. These organisations have procedures for carrying out assisted suicide: one needs a prior appointment, after which the organisation evaluates the request, carries out

³⁰ Judith A.C. Rietjens et al., *Two Decades of Research on Euthanasia from the Netherlands: What Have We Learnt and What Questions Remain?*, J. BIOETHICAL INQUIRY (2009), <https://pmc.ncbi.nlm.nih.gov/articles/PMC2733179/>.

the administrative work, procures the lethal dose and arranges a place for the procedure, as a hospital is not needed. Assisted suicide can be carried out at home, after which the organisation manages the burial. From the statistical data published by the Swiss Health Observatory, it is clear that the rate of assisted suicide is increasing rapidly,³¹ and even where there is legal restriction, a clear abuse of the law is occurring. In 2022 the Pegasos association helped two women in a manner that went against the directives framed by the Swiss Academy of Medical Sciences.³² In May 2018 the Eternal Spirit association helped an Australian scientist to die on the basis that he considered his quality of life inadequate.³³ In 2022 the film director Jean-Luc Godard did the same, claiming that he was tired of life, without having any incurable disease.³⁴ The Netherlands presents an even worse scenario after legalisation. Legalisation of euthanasia has caused more harm than good for patients; the Dutch government is turning a blind eye, and involuntary euthanasia is occurring where a patient is aged and has no means of living other than resorting to palliative care, with patients opting for euthanasia and doctors resorting to involuntary euthanasia without the explicit request of the patient.³⁵ A study conducted by the Remmelink Commission research group found that, after legalisation of euthanasia laws, cases of euthanasia and physician-assisted suicide increased by up to 80% by 2005, as Dutch medical professionals resorted to euthanasia involuntarily,³⁶ and ending the life of a patient without request was also occurring.³⁷

VI. COMPARATIVE ANALYSIS OF INDIA, NETHERLANDS AND SWITZERLAND

In the case of the Netherlands, Article 2 of the Dutch Act of 2002 states that 'a physician who carries out euthanasia is exempt from prosecution under the Penal Code if he or she complies with a number of due care criteria'.³⁸ Under the Act, any person above the age of sixteen years may request termination of their life by submitting a statement in writing to the respective authority. The legalisation of euthanasia along with physician-assisted suicide is conducted under very specific circumstances; the medical board prescribed under the law in the Netherlands allows suspension of a physician's licence under certain conditions, such as where

³¹ Daniel Sperling, 'People Aren't Happy to See Refugees Coming to Switzerland. They Don't Like Assisted Suicide for Foreigners': *Organizations' Perspectives Regarding the Right-to-Die and Suicide Tourism*, 49 DEATH STUD. 471 (2025), <https://doi.org/10.1080/07481187.2024.2337209>.

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ JOHN GRIFFITHS, ALEX BOOD & HELEEN WEYERS, EUTHANASIA AND LAW IN THE NETHERLANDS 299–304 (Amsterdam Univ. Press 1998).

³⁶ GRIFFITHS, BOOD & WEYERS, *supra* note 35.

³⁷ JOHN KEOWN, EUTHANASIA, ETHICS, AND PUBLIC POLICY: AN ARGUMENT AGAINST LEGALIZATION 35, 99–111 (Cambridge Univ. Press 2002).

³⁸ Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002, art. 2 (Neth.).

the patient is facing unbearable suffering with no hope of improvement, and where the request for euthanasia comes persistently from the patient, who is fully aware of his or her condition, prospects and options,³⁹ and so on.

In contrast, even with the well-drafted requirements of the Act of 2002, most physician-assisted suicides and instances of euthanasia have failed to meet the 'due care' conditions. This sheds light on the fact that, even after the Netherlands legally accepted euthanasia with a bona fide intention that it be used for the medically suffering, it gradually became a practice based on openness and transparency, in which people accepted euthanasia without hesitation or the restriction of life-ending safeguards. Viewed positively, the Dutch euthanasia laws created a platform in which the right of individuals to choose to die if their suffering was unbearable proved to be a commitment to freedom and self-determination. In sheer contrast, the same invocation of freedom has led to medical overreach: the act of mercy paved the way for a slippery slope, with the nexus of euthanasia expanding from terminal illness to suffering such as dementia. Even though the Netherlands was the first country to legalise euthanasia, it unintentionally shifted societal attitudes towards life and death in a way that became difficult to control.

In the case of Switzerland, assisted suicide (including euthanasia) is legal, though under certain conditions. Unlike the Dutch law, the Swiss Penal Code does not actively mention euthanasia but allows assisted suicide without selfish motives, under Article 115 of the Swiss Penal Code.⁴⁰ There are private associations such as Dignitas and Exit which, though they have no statutory authority to assist in death, have been rendering services to individuals (suffering from terminal illness and unbearable suffering) in ending their lives. Compared with the law in the Netherlands, the Swiss law is narrower, as it allows physicians to administer lethal drugs to terminally ill patients only if the physician is acting in good faith; active euthanasia remains unlawful. It is pertinent to note that a number of foreign nationals approach these private organisations to obtain euthanasia, because of which the law is at the verge of being misused and tampered with. Hence, proper legislation governing such practices is still absent under Swiss law.⁴¹

When it comes to India, the concept of euthanasia was strictly penalised until *Aruna Ramchandra Shanbaug v. Union of India* and *Common Cause v. Union of India* (supra), in which the Hon'ble Supreme Court explored the norms of euthanasia. However, even after much

³⁹ Termination of Life on Request and Assisted Suicide (Review Procedures) Act, *supra* note 38, art. 2 (Neth.).

⁴⁰ Swiss Criminal Code, *supra* note 28, art. 115.

⁴¹ Sperling, *supra* note 31.

deliberation, euthanasia was allowed only passively, and it is unlikely that active euthanasia will be accepted in India in the coming years. In a land where the Constitution is considered the foundation of the legal system and democracy, it is difficult to equate the right to life enshrined under Article 21 with a 'right to die'. The Supreme Court in the *Aruna Shanbaug* case clearly observed that passive euthanasia was permissible only under exceptional circumstances, while active euthanasia would remain strictly prohibited under law.⁴² As discussed in the earlier sections of this paper, there are a number of hurdles preventing India from legalising euthanasia. The question remains: does India need a codified law on euthanasia or not?

Consider a hypothetical example. A citizen of India, in today's medically advanced world, fighting a serious illness, will think twice before opting for euthanasia, because most incurable diseases are finding ways to be cured in today's world. Neither the patient nor the family, nor the physician, would encourage ending the life of a patient without trying their best abilities and meeting medical requirements. Further, if a person claims to have acted out of compassion, it is nearly impossible to prove or disprove the ulterior motives behind the act. Diving deeper, when an individual is going through extreme pain and psychological extremities such as depression, valid consent or decision-making capacity is arbitrary. These potential situations raise a question over even wanting euthanasia as a law in India.

Thus, from a comparative analysis of the Netherlands, Switzerland and India, various notions such as medical ethics, the sanctity of life and the balancing of autonomy become visible. On the one hand, the Netherlands, despite having codified legal safeguards, reflects a lack of transparency; on the other hand, Switzerland, even with a restrictive approach, is being misused. India, in contrast, has trodden cautiously by recognising only passive euthanasia under judicial pronouncements, reflecting a constitutional attitude that prioritises the right to life while being wary of the misuse of consent and medical discretion. Hence, euthanasia may be an advanced step, but without clear and stricter safeguards it may lead to the violation of social values.

VII. CONCLUSION AND RECOMMENDATIONS

The liberal euthanasia regimes of the Netherlands and Switzerland, though framed with safeguards, have faced criticism for a slippery slope, expanding from terminal illness to cases such as dementia and psychological suffering, and raising concerns of abuse and medical overreach. In Switzerland, the role of private organisations in assisted suicide has led to fears of the commodification of death and misuse by foreign nationals. Compared with the Indian scenario, the study in this paper shows that India, as a medically developing country, places

⁴² *Aruna Shanbaug* (n 1).

more emphasis on saving lives than on allowing people to undergo euthanasia under pressure. The Indian judiciary has positively signalled towards passive euthanasia; however, there is no need for India to legalise active euthanasia at present. With time, if India secures stronger healthcare access, it should limit itself to passive euthanasia under strict medical and judicial supervision, creating a balance with the sanctity of life. From the above discussion of the euthanasia laws of the Netherlands and Switzerland, India should refrain from codifying euthanasia laws, as there is a high risk of the laws being misused by patients, family members or even physicians.
