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Assisted Suicide

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ABSTRACT

Assisted suicide means helping a person to end his/her life at his/her request. Most of the people misunderstand assisted suicide and euthanasia as same. However, there is a marginal difference between assisted suicide and euthanasia. Euthanasia is ending a person's life to stop his/her suffering without taking acknowledgement of that person. Article 309 of Indian Penal Code (IPC) penalise those who attempt to commit suicide. Article 306 of IPC penalise those who abets someone to commit suicide. Netherlands is the first country to decriminalise assisted suicide in 2002. Assisted suicide contains many technicalities and doctors play a vital role in assisted suicide. Assisted suicide is not a legal right of a citizen but it is a mere discretion of doctors as well as legal framework. Every coin has two sides so as the assisted suicide. For years assisted suicide has been a topic of discussion. Assisted suicide is legal in most of the European countries like Netherlands, Belgium, Canada, Switzerland etc but in India it is still illegal. Assisted suicide is a vast and controversial topic. India needs to improve its legal framework to have vigilant check before the legalisation of assisted suicide.

Keywords: *Assisted Suicide, Euthanasia, Barbiturates, Terminal Illness, Mercy killing, Right to Die, Medical Ethics.*

I. INTRODUCTION

Assisted suicide is helping someone to end their life only at their request and the final act resulting in death is undertaken by the person themselves. Assisted suicide is usually aided by physicians or health care individuals by injecting lethal dose to end terminal or incurable illness. Assisted suicide is usually termed as physically assisted suicide, because it is compulsorily done in supervision or assistance of a doctor or medical care.

Whereas, euthanasia is ending someone's life stop their suffering or in other words someone other than the person performs the act with an intension to end the life of that person and the decision is made on behalf of the sufferer. Euthanasia is also known as mercy killing. In euthanasia, when a patient is in vegetative state for quite a long period then doctor plea in writing for euthanasia.

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Assisted suicide and euthanasia have a lot of commonalities. The only difference between them is “who” the person is taking decision to end the life of sufferer, whether it is sufferer itself or someone else than a sufferer. In assisted suicide the patient is in his/her complete sense or control to take a rational decision about his/her life or death and he/she is very well aware of the process that leads to his/her death because actually he/she is the person who performs the act of suicide as the other person is only helping or providing him/her the means to carry out the action of his/ her death.

(A) Drugs used in assisted suicide

Barbiturates is the group of drugs which is mostly used in assisted suicide because they affect the function of brain and suppress nerve functioning. Barbiturates is used in small dose in treatment of other diseases like insomnia, seizures in emergency and can also be used as anaesthesia. Whereas barbiturates can be fatal if the dose is not administered properly as it affects the brain and nerves, which will ultimately cause the respiration process to stop. The capsule name which are used in assisted suicide are secobarbital capsules and pentobarbital. These medicines are injected to animals for animal euthanasia. These two drugs have been used for years in assisted suicide in the countries like Netherlands, Belgium, Switzerland and some USA states where euthanasia and assisted suicide is legal. But these drugs have side effects also. It may cause unexpected pain and death failure. Research is going on to find the most appropriate drug for assisted suicide which will cause fast death without much pain as the purpose of assisted suicide is to provide the sufferer peaceful death. It is suggested that a combination of painkillers can be used in assisted suicide so as to induce coma and cause respiratory arrest. Another view is to use sedative or muscle relaxants which can slow down the heart rate.

(B) Role of doctors in assisted suicide

The process of assisted suicide includes many technicalities and the major role is played by doctors or physicians. Firstly, they have to understand the nature and intensity of the suffering of a patient. They have to carefully administer the condition of the patient and have to study the case and come to a conclusion. When a person requests for assisted suicide then the doctor studies the case of the patient and also independently consult another physician. This is a very tough job as a life is dependent on the decision of a doctor. Doctor also consults other important persons and if they reach to a conclusion that there is no other alternative, then only doctor permits the patient for assisted suicide. As we know, assisted suicide is not the right of citizen but it is merely discretion of administration/doctors. Administration or doctors have the right to

refuse the request of assisted suicide if they find it unnecessary. The role of doctor does not end here. They explain the process of assisted suicide to the patient - what and how it will be done. Then they need to administer the dosage of lethal drug and finally it is carried out in their surveillance. Doctors need to submit written reports of every patient to the administration.

(C) Advantages of legalisation of assisted suicide

1. Assisted suicide was made legal to put an end to the suffering of people with unbearable pain which can be physical as well as mental. Assisted suicide is the last option to the suffering when no other option is left. Assisted suicide is granted to secure death with dignity. So assisted suicide was legalised for a noble cause. It is said that a person is considered to be his best judge, he knows what is best for him. Assisted suicide help those vulnerable people whose suffering is unbearable or incurable and does not have an alternative solution rather than to die.
2. In this developed science and technology world, there exists unique or rare case where we fail to serve or cure them. We try to serve every person but sometimes it is not possible but it does not mean that we should let them suffer. The job of a doctor is to relieve their patient from pain or suffering. But if the disease is incurable and patient wishes to die then it becomes duty of the doctor to end their suffering. Doctor helps to end their suffering by lethal dose and help them die peacefully.
3. Before the period when assisted suicide was not legal it was observed that patients who do not wish to live further, they tried to take their life away. It was seen that patient refuses their medical treatment, stops eating and drinking so that they can die. But as it obvious that it will take 3-4 week to die and have to tolerate intense pain. Assisted suicide was made legal so that those sufferers need not have to tolerate more pain and can die with peace. A prime illustration is of a Canadian doctor named Ellan Wiebe who was 102 years old and was suffering from agonizing pain. Her pain made her so desperate that she tried to kill herself using a pair of scissors. Sometimes extreme pain can make a person mad and lonely which can lead anyone to attempt risky suicide.
4. In the past few years, governments have insisted for organ donation to the person who is dying. Organ donation has significant importance as it can save a life of another person. This can save a preventable death. Therefore, it is insisted to doctors to perform euthanasia or assisted suicide in hospitals so that organ can be extracted (only at the will of patient). Euthanasia and assisted suicide help to extract important organs.
5. Assisted suicide is granted only in unique cases where death is inevitable. It helps to

relieve family members of the patient from emotional, physical, financial, mental stress and also uplifts the pain and suffering of the patient.

(D) Disadvantages of assisted suicide

1. Some people say legalisation of assisted suicide or euthanasia shows failure of medical science. There is need to improve technologies to save life and focus on the cure rather than end life of a patient. Government need to improve medical care to treat every disease. The duty of a doctor is to treat and give life to patient, not to take away life of a patient.
2. It is believed that ending one's life is never a solution. Sometimes extreme pain makes a person mad and hopeless. Those people should be cheered and motivated. They should not be demotivated by saying death is the only option. Almost all psychiatric patients think that their suffering is intolerable and they are left with no perspective in life. It should be the duty of a doctor to take care of their patient both physically and mentally.
3. Legalisation of assisted suicide has led to abuse of this law. In the recent years, people has become comfortable in asking for assisted suicide and the physicians are more likely to grant it. The cases of death by assisted suicide have grown rapidly.

II. ARGUMENTS FOR LEGALISATION OF ASSISTED SUICIDE

Right to life includes right to die³- there has been a debate for years that right to life also includes right to die as right to speech includes right to keep silence, freedom to association and movement includes freedom to not to join association or to move anywhere. Every positive right includes negative right also. Right to life ensures right to live with human dignity. Therefore, euthanasia or assisted suicide was demanded on the basis of this fundamental right that one should have right to die with dignity as a part of right to live with dignity. The concept of right to die was demanded so that one person can take decision about his life and argued to decriminalise attempt to suicide, euthanasia, assisted suicide. Right to decide about one's life should be granted so that if a person is physically or mentally not fit and has lost all hope to live his life, then he can end his life with dignity. So, it is argued that right to die is already an integral part of right to live with dignity. Every person wants to live long and no one intends to end his life until he feels the pain which is unbearable and does not wish to live further.

In India the debate for "right to die" started from a very famous case –**State V. Sanjay Kumar**

¹Right to live with dignity is a fundamental right guaranteed under article 21

Bhatia on 29 March, 1985⁴ by Delhi High Court. The case was filed for reason of attempt to commit suicide under section 309⁵ of Indian Penal Code against Sanjay Kumar Bhatia. He was alleged to have committed an attempt to suicide on 5th October, 1981 by consuming tik twenty. The investigation continued for six months and was found that he was suffering from depression and has taken an emotional decision to end his life. On 5th October, 1981, he was arrested but challan was released on 4th June, 1982. This is an act of procrastination by the system and the investigation should not be allowed for more than six months. Finding the consumption of tik twenty was the only objective of the investigation by the prosecution. The court should not do this to a person whose life is already so miserable. There is no justification in adding up other miseries in the life of traumatised person. This case got attention of many and debate started about the legitimacy of the article 309. From there people started questioning- Is it morally correct to make a person suffer who is already depressed and traumatised? This created chaos among people and they started arguing “right to life includes right to die”.

In the case - **Smt. Gian Kaur vs The State of Punjab**⁶ on 21 March, 1996 in which judgment was passed that **right to life does not include right to die**. The appellants Gian Kaur and her husband were convicted of the offence of abetment to commit suicide under article 309 of IPC. They were sentenced of six years of rigorous imprisonment with fine of Rs 2000/- and in non-compliance of the punishment, another nine months of rigorous imprisonment to be added. They were alleged of the commission of abetment to suicide by Kulawant Kaur. On the appeal to the High Court, the conviction of Gian Kaur and her husband has been retained but the sentence of the Gian Kaur has been reduced to 3 years of rigorous imprisonment. The conviction was passed on the ground that article 306 of the IPC is unconstitutional as it violates article 21. Previously, in the case **P. Rathinam vs. Union of India, 1994 SCC 394**, it was held that article 309 of the IPC is unconstitutional as violative of article 21 of the IPC. It was urged that article 21 of the IPC right to life includes right to die and thus abetting any person to commit suicide is mere assistance of the enforcement of the fundamental right of the article 21 of the IPC and therefore article 306 should not be enforceable by law. Hence, it was argued to held article 306 of the IPC to be unconstitutional as it also violates article 21 of the IPC.

In the view of this contention, started a rise of several substantial questioning about the competence and interpretation of the article 21 of the IPC to the article 306 of the IPC. This urged reconsideration of the judgement in the case **P. Rathinam vs. Union of India** as it is

² 1986(10) DRJ 31

⁵ Article 309 of IPC - offence of attempt to commit suicide

⁶ 1996 AIR 946, 1996 SCC (2) 648

incorrect. It was stated that right to life is a positive right and it does not include unnatural termination of death. Suicide is inconsistent and incompatible with the right to life. The sanctity of right to life cannot be overlooked. Article 21 ensures right to life and it condemns the concept of right to die however it guarantees protection of life and personal liberty. Right to life is natural whereas suicide is unnatural extinction of life. Right to life cannot be compared with other rights as right to speech as it has no similarity.

Hence, it was cited that **“right to life does not include right to die”**.

III. ARGUMENTS AGAINST LEGALISATION OF ASSISTED SUICIDE

1. There is significant chance of misuse of this right. Mostly, in an Indian context, the majority of the decisions are taken by the family, so there is a probability that decision of assisted suicide is not taken by patient independently. There are chances that patient decides so in peer pressure of the family. Pressure can be emotional, mental or economical. The patient may start thinking himself as a burden on his family.
2. One of the major issues in legalisation of the assisted suicide is deciding the criteria for granting assisted suicide. It is very difficult to lay down the necessary criteria for assisted suicide. Ultimately doctors have to study the case of the patient and it is very risky to leave the decision in the hands of the doctor. It will be difficult to distinguish when doctor is acting in goodwill of the patient. The major element of assisted suicide is free consent and it can be argued that decision of patient was made under undue influence.
3. It can be argued that if a healthy person is not allowed to suicide then severely ill person also should not be allowed to suicide. This will violate the article 14 of the IPC which ensures right to equality.
4. Legalisation of assisted suicide was intensely opposed by religious groups. Life is a gift of God and taking someone's life is immoral and it was argued that humans should not be given right to play the part of God. According to them if a human suffers pain then it is due to one's karma. Euthanasia and assisted suicide devalue human life.

IV. ABETMENT OF SUICIDE

Assisted suicide is helping someone to end his suffering which is regarded as noble job but it has negative aspects also. Sometimes a person abets or instigates another to commit suicide and this action may account for assisted or aided suicide. So assisted suicide can include someone to buy them strong sedatives which will likely end one's life or buying a ticket to Netherlands (where assisted suicide is legal) to end their life.

According to section 309 of IPC – “whoever attempts to commit suicide and does any act towards commission of such offence, shall be punishable with simple imprisonment for a term which may extend to one year or with fine or with both”.

The person who assists someone in suicide is considered as abettor in the eyes of law. The abettor is the person who instigate, abets or persuades someone to act in a certain way. It is mentally instigating an individual or intentionally helping a person in taking his life. This is called abetment to suicide.

Illustration: If A persuades B to consume cyanide poison and end his life by intaking. B under the influence of A consumes the poison, then A would be liable as an abettor to suicide.

According to article 306 of IPC - Abetment to suicide – “If any person commits suicide, whoever abets the commission of such suicide, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine”.

Case study 1: The story of Netherlands

Netherlands is the first country to legalise euthanasia and assisted suicide in the year 2001 after 30 years of public debate, which means no longer a doctor will be punished for ending life of their patient when he was convinced that there is no hope of recovery or improvement in the health of their patient. The legalisation of assisted suicide was a hot topic of discussion for many years. The opinions for assisted suicide were divided. The need for assisted suicide was first felt in the year 1973, when a doctor gave lethal injection to his aged mother to end her suffering. Afterwards he was punished symbolically with one year of suspension. Then the protest was started, and some were in favour and some were against of assisted suicide.

It should be clear that the Dutch were not granted “right to euthanasia or assisted suicide”. Administrator or doctor has the right to reject the proposal of death of a patient if they find it not necessary. The doctors must be convinced that the patient’s request is voluntarily and he is competent enough to make a decision for their life. If a doctor finds alternate option of death then he won’t permit for assisted suicide.

A bill passed by the lower house of the Dutch parliament gave the following guidelines to carry out euthanasia or assisted suicide.

1. The doctors must be convinced that the request of the patient is voluntary and decision have been made in reasonable state of mind by the patient.
2. The doctors must be convinced that the patient is bearing intolerable pain or having incurable disease. The suffering or disease does not need to be terminal.

3. The patient must be competent enough to understand their condition and should be able to take reasonable decision about their life and death.
4. The doctor along with patient should be convinced that there is no other reasonable alternative and the final decision should be of patient.
5. The doctor should analyse the case of the patient carefully and also consult other doctors independently in order to come up with a common conclusion.
6. The doctor has to give written confirmation of his patient's wish for assisted suicide and also have to report each case to the authorities. If they are found to breach the law then they will be given imprisonment of 12 years or more.
7. The young people aged between 12-16 years should have to obtain parental consent to request for assisted suicide. The people above 16 year may appeal for assisted suicide without the consent of their parent.

V. CONSEQUENCES OF LEGALISATION OF EUTHANASIA AND ASSISTED SUICIDE

Dr Agnes Van Der Heide said now-a-days people are more likely to ask for assisted suicide and physicians are more likely to favour them assisted suicide and thus increasing the rate of death by assisted suicide. Approval was granted to half of the proposed cases of euthanasia or assisted suicide as compared to one-third cases getting accepted in the previous year.

According to data, in year 1990 before assisted suicide or euthanasia was not legal, nearly 1.7% of the people died of assisted suicide or euthanasia. Soon after a year of legalisation of assisted suicide, in year 2003 there was 1.2% of death officially registered. In the year 2015, nearly 8% of people asked and died of assisted dying.

According to annual report of the Regional Review Committees⁷ for examining euthanasia (Regionale Toetsingcommissies Euthanasie, RTE), after 2002, there was a speedily increase in the cases of assisted suicide. In 10 years, there was double cases than before and after 15 years it was tripled whereas population in Netherlands only grew by 4% between the year 2002-2016. In 2016, it was seen that 16 cases per day of euthanasia was reported in Netherlands out of a population of 16.8 million. The majority of the patients, 77% were suffering from incurable disease, 10% were suffering from combination of pathologies, 10% were suffering from old aged problems, 2% were suffering from psychiatric problems and 1% suffering from dementia. There were small proportion of people who was suffering from terminally ill diseases who

⁷ Regional review committees publish their work annually and their work is accountable for both government and society as well. Their reports consist of information related to euthanasia in a particular year.

requests for assisted suicide.

Case study 2: The story of EMILE

Emile who lives in Belgium, pleaded for assisted suicide at the age of 24 years. She was suffering from terminal mental suffering and was been consulted to psychiatrics since at the age of 12 years when she for the first time tried to kill or harm herself. She was suffering from such as mental illness in which she had tendency to self-harming. In her report she said that cutting made her calm down and banging her head on the walls made her think that she can beat it but even slamming and hitting cannot beat it. She said that the pain is unbearable and she could not think of her future, she could not focus on anything and could not feel anything, and living such life was pointless. So, she chooses death over painful life.

Belgium is a country where assisted suicide is legal and it has liberal laws for right to die. They not only permit those who are suffering from terminal physical illness but also to those who are suffering from terminal mental illness. In 2013, in Belgium out of 1800 cases filed for assisted suicide, there were 3% people who were suffering from psychiatric disorder. In Belgium it takes 2 years to asses a case and requires compulsorily 3 doctors to sign off on the death to grant assisted suicide.

Emile pleaded for assisted suicide, after proper assessment of her case by dozens of doctors including her psychiatrics, she finally got permission for assisted suicide. The procedure was very well explained to her. On the penultimate date, doctor said she can withdraw her decision any moment, if she wish to. It is not compulsory to go through it just because assisted suicide is granted to her. So, finally the day came, her family members, friends and doctors gathered but at the end she refused to take lethal injection. According to her, she was feeling better in the past 2 weeks may be because of the imminent fear of death or any miracle recovery. After 2 years, on 28 August,2018 she was given lethal injection and she died peacefully.

VI. POSITION OF EUTHANASIA IN INDIA

Passive euthanasia is legal in India since 9 March 2018, and declared that individuals have right to die under strict guidelines only. Passive euthanasia is withdrawing of treatment or food that is allowing a patient to live whereas active euthanasia means administration of lethal drugs. The necessary criteria for passive euthanasia are (1) ventilator can be switched off for brain dead patients (2) when a person is in a persistent vegetative state (PVS) and the feed can be tapered out and pain-relieving medicines are added, according to the specifications provided by internationals. The landmark judgment was passed in the response of the petition filed by Pinki

Virani⁸ on the behalf of Aruna Shanbaug and argued for her continuous existence that violates right to live with dignity.

The historic case- **Aruna Ramchandra Shanbaug vs Union of India & Ors on 7 March, 2011**

Aruna Ramchandra Shanbaug was a staff nurse working in King Edward Memorial Hospital, Parel, Mumbai. On 27th Nov, 1973, a sweeper attacked her in the evening and strangled her neck with dog chain and yanked her with it. He tried to rape her, but he finds out that she was menstruating that day. Then he had anal intercourse with her. He twisted the chain around her neck to immobilise so that he can sodomize her. On the next morning, at 7:45 a.m. a cleaner found her unconscious lying on the bed with blood all over her body. Later on, it was found by neurologists that due to strangling of neck with dog chain, the oxygen supply to brain was stopped due to which cortex and other parts of the brain got damaged. She also had brain stem contusion injury which is related to cervical cord injury. It was mentioned in the petition that, it has been 36 years of the incident and now Aruna Shanbaug is 60 years old. Her poor health condition was mentioned. She stopped menstruating. Her bones became brittle and can break in an awkward situation and her hands were twisted inward. Her teeth were decaying and which causes immense pain to her. She was only given mashed food and she could not chew or taste or swallow the food. She can neither see or hear or communicate in any manner whatsoever. She is virtually a skeleton. Her excreta and urine were discharged on the bed. It was alleged that there is not even a slightest chance of improvement in her health. It was claimed that Aruna Shanbaug is in a persistent vegetative state (PVS) for the last 36 years. The petitioner requested to let doctors to stop feeding Aruna, so that she can die peacefully.

However, the plea was dismissed by stating that Aruna accepts the food and responds by excretion. There were differences in the allegation made in the writ petition that sometimes she responds to the commands by making sounds and she makes sounds when she has to pass stool or urine. This counter report was made by respondent Dr. Pazare. It was concluded that Aruna is not completely brain dead.

Afterwards the court laid down strict guidelines which will continue until the parliament passes law on this subject.

1. The decision to withdraw medical treatment can only be taken by the parents or the spouse or other close relatives, or in the absence of any of them, such decision can be taken by the person acting as a next friend. However, the decision must be taken in the

⁸ Pinki Virani is an Indian writer, journalist, human right activist and author.

goodwill of the patient.

2. Even if a decision is made by the parents or the spouse or the next friend to withdraw life of the patient, it still requires approval the from High Court.

VII. CONCLUSION

Assisted suicide is a very controversial topic in India. Assisted suicide has been a topic of discussion for years but it is difficult to take a clear stand. Although assisted suicide is legal in most of the European countries like Netherlands, Belgium, Luxemburg, Switzerland, Germany, United State, Japan, Canada etc but it is still illegal in India.

India has been considered as land of religious and moral values. India ia a land of diversity and has a variety of religions. Most of the religious group do not support the concept of assisted suicide. Assisted suicide is a vast and modern concept. As we know Netherland is the first country to legalise assisted suicide in 2002. Netherlands is known for its bold and modern rules as Netherlands has been experimenting in implementing modern ideas in laws.

India has legalised passive euthanasia in 2018. So, there is a long way to go in the path of legalisation of assisted suicide. The legal framework needs to be improved before legalisation of assisted suicide. The process of assisted suicide includes many technicalities. Firstly, India should develop appropriate infrastructure to have vigilant check upon the part of work done by doctors in assisted suicide. We have to take suitable measures so that no one can abuse this law. We should work on the problems faced by the countries after legalisation of assisted suicide.

India should learn from experiences of European countries while implementing law of assisted suicide and should also make changes considering Indian scenario.

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