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Euthanasia: A Legal, Ethical, and Comparative Perspective on the Right to Die with Dignity

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ABSTRACT

Euthanasia, a fundamental right of individuals seeking relief from incurable conditions or persistent vegetative states, encompasses various practices aimed at painlessly ending life. Originating in ancient Greece and Rome, and later refined by Francis Bacon's philosophical work in the 18th century, this article traces its evolution to contemporary applications. The study examines seven distinct categories: active, passive, indirect, physician-assisted, voluntary, involuntary, and non-voluntary, each presenting unique ethical and legal considerations. While voluntary euthanasia has gained legal recognition in regions like Europe and Canada, the practice requires careful state regulation to prevent misuse. The legal framework must balance individual autonomy with societal protection, ensuring decisions are made free from coercion and with informed consent. States establish specific guidelines and continuously review protocols to safeguard both patient rights and system integrity. Healthcare professionals' proper training and ethical conduct remain crucial in maintaining the delicate balance between compassionate end-of-life care and prevention of potential abuse. This article reveals how the concept continues to evolve, shaped by changing societal attitudes toward death, dignity, and personal liberty in medical decision-making.

Keywords: *euthanasia, end-of-life care, medical ethics, patient autonomy, legal framework, informed consent, state regulation, healthcare rights, death with dignity, medical jurisprudence.*

I. INTRODUCTION

Euthanasia refers to the process of practicing painlessly ending one's life to relieve the individual of their pain and suffering from various painful and incurable diseases or hindering the individual from maintaining their physical disorders (vegetative state as well) by allowing the respective authorities and specialists putting an end to the treatment and withdrawing any artificial life-support measures if any attached. The enactment of Euthanasia was practiced in

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ancient Greece and Rome, where Hemlock was meant to be employed as a way of hastening death on the island of Kea. The enactment of Euthanasia was practiced in ancient Greece and Rome, where Hemlock was meant to be employed as a way of hastening death on the island of Kea. The same was followed and maintained in Marseilles. Francis Bacon, an English philosopher, first used the term “Euthanasia” in the former sense to help someone in their death. He worked on it by choosing the work of ancient Greeks and making a comparison between internal Euthanasia and external Euthanasia, which is going to make life easier and painless. His definition from the 18th century shows that the earlier importance of natural death emerged in the early modern period. Nevertheless, the Law has put certain restrictions on the access one has over themselves and their bodies to control and intervene in the process of handling legal perspectives of the case in such a manner that no illicit act or procedure takes place as manipulation or loophole of the process of liberty being granted to the individual(s). The process of “Euthanasia” is classified into various categories, such as:

- *Active Euthanasia:*

The Act of letting the individual take their own life by the medium of excessive consumption of painkillers and their over dosages might turn out to have a fatal impact on the health of the individual if they tend to survive the impact of the medicines.

- *Passive Euthanasia:*

Refers to the Act of letting the individual smoothly pass away by the Act of omitting specific measures of precaution or emergency treatment that was required to be provided to the individual as soon as possible but was omitted due to uncertainty and decrease in chances of survival after the cross-examination performed by the medical expert.

- *Indirect Euthanasia:*

The liberty of performance of indirect Euthanasia is performed through a consented document provided by the hospital to the family of the patient for approval, which describes the point of the hospital not being at fault just in case any performed action reacts in an off-tracked manner. The following is generally a hit-and-trial method of high risk, which may reduce the issue at hand, causing no potential damage, speeding up the problem process, or creating adverse impact from the side effects that might kick in through the treatment process. The sole point is to reserve the person(s) chance to survive, which might not have the same outcome as expected and might turn out to be fatal for the patient (to which certain parties tend to disagree as the life of the personnel is stands at higher risk and might lead to fatal death of the individual than save their life). However, the individual's families generally try to save the person's life if possible.

- *Physician-Assisted Euthanasia:*

The following procedure involves the doctor (physician) providing their patients with information, counselling sessions, drugs, the dosages of the drug that can be fatal or lethal to the human body and prescribing them access to these drugs, with the full and conscious intention, helping the person with the means, information and knowledge to commit an act of assisting in ending their lifespan.

- *Voluntary Euthanasia:*

The process stands like that of active Euthanasia and physician-assisted Euthanasia as a process of putting an end to one's lifeline in the most comforting and trouble-free manner, which provides for the easy and smooth passage for the individual to seek peace in the least troublesome manner. Voluntary Euthanasia is frequently practised in various places across Europe and Canada and is a legal procedure.

- *Involuntary Euthanasia:*

The concept of involuntary Euthanasia leads to the understanding that the individual has an insane mindset and can provide detailed consent towards the acceptance or denial of the concept of Euthanasia. However, the views of the individual are not taken into Consideration. Due to the diversity of reasoning, it is even considered under various penal codes for murder and attempt and is still considered void and illegal in multiple states.

- *Non-Voluntary Euthanasia:*

The Act of Non-Voluntary is the Act of relieving the individual from the point of endless suffering; when explicit consent from the concerned individual does not stand available due to the cases of infancy or persistent vegetative state, the Act is performed against the individual's will. The basis of Euthanasia is based upon certain cases and case laws known in the conceptualized human history. Since then, the right to die with dignity, liberty to die, the freedom to choose life over death, and so forth and so on have been the following cases of active debate for generations.

The concept of Euthanasia is neither new nor very old. However, there goes a constant realm of evolution upon which not just the human brain but even the Law is based, as it has dynamic and diversified repercussions, which take an event from time to time without serving notice.

II. BEGINNING OF EUTHANASIA AS A CONTEMPORARY DEBATE

In the mid-nineteenth century, morphine was used to treat "death pain," and John Warren recommended its active usage in the year 1848. Substances like chloroform were revealed by

Joseph Bullar in 1866. However, the goal was not to speed up death. In 1870, the school teacher Samuel Williams initiated a contemporary debate on Euthanasia through a speech at the fantastic Birmingham Speculative Club in England, which was then published in a one-off issue entitled *Essays from the Birmingham Speculative Club*, a work compiled by many members of the amateur philosophical community. William's suggestion was to use chloroform to accelerate the death of obese patients consciously: In all such cases of hopelessness, pain, and illness, the physician should recognize the obligation to administer chloroform or another anaesthetic, which may gradually replace chloroform at the patient's request to destroy consciousness and render the patient swift and painless immediately. All necessary precautions are taken to prevent possible abuse of this obligation, and this means that beyond the possibility of doubt or question, it has been determined that the product was used at the express request made by the patient being treated. Any law or legal system is bound to all those changes that occur during the tenure of adaptation, as per its dynamic nature. The point of involvement of such changes (amendments) should take place whenever the need for the same arises. An amendment is a correction. It comes in many varieties, including altering something through either parliamentary or constitutional procedure. Thus, considering the constitutions of various states (the rules governing the people, the government, the laws, and the entire state), they are written/elaborated and can be amended with the changing times. As Law itself is based on the conceptualization of change is the fundamental basis of the dynamic nature of the constitution of any state, whichever it may be, and the comparison of why it is like this and why it had to be done stands as the entire point of discussion i.e. why was the change necessary, why it had been like it was in the earlier place, what brought a rise to this entire change, and was it worth, are the certain set of questions we should take into consideration before deriving at any particular conclusion of any sort.

III. RISE OF EUTHANASIA: INDIA

The first bell with emphasis on euthanasia struck upon in the year 1994 in the case “P. Rathinam v. Union of India (UOI)²”, followed by “Gian Kaur v. State of Punjab³”, where The State of Punjab (High Court) in Consideration to the Judgement provided in the P. Rathinam case, did create a major impact on the decision of the high court in consultation to the apex court. The five Judge Constitutional Bench held that “*the ‘Right to Life’ is inherently inconsistent with the ‘Right to Die’ as is ‘death’ is ‘life’*” leading forward to the essential derivation of Euthanasia upon which we tend to debate upon in India, i.e. “Aruna Ramchandra Shanbaug vs Union of

² 1994 AIR 1844, 1994 SCC (3) 394

³ 1996 AIR 946, 1996 SCC (2) 648

India⁴” providing basic conceptualized & broad terminology of access to ‘Passive Euthanasia’. In addition to this, “Common Cause vs. Union of India⁵” drove through a safe passage of ‘Passive Euthanasia’ for those that stand ‘terminally ill’ as per the legal definition (and life expectancy not going beyond 24 months, even with care and medication). The Apex Court attached a specific provision for the same, i.e., to let the person's incompetent mental health make their 'living will' before proceeding through any significant surgery or procedure to the medical attendant/ doctor-in-charge. The following list of cases brought forth the understanding of the scenario about the measures an individual needs to take to sign up for active participation with his consent by signing their living will to make sure it is abided as per the medical directories, only when the chances seem as slim as none.

The Indian Constitution, per Art. 21, provides every citizen the right to live as a fundamental right. The right to a life enriched with art. 21 was generously interpreted as more than just survival and the pure existence of animals. The Supreme Court ruled that section 21 was central to fundamental rights guaranteed by Part III of the Constitution. The Supreme Court clearly stated that explicit recognition of a right as a fundamental right to be treated as a fundamental right is not mandatory. In India, the "right to life" has rightly been given the widest possible interpretation by the competent judicial authorities by Art. 21 of the Indian Constitution. For the above reasons, section 21 is not restrictive and should be interpreted. This largely confirms that section 21, if it gives the man the right to a dignified life, should also give "the right to die", “Right to die” as per Article 21 of the Indian Constitution. Article 21 contravene 309 and according to Section 309 of *The Indian Penal Code, 1860 (IPC)* “Anyone who commits suicide and acts against” such a crime is sentenced to up to one year in prison [or a fine or both]. This section is based on the principle that human life is valuable to them and the state that protects them. There is a constant debate about whether the “right to die” can be included in this provision. On the other hand, the concept of Euthanasia has received mixed reviews in India as more and more attention is being given to the consent of patients in the medical field after obtaining information.

Case Study: Aruna Ramchandra Shaunbaug v. Union of India⁶

Petitioner Aruna Ramachandra Shanbaug turned out to be a nurse working at King Edward Memorial Hospital in Parel, Mumbai. On the night of November 27, 1973, she was attacked by a hospital sweeper, who wrapped the chain around the dog's neck and pulled her back. He tried

⁴ AIR 2011 SUPREME COURT 1290

⁵ AIR 2018 SUPREME COURT 1665

⁶ *Ibid* 4.

to rape her, but when he found out she was menstruating, he sodomized her. He twisted the chain around his neck to immobilize him during this action. The next day, the cleaner found unconscious blood everywhere. It was claimed that asphyxiation in the canine chain stopped the oxygen supply to the brain and damaged the brain. Thirty-six years have passed since the incident. It was claimed that there was no way to improve the situation and that it completely depended on the Mumbai KEM hospital. The interlocutors were asked to stop feeding Aruna and let her die alone. The Apex Court of India raised in this case, Article 32 of the Indian constitution to allow the end of life on Aruna Ramchandra Shanbaug, who was in a stable vegetative state. The petition was presented by Pinki Virani, who claimed to be another friend of the petitioner. In previous cases, the Court explicitly denied the right to die. Therefore, there was no legal infringement of fundamental rights that would allow the petitioner to go to Court per Article 32. However, the Supreme Court noted the gravity of the case and the associated public interest in deciding the legality of Euthanasia. The question in this case was whether this sacred right was inherent in the right to die - whether a person might be able to control his death and decide to end his life. The right to die has become important, given the advances in medical law and the possibility of family members abusing this right. In this case, Euthanasia is discussed in detail by distinguishing between active and passive Euthanasia.

The respondents, KEM Hospital and Bombay Municipal Corporation, filed a petition. Because the petitioners and the respondents' petitions differed, the Court appointed a team of three respected doctors to investigate and present the exact physical and mental situation of Aruna Shanbaug. They studied the medical history of Aruna Shanbaug thoroughly and believed that she did not die from a brain. He responds to certain situations in his way. For example, he likes light, dedicated music and prefers fish soups. She feels uncomfortable and nervous when many people are in the room. It is quiet when there are fewer people nearby. KEM hospital employees took good care of them. It was always clean. They also found no trace of the desire to end life in the language of Aruna's body. In addition, nurses at KEM hospitals were happy to look after them. Therefore, doctors believed that Euthanasia was not necessary at the moment. The Hon'ble Division Bench of the Supreme Court of India, including Judge Markandey Katju and judge Gyan Sudha Mishra, rejected this historic verdict on March 7, 2011. The Court delivered this opinion based on a medical report and the definition of brain death by the Organ Transplantation Act 1994. Aruna was not dead and could breathe without support; she felt emotions and produced the necessary stimulation. Although she was in PVS, her condition was stable. So, ending life was unreasonable. The right to make decisions on their behalf also belongs to the management and staff of KEM Hospital, not Pinka Virani. The rescue technique

was mashed food, which allowed him to survive. In this case, removing the rescue technology will not mean feeding it. Indian Law does not recommend feeding people. Removing the fans and stopping the food could be different. Letting Aruna die would reverse the efforts of nurses at KEM Hospital over the years. In addition, in order to promote the Parens Patriae principle, the Court has the power to decide the end of a person's life before the Supreme Court to prevent abuse. Accordingly, the Supreme Court allowed passive Euthanasia under certain conditions, subject to the Supreme Court's consent by due process.

If an application for passive Euthanasia is filed, the Chief Justice of the Supreme Court must immediately set up a bank with at least two judges who should decide whether to grant permission. The bank must seek advice from a selection of three recognized doctors it will appoint after consulting with the medical authorities/doctors who deem it appropriate. Following the establishment of the medical commission, the grand tribunal will also include the state and close relatives, such as the parents, spouses, brothers/sister, etc., to the patient and, in the absence of his next friend, provide him with a copy of the medical commission's report as soon as it is available. After the hearing, the Supreme Court bench is expected to pass a verdict. The above procedure should apply throughout India until Parliament adopts it.

However, Aruna Shanbaug was denied Euthanasia because the Court found the case inappropriate. If, at any time, the staff or management of the KEM Hospital deem it necessary, they may contact the Supreme Court following the established procedure. In this case, euthanasia issues were clarified, and guidelines for mass euthanasia were established. The Court went further by suggesting the elimination of Section 309 of *The Indian Penal Code, 1860*. The verdict's landmark status stems from its role in formulating protocols for an area lacking legislative framework.

IV. GLOBAL UNDERSTANDING OF EUTHANASIA & MEDICAL ETHICS

The general legal situation in the world was that active Euthanasia is illegal unless permitted by Law. Passive Euthanasia is legal even without regulations, provided certain conditions and safeguards are complied with. Some countries have enacted laws that allow active Euthanasia or medical suicide. In the first case, it is given by a doctor or another person, while in the second case, the patient does it alone but with the advice of a doctor.

Netherlands:

- In the Netherlands, Euthanasia is subject to the 2002 Act on Life's End Request and Assisted Suicide (Selection Process).

- It is said that Euthanasia and assisted suicide by a physician are not punishable if the attending physician acts following the criteria for due diligence. These criteria relate to the patient's request, his suffering (unbearable and hopeless), the information provided to the patient, the existence of appropriate alternatives, consultation with another physician and the method used to end life.

Switzerland:

Article 115 of the Swiss Penal Code recognizes suicide support as a crime only if the motive is selfishness. The code does not grant physicians special status to support suicide, although they are most likely to have access to the right medication. Ethical guidelines warn doctors against prescribing deadly drugs. The Swiss Law is unique because:

- The recipient need not be a Swiss national.
- A physician need not be involved. Many persons from other countries, especially Germany, go to Switzerland to undergo Euthanasia.

United States of America (USA):

Active Euthanasia is illegal in all states of the United States, but in Oregon, Washington and Montana, medical death is legal. In addition, Washington and Montana passed similar laws. Countries such as Belgium and Canada have also joined the movement. On the other hand, countries such as Spain and the United Kingdom do not express solidarity with Euthanasia.

The view and perspective of any legal practitioner on the sensitive topic of Euthanasia or their clientele pleading or thinking of pleading for such an intriguing request from the court of law has to look forward into the following bylaws and clauses setup by the law of the state. Following is the checklist to for the purpose of appealing for Euthanasia in any particular state:

- Is Euthanasia permitted in the following state?
- Which type of Euthanasia is allowed in the state?
- Can any individual apply for Euthanasia?
- What are the particular prospects under which an individual can apply for Euthanasia?
- What are the circumstances to be kept in mind to proceed for Euthanasia?
- Is there any other alternative talked about to the client? & do they agree?
- Is it valid for them to appeal for Euthanasia?
- Is Euthanasia the only option left?

- Is the Client ready for it?
- Is it morally the right decision taken by the individual or their representative and not in haste?

V. CONCLUSION

Euthanasia, when considered without any ulterior motives, is a fundamental right of an individual that can be appealed to the relevant authorities to carry out the process. The state law lays down specific guidelines and provisions to safeguard the rights of individuals from being violated and misused by those with ill intentions, who may attempt to manipulate such situations to shield themselves from the consequences of their crimes. To ensure this, each state has established certain parameters to maintain peace and order, imposing checks on the legality of the process and constantly searching for loopholes to prevent scenarios where an innocent person is wrongfully accused, and the guilty party is allowed to roam freely. Moreover, the decision to undergo Euthanasia should be made by the individual in question, free from any external pressure or coercion. The state must ensure that the person seeking Euthanasia is of sound mind and has made an informed decision after considering all available options. In cases where the individual cannot make such a decision, the responsibility falls on their legal representative or next of kin, who must act in the patient's best interest. It is crucial for the state to maintain a delicate balance between protecting the rights of individuals and preventing the misuse of euthanasia laws. Regular reviews and updates to the legal framework surrounding Euthanasia are necessary to address any emerging concerns and close potential loopholes. The state must also ensure that healthcare professionals involved in the process are well-trained, informed, and equipped to handle such sensitive situations with the utmost care and empathy.

Therefore, while Euthanasia is a complex and emotionally charged issue, it is essential to recognize an individual's right to make decisions regarding their own life and death. The state must provide a robust legal framework that protects this right while safeguarding against potential misuse and abuse of the system. Only through constant vigilance, open dialogue, and a commitment to upholding the principles of compassion and dignity can we ensure that the practice of Euthanasia remains a viable option for those who seek it without compromising the safety and well-being of society as a whole.

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