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# Balancing Personal Autonomy and the Right to Life in Euthanasia

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## ABSTRACT

*Euthanasia, derived from the Greek for "good death," addresses the ethical dilemma of alleviating suffering for terminally ill patients while navigating complex debates on personal autonomy and the sanctity of life. This research explores its historical evolution from ancient Greece, where it symbolized a dignified end, through periods of condemnation in the Middle Ages and Renaissance, to contemporary discussions spanning clinical, legal, political, religious, and ethical dimensions. Despite support from ethicists and utilitarian perspectives, euthanasia remains contentious, especially in Western Christian-majority countries, amidst advancements in life-prolonging therapies and palliative care. Different forms—voluntary, non-voluntary, involuntary, and assisted suicide—present unique ethical challenges, largely opposed by religious doctrines upholding the sanctity of life. Advocates argue euthanasia upholds autonomy, prevents undue suffering, and respects dignity, advocating for its legalization under stringent safeguards to prevent misuse and ensure equitable access. Opponents stress concerns about life devaluation, potential abuse, and ethical burdens on healthcare providers, advocating instead for enhanced palliative care to honor life without discrimination. Globally, legal approaches vary; Switzerland permits assisted suicide, Oregon's Death with Dignity Act allows physician-assisted death, and India recognizes passive euthanasia. High rates in Canada and the Netherlands reflect principles of individual rights and suffering relief, with evidence from Belgium and the Netherlands supporting coexistence with robust palliative care. Emphasizing a deontological framework, this research underscores patient autonomy and thorough decision-making processes. While advocating for improved palliative care, it supports euthanasia as a compassionate option for those facing unbearable suffering, ensuring strict guidelines preserve dignity and autonomy.*

**Keywords:** Terminal Illness, Personal Autonomy, Right to Die, Palliative Care, Human Rights, Patient Dignity.

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## I. INTRODUCTION

"What is worse? Taking the life of a person who wants to live or taking death from a person who wants to die?" - **Jo Nesbo**

<sup>5</sup>Respect for autonomy is a key element in end-of-life ethics. Nonetheless, actual investigations reveal that decision-making based only on individual liberty does not correlate well with patients' wishes toward the end of life. The need for a more contextualized strategy addressing the complexity encountered in end-of-life care has been frequently emphasized. In this sense, the concept of relational autonomy' might be an appropriate alternative strategy. Relational autonomy has even been proposed as a core concept in palliative care, collaborative decision-making, and advanced care planning. However, relational autonomy in end-of-life care is still poorly understood or implemented in practice.

<sup>6</sup>The relationship between autonomy and the right to life has never been more tenuous. Euthanasia is the practice of ending a patient's life to alleviate suffering. The patient in issue would most likely be terminally sick or in excruciating agony. The term "euthanasia" originates from the Greek words "EU" (good) and "Thanatos" (death). The premise is that rather than subjecting someone to a slow, painful, or undignified death, euthanasia allows the patient to have a comparatively "good death."

Assisted dying is still a hotly debated moral topic, with clinical, legal, political, religious, and ethical factors all playing key roles. Modern life is characterized by a lack of consensus and continual dispute, but the law generally promotes a broader, pluralist perspective. In recent years, Advances in life-prolonging therapies and palliative care have become intimately linked with this difficult problem, necessitating ongoing calls for legislative changes.<sup>1</sup> This assessment provides an overview of the current status of the topical debate.

<sup>7</sup>According to the Australian Medical Board and the Australian and New Zealand Society of Palliative Medicine (ANZSPM), medical professionals are integral to appropriate medical practice. Similarly, medical therapy may not be justified if it "will not offer a reasonable hope of benefit or will impose an unacceptable burden on the patient," according to the Australian Medical Association (AMA). However, the question remains as to whether these actions

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<sup>5</sup> Aditi S. Milap, Euthanasia: Right to die with dignity, *International Journal of Science and Research Archive*, (September 16, 2023), <https://ijsra.net/sites/default/files/IJSRA-2023-0757.pdf>. Accessed 7 July 2024.

<sup>6</sup> Asher D. Colombo & Gianpiero Dalla-Zuana, Data and Trends in Assisted Suicide and Euthanasia, and Some Related Demographic Issues, *Wiley Online Library* (January 25, 2024), <https://onlinelibrary.wiley.com/doi/full/10.1111/padr.12605>. Accessed 7 July 2024.

<sup>7</sup> Sreya Mary Shibu, The Right to Health and Palliative Care Policy in India - Centre for Law & Policy Research, Centre for Law & Policy Research (June 2, 2023), <https://clpr.org.in/blog/the-right-to-health-and-palliative-care-policy-in-india/>

qualify as euthanasia. "Patient death is the primary, deliberate intention behind euthanasia and physician-assisted suicide," according to the ANZSPM. Although there is a major controversy in modern cultures regarding the legality of physician-assisted suicide, many ethicists from many philosophical backgrounds support voluntary euthanasia and the right to die with dignity. According to James Rachels' "The Elements of Moral Philosophy," euthanasia may be ethically acceptable from a utilitarian standpoint.

Few attempts to legalize euthanasia in Western countries have proven successful. Euthanasia and physician-assisted suicide have always been considered ethically unacceptable in Christian-majority countries owing to the value of human life.

## II. <sup>8</sup>HISTORY & LITERATURE REVIEW

The deliberate act of ending a person's life to alleviate suffering, known as euthanasia, has a rich and complex history that spans cultures, civilizations, and centuries. This article explores the historical evolution of euthanasia, including its various forms, the ethical perspectives that have shaped attitudes toward it, and the cultural shifts that have influenced its acceptance or rejection.

- **Ancient Beginnings**

The roots of euthanasia can be traced back to ancient civilizations. In Greek society, euthanasia was seen as a means to achieve a "good death" or "beautiful death." Philosophers like Plato and Aristotle discussed the ethical implications of voluntary death in terminal illness, considering it a rational choice under certain circumstances. These early discussions laid the groundwork for future debates on the ethics of end-of-life decisions.

- <sup>9</sup>**Medieval and Renaissance Periods**

Religious beliefs profoundly influenced societal attitudes toward life and death during the Middle Ages and the Renaissance. The Christian doctrine, in particular, condemned euthanasia as a violation of the sanctity of life, rooted in the belief that life and death were under the jurisdiction of a higher power. This perspective permeated both medical practices and societal norms, leading to a general condemnation of any form of assisted death.

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<sup>8</sup> Neha Dahiya, All you need to know about euthanasia - iPleaders, iPleaders (Apr. 18, 2022), [https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case\\_laws\\_on\\_euthanasia](https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case_laws_on_euthanasia). Accessed 7 July 2024.

<sup>9</sup> Neha Dahiya, All you need to know about euthanasia - iPleaders, iPleaders (Apr. 18, 2022), [https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case\\_laws\\_on\\_euthanasia](https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case_laws_on_euthanasia). Accessed 7 July 2024.

- **Enlightenment and Emerging Ethical Debate**

The Enlightenment era marked a turning point in the discussion of euthanasia. Philosophers like Voltaire and John Locke advocated for individual autonomy and the pursuit of personal happiness. These ideas challenged traditional religious views and opened new avenues for exploring the ethics of end-of-life decisions. The term "euthanasia" was first coined by the British philosopher Francis Bacon in the 17th century, indicating a growing awareness and consideration of the concept.

- **19th and 20th Centuries: Medical Advances and Moral Dilemmas**

In the 19th century, we witnessed significant medical advancements including improved pain management and the emergence of the hospice movement. Alongside these developments, debates around euthanasia intensified. The rise of medical ethics as a distinct field prompted discussions about the ethical dilemmas surrounding end-of-life care, and the potential for medical interventions to prolong suffering rather than alleviate it.

- **Nazi Germany and the Dark Period**

One of the most disturbing chapters in the history of euthanasia took place during Nazi Germany. The regime initiated a program called "Aktion T4," designed to eradicate individuals with disabilities or incurable illnesses under the pretext of "mercy killing." This gruesome episode demonstrated the catastrophic consequences of unregulated euthanasia and underscored the importance of ethical guidelines and safeguards in end-of-life decision-making.

- **<sup>10</sup>Post-World War II: Shifting Perspectives**

The horrors of World War II cast a long shadow over discussions of euthanasia. However, in the decades that followed, medical advancements and changing societal norms prompted renewed debates. The modern hospice movement emerged in the 1960s and 1970s, advocating for palliative care and emphasizing pain relief and comfort for terminally ill patients. These changes influenced how society approached end-of-life decisions.

- **Legalization and Moral Quandaries**

The latter part of the 20th century brought varying approaches to euthanasia across different regions. Countries like the Netherlands and Belgium took steps toward legalizing euthanasia

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<sup>10</sup> Neha Dahiya, All you need to know about euthanasia - iPleaders, iPleaders (Apr. 18, 2022), [https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case\\_laws\\_on\\_euthanasia](https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case_laws_on_euthanasia). Accessed 7 July 2024.

under strict conditions, while others maintained prohibitions. These developments ignited global discussions on individual autonomy, medical ethics, and the need for comprehensive legal frameworks.

- **21st Century: Ongoing Debates**

The 21st century continues to witness dynamic debates on euthanasia. Advancements in medical technology have raised complex ethical questions about the boundaries between life and death. Cultural diversity and differing religious beliefs contribute to the variability in perspectives across different societies. The emergence of assisted suicide as a distinct topic has further complicated the landscape of end-of-life decision-making.

### **III. FORMS OF EUTHANASIA**

Euthanasia can be broadly categorized into several forms, each characterized by the level of involvement and intention:

- **Voluntary Euthanasia**

Voluntary euthanasia occurs when a competent individual makes a conscious and informed decision to end their life, often due to unbearable suffering from a terminal illness. This form of euthanasia involves the explicit consent of the patient, who typically communicates their desire to die after thorough consideration of their medical condition and prognosis. Voluntary euthanasia is grounded in the principle of autonomy, respecting the patient's right to choose the timing and manner of their death to avoid prolonged suffering and loss of dignity.

- **<sup>11</sup>Non-Voluntary Euthanasia**

Non-voluntary euthanasia involves ending the life of an individual who is unable to make their own decision, such as a severely incapacitated patient. This form of euthanasia raises complex ethical questions, as the patient cannot provide consent. Decisions are often made by family members or medical professionals based on their understanding of the patient's best interests and prior wishes if known. Non-voluntary euthanasia highlights the ethical dilemma of acting on behalf of someone who cannot express their preferences.

- **Involuntary Euthanasia**

Involuntary euthanasia is the deliberate termination of a person's life against their explicit wishes. This form of euthanasia is highly controversial and is generally considered unethical

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<sup>11</sup>Neha Dahiya, All you need to know about euthanasia - iPleaders, iPleaders (Apr. 18, 2022), [https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case\\_laws\\_on\\_euthanasia](https://blog.iplayers.in/all-you-need-to-know-about-euthanasia/#Case_laws_on_euthanasia). Accessed 7 July 2024.

and illegal in most jurisdictions. It involves overriding the individual's autonomy and raises profound ethical concerns about the abuse of power and the potential for coercion or misjudgment. Involuntary euthanasia underscores the critical importance of consent in medical decision-making and the protection of individual rights.

- **Assisted Suicide**

Assisted suicide is distinct from euthanasia in that it involves providing a person with the means to end their own life, while they perform the act. This might include providing a lethal dose of medication that the patient administers independently. Assisted suicide is often sought by individuals who wish to retain control over the timing and manner of their death but require assistance due to physical limitations. The distinction between euthanasia and assisted suicide centers on who performs the final act that leads to death, with assisted suicide emphasizing personal autonomy and choice.

Throughout history, the attitudes and practices surrounding euthanasia have been shaped by philosophical, religious, and ethical considerations, reflecting the complexity of this sensitive issue. Each form of euthanasia presents unique ethical challenges and societal implications, contributing to the ongoing global debate on end-of-life care and the rights of individuals facing terminal illness and unbearable suffering.

#### **IV. <sup>12</sup>RELIGION AND EUTHANASIA**

Death is a pivotal subject in religion, as all faiths provide meanings, explanations, and rituals for death and dying, offering comfort and understanding to those facing it. These rituals help those left behind to mark and remember the deceased. Religions consider comprehending death and dying essential for finding meaning in life, often viewing dying as a time for gaining spiritual insights and preparing for the afterlife. Consequently, strong religious views on euthanasia exist.

Most religions disapprove of euthanasia, with some absolutely forbidding it, such as the Roman Catholic Church. They advocate for special care and protection for the vulnerable, promoting end-of-life care over euthanasia. Reasons for opposing euthanasia include:

- 1. Divine prohibition:** Most religions have commandments against killing, interpreted as forbidding euthanasia, suicide, and murder.

- 2. Sanctity of life:** Human life, being God-created, should be preserved, not shortened.

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<sup>12</sup> Ethics - euthanasia: Religion and euthanasia, BBC, <https://www.bbc.co.uk/ethics/euthanasia/religion/religion.shtml>. (last visited Jul 9, 2024).

**3. Special human value:** Humans, made in God's image, possess inherent dignity and value, making life inviolable despite pain or suffering.

Eastern religions like Hinduism and Buddhism emphasize non-harm (ahimsa) and liberation from the cycle of life and death. Euthanasia conflicts with these principles, interfering with karmic laws and the journey to ultimate liberation. Religious believers often refer to the sanctity of life, meaning that only God, who gave life, has the right to take it away.

## V. <sup>13</sup>HUMAN RIGHTS PERSPECTIVE WITH LEGAL LENS

From a human rights perspective, the legality and permissibility of euthanasia depends on balancing the right to life with other fundamental rights and principles:

- **Right to Life vs. Right to Die with Dignity-** One of the fundamental human rights is the right to life, which is safeguarded by **Article 6 of the International Covenant on Civil and Political Rights (ICCPR)**. However, according to the Supreme Court of India, the right to life guaranteed by **Article 21 of the Indian Constitution** also includes the right to human dignity, which entails the right to live a life of honor till the end. Concerning this, a person who is terminally sick or in a persistent vegetative state has the right to request passive euthanasia so they can pass away with dignity. Opponents counter that suicide is incompatible with the right to life and that euthanasia removes the invalid from society. They argue that suicide attempts are frequently signs of mental illness and that legalizing euthanasia could result in a decrease in the standard of care provided to terminally ill patients. These conflicting rights and ideals must be balanced in the particular provisions governing euthanasia. Although the right to life is inalienable, the autonomy principle and the right to pass away with dignity imply that passive euthanasia might be acceptable in some situations as long as the proper precautions are taken. Nonetheless, the majority of governments still prohibit active euthanasia.
- **Right to Autonomy and Self-Determination** - In terms of ethics, human rights, and international law, the rights to autonomy and self-determination are essential. Individuals who are granted autonomy have the opportunity to make educated decisions about all aspects of their lives, including their healthcare, with a focus on personal dignity and freedom of choice. This principle upholds the notion that individuals ought to have unrestricted freedom to select their behaviors and lives, provided that such choices do not cause harm to other people. The right of peoples and nations to choose their political status

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<sup>13</sup> Euthanasia, and Some Related Demographic Issues, Wiley Online Library (January 25, 2024), <https://onlinelibrary.wiley.com/doi/full/10.1111/padr.12605>. Accessed 7 July 2024.



and pursue their own economic, social, and cultural development is known as self-determination, on the other hand. It covers cultural self-determination, in which communities maintain their identities and customs, as well as national self-determination, in which groups can create their states and administrations. Both ideas place a strong emphasis on individual and collective freedom and agency. Both ideas are emphasized in numerous human rights declarations, including the **Universal Declaration of Human Rights**, and they apply to both people and groups. But striking a balance between a person's autonomy and society's expectations, as well as between a group's autonomy and another's right to self-determination, can be difficult. Furthermore, it is still very difficult to guarantee that these rights are upheld in reality, particularly in areas with repressive regimes or systematic inequality. However, to promote a just society where people can freely pursue their objectives and dreams, these rights are essential.

- **<sup>14</sup>Right to Freedom from Suffering-** Under international law, the right to be free from suffering is not specifically acknowledged as a fundamental human right. However, it is possible to view the International Covenant on Civil and Political Rights (ICCPR), which guarantees the right to life and the prohibition against torture and cruel, inhuman, or degrading treatment, as offering some protection against extreme suffering. The right to life, which is protected by **Article 6 of the ICCPR**, has been construed by certain courts to encompass the right to live in dignity. This implies that a terminally sick individual might be entitled to request passive euthanasia to put an end to their suffering and pass away with honor. Torture and cruel, inhuman, or degrading treatment or punishment are prohibited by **Article 7 of the ICCPR**. If extreme physical or mental anguish exceeds a particular threshold, it may still be considered torture and be prohibited by this clause. However, the right to life is not unqualified, and the desire to be free from pain must be weighed against other social norms. Only a few nations allow euthanasia under very specific restrictions; it is still illegal in most other jurisdictions.

- **Right to Healthcare and Palliative Care-** The World Health Organization acknowledges the right to health, including palliative care, as a fundamental human right. However, palliative care is only available to 4% of the population in India, mainly in urban areas and tertiary healthcare facilities. The National Palliative Care Programme lacks funding and is slowly being integrated into the national health care strategy. The Kerala Model of Palliative Care Policy, available to 60% of the state's population, is an effective

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<sup>14</sup> Suresh Bada Math & Santosh K. Chaturvedi, Euthanasia: Right to life vs right to die, PubMed Central (PMC) (December 2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3612319/>. Accessed 7 July 2024.

example of how to integrate palliative care into the healthcare system. To ensure access to high-quality palliative care, additional efforts are needed. Restrictions include insufficient knowledge, poor facilities, inadequate medical personnel education, and disregard for pediatric palliative care. Recognizing palliative care as a human right and investing in its advancement is crucial for maintaining the right to health and ensuring a decent life for everyone.

- **<sup>15</sup>The Right to Non-Discrimination-** A fundamental human right protected by numerous international treaties and national constitutions is the right to be free from discrimination. It forbids discrimination based on traits like racial or social origin, property, birthplace, sexual orientation, language, religion, politics, or any other opinion. **Article 14 of the Indian Constitution** states that everyone living on Indian territory is entitled to equal protection under the law and equality before the law, free from discrimination based on race, religion, caste, sex, or place of birth. **Article 15** also forbids the state from discriminating against people based on these grounds when it comes to granting access to and using public facilities. The UN Human Rights Committee highlighted how crucial the non-discrimination principle is to preserving human rights. In individual communications about reproductive health and violence against women, **the Committee on the Elimination of Discrimination Against Women (CEDAW)** has generously interpreted and broadly applied the right to non-discrimination. To guarantee that women have the best chance possible to assert their rights under CEDAW, the Committee must conduct a more thorough gender analysis, as evidenced by the lower success rate of communications about civil, political, or economic problems.

While the right to life is essential, the autonomy principle and the right to a dignified death imply that passive euthanasia might be acceptable in some situations as long as the necessary precautions are taken. However, the majority of governments still forbid active euthanasia. These conflicting rights and ideals must be balanced in the particular provisions governing euthanasia.

## VI. <sup>16</sup>ARGUMENTS FOR EUTHANASIA FROM A HUMAN RIGHTS PERSPECTIVE

Euthanasia, often a contentious topic, presents a complex ethical and moral landscape, but

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<sup>15</sup> Rajavelan, Euthanasia, Legal Service India - Law, Lawyers and Legal Resources, <https://www.legalserviceindia.com/legal/article-7518>. (last visited July 7, 2024).

<sup>16</sup> Ajay Kumar et al., Euthanasia: A Debate—For and Against, *Journal of Postgraduate Medicine, Education and Research* (2021), <https://www.jpmer.com/abstractArticleContentBrowse/JPMER/23986/JPJ/fullText>. Accessed 7 July 2024.

arguments in favor of it can be framed through a lens of human rights, emphasizing individual autonomy, dignity, and relief from suffering. **From a human rights perspective, there are several key arguments in favor of legalizing euthanasia:**

1. **Autonomy and self-determination:** Euthanasia proponents argue that people have a basic right to choose how and when they die. They claim that forcing someone to endure excruciating agony against their choice breaches their autonomy and right to self-determination. Euthanasia is a notion that advocates for competent individuals to have the freedom to choose whether or not to end their suffering through euthanasia, particularly in circumstances of terminal disease where death is near and unavoidable. Denying this right may be interpreted as a breach of personal freedom and autonomy.
2. **Preventing unnecessary suffering:** Euthanasia is a humane alternative for terminally ill people whose palliative treatment fails to provide appropriate relief. It is regarded as an act of humanity and compassion, as human rights frameworks prioritize the avoidance and treatment of pain. Advocates say that enabling terminally ill individuals to choose euthanasia respects their right to avoid unnecessary suffering as well as their inherent value. Legalizing euthanasia with sufficient safeguards promotes equality and non-discrimination, guaranteeing that people of all backgrounds, regardless of financial situation, have the same right to a dignified death. This eliminates prejudice against people who cannot afford comprehensive end-of-life care or whose pain management is inadequate.
3. **Avoiding coercion and abuse:** Opponents argue legalizing euthanasia could lead to abuse and coercion of vulnerable individuals, while proponents argue a well-designed system with strict safeguards can identify coercion and ensure voluntary euthanasia, avoiding abuse.
4. **Dignity:** Dignity is a basic human right, and the World Health Organisation recognizes palliative care as critical to maintaining it at the end of life. However, for some people, the unbearable agony may jeopardize their dignity, prompting the consideration of euthanasia as a method of restoring or maintaining dignity.

Euthanasia, a controversial topic, is based on human rights principles such as autonomy, dignity, and relief from suffering. Critics argue that it can lead to abuse and the sanctity of life, but safeguards like medical opinions, patient evaluations, and legal oversight can help. Euthanasia can be viewed as a compassionate and humane option, respecting individual autonomy, dignity, and relief from suffering. Legalizing euthanasia under strict guidelines can

offer a compassionate and humane option, while opponents argue that it is inherently unethical and impossible to prevent. However, the focus remains on ensuring individuals have the freedom to make informed decisions about their bodies and lives.

## VII. <sup>17</sup>ARGUMENTS AGAINST EUTHANASIA FROM A HUMAN RIGHTS PERSPECTIVE

Arguments against euthanasia from a human rights perspective typically emphasize several key concerns, which are rooted in principles such as the sanctity of life, protection of vulnerable individuals, and the potential for abuse, etc... These arguments reflect a commitment to upholding human dignity, protecting vulnerable individuals, and ensuring that end-of-life decisions are made in a manner that respects the intrinsic value of every human life. The arguments against euthanasia from this perspective:

1. **Sanctity of life:** Euthanasia, a controversial practice, is a controversial issue that raises concerns about the right to life. It is a fundamental human right that requires consent for the intentional taking of life, and legalizing it could potentially devalue it, particularly for the elderly, disabled, or terminally ill. Critics argue that this could undermine the principle of the sanctity of life, which asserts that life is inherently valuable and should be protected. They believe that this could lead to a devaluation of life in society and potentially undermine respect for human dignity.
2. **Potential for abuse and coercion:** Opponents argue that legalizing euthanasia, even with safeguards, raises concerns about abuse and coercion, particularly for vulnerable individuals like the elderly, disabled, or mentally ill. They argue that even with strict legal safeguards, individuals could still be influenced or pressured into euthanasia by family members, caregivers, or healthcare providers, which could undermine their autonomy and free choice, especially for those who are marginalized.
3. **Treatment and non-discrimination:** Some argue that legalizing euthanasia could send the message that the lives of the disabled or chronically ill are less valuable, violating principles of equality and non-discrimination. This could lead to discrimination against these groups.
4. **Doctors' ethical duties:** Euthanasia raises ethical concerns about the medical profession's duty to preserve life and "do no harm." It could undermine public trust in the healthcare system, as physicians take an oath to "not harm." Some argue that

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<sup>17</sup> Ajay Kumar et al., Euthanasia: A Debate—For and Against, *Journal of Postgraduate Medicine, Education and Research* (2021), <https://www.jpmer.com/abstractArticleContentBrowse/JPMER/23986/JPJ/fullText>. Accessed 7 July 2024.

euthanasia blurs the line between healing and killing, altering the nature and purpose of medicine. The Hippocratic Oath, foundational in medical ethics, prohibits euthanasia under the principle of "no harm." Yet, evolving perspectives on patient autonomy and suffering challenge this stance. Some doctors privately support euthanasia in extreme cases despite their oath's explicit prohibition, illustrating a complex ethical dilemma. This discrepancy underscores a tension between traditional medical values and evolving societal attitudes towards end-of-life care and individual rights in medical decision-making.

5. **<sup>18</sup>The protection of vulnerable populations:** Concerns arise about the potential legalization of euthanasia, particularly for vulnerable populations like the elderly, disabled, and those with mental illness, as it may create pressure for these groups to choose death over life, potentially due to external pressures or inadequate support.
6. **The availability and adequacy of palliative care:** Critics argue that instead of legalizing euthanasia, efforts should be focused on improving access to high-quality palliative care, which aims to alleviate suffering and improve the quality of life for terminally ill patients. They believe this upholds human dignity and provides comfort without prematurely ending lives.

Opponents of euthanasia argue that it violates the fundamental right to life, creates risks of abuse and discrimination, conflicts with medical ethics, and could devalue human life. They advocate for alternative approaches such as advanced care planning, improved communication between patients and healthcare providers, and comprehensive end-of-life care options that respect dignity and autonomy. While proponents argue that euthanasia respects personal autonomy, prevents suffering, and treats the disabled equally, opponents argue that the risks outweigh these considerations. They emphasize the importance of protecting life's sanctity, preventing harm to vulnerable populations, safeguarding against abuse and coercion, maintaining ethical standards in healthcare, and prioritizing palliative care as an alternative. These arguments reflect concerns about the potential societal and ethical implications of legalizing euthanasia, urging careful consideration of alternative measures to support individuals at the end of life while upholding human rights principles.

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<sup>18</sup> Ajay Kumar et al., Euthanasia: A Debate—For and Against, *Journal of Postgraduate Medicine, Education and Research* (2021), <https://www.jpmer.com/abstractArticleContentBrowse/JPMER/23986/JPJ/fullText>. Accessed 7 July 2024.

## VIII. <sup>19</sup>CASE LAWS AND STUDIES

Euthanasia, also referred to as mercy killing, is a contentious and debated subject within the medical realm. The intentional act of terminating a person's life to alleviate their suffering is a sensitive ethical and legal matter that has led to extensive legal battles and research endeavors over time.

### **(A) Switzerland:**

Switzerland's approach to euthanasia and assisted suicide is characterized by careful regulation rather than explicit legalization of euthanasia. The case of Hans Georg Werth, who sought assisted suicide due to terminal illness, affirmed Switzerland's laws under scrutiny by the European Court of Human Rights, validating the practice under specific conditions. Piergiorgio Welby's case, involving an Italian man seeking assisted suicide in Switzerland, highlighted the country's role as a destination for non-residents facing legal constraints at home. Switzerland requires individuals to be mentally competent, terminally ill, and consenting to assisted suicide, with stringent oversight by healthcare providers. This stance underscores Switzerland's nuanced approach, balancing individual autonomy with ethical considerations, and influencing international debates on end-of-life choices.

### **(B) <sup>20</sup>United States:**

Oregon's Death with Dignity Act, enacted in 1997, allows terminally ill residents to request and obtain lethal medication from a physician to hasten their death. Originating from a voter-approved ballot measure in 1994, the law has withstood legal challenges and set a precedent for end-of-life legislation in the United States. Eligibility criteria include a prognosis of six months or less to live, voluntary patient consent, and confirmation by multiple healthcare professionals. Despite its availability, usage has been limited, with a small percentage of terminally ill patients opting for physician-assisted suicide. Demographically, those choosing this option tend to be well-educated, white individuals with access to palliative care. Ethical debates surrounding the law focus on patient autonomy versus potential risks of abuse and societal implications. Supporters argue it offers compassionate relief for unbearable suffering, while critics raise concerns about safeguarding vulnerable patients. Oregon's Death with

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<sup>19</sup> Australian Human Rights Commission, Euthanasia, human rights and the law, Australian Human Rights Commission (March 2016), <https://humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law>. Accessed 7 July 2024.

<sup>20</sup> Bhagyamma Gopala, Legal and Ethical Perspectives on Euthanasia: A Comparative Study of India and Canada, *Research Gate* (Nov. 2023), [https://www.researchgate.net/publication/376073729\\_Legal\\_and\\_Ethical\\_Perspectives\\_on\\_Euthanasia\\_A\\_Comparative\\_Study\\_of\\_India\\_and\\_Canada](https://www.researchgate.net/publication/376073729_Legal_and_Ethical_Perspectives_on_Euthanasia_A_Comparative_Study_of_India_and_Canada). Accessed 7 July 2024.

Dignity Act exemplifies a balanced approach to end-of-life care, navigating complex ethical and legal landscapes to accommodate individual rights under stringent regulatory oversight.

**(C)<sup>21</sup>India:**

In India, judicial developments around Article 21 of the Constitution have reshaped perspectives on end-of-life issues. Initially, challenges to Section 309 of the Indian Penal Code highlighted conflicts with the right to life, leading the Supreme Court to deem it unconstitutional, asserting the right to not endure an imposed life.

The landmark case of Aruna Ramchandra Shanbaug saw the Supreme Court legalize passive euthanasia for patients in persistent vegetative states, establishing stringent guidelines to ensure dignity in death while maintaining the illegality of active euthanasia. Subsequently, in *Common Cause v. Union of India*, the Supreme Court expanded on the concept of dignity in death, affirming that the right to live with dignity inherently includes the right to die with dignity. This case also promoted the use of Advance Directives, allowing terminally ill patients to specify their end-of-life preferences, thus enhancing autonomy in medical decision-making. These rulings reflect an evolving interpretation of Article 21, emphasizing individual autonomy balanced with ethical considerations and legal safeguards. They mark significant progress in addressing complex moral and legal aspects of euthanasia and end-of-life care within the Indian context.

<sup>22</sup>Narayan Lavate and his wife, Iravati, brought attention to euthanasia laws in India through their public advocacy for the right to die with dignity. Their case highlighted the absence of clear legislation on euthanasia in India and the ethical dilemmas surrounding end-of-life decisions.

In India, euthanasia laws are primarily shaped by judicial interpretations rather than specific statutes. The Supreme Court of India, in its landmark judgments like the *Gian Kaur* case (1996), established important precedents. It ruled that the right to die with dignity is not a fundamental right under the Indian Constitution. However, the court recognized passive euthanasia in certain situations, allowing for the withdrawal of life support under strict guidelines to prevent misuse.

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<sup>21</sup> Rajesh Mahajan, *Validity of euthanasia in India: constitutional and legal approach*, Lexology (April 11, 2024), <https://www.lexology.com/library/detail.aspx?g=247c8c66-b3ed-4179-bfe1-7df289a0cde5>. Accessed 7 July 2024.

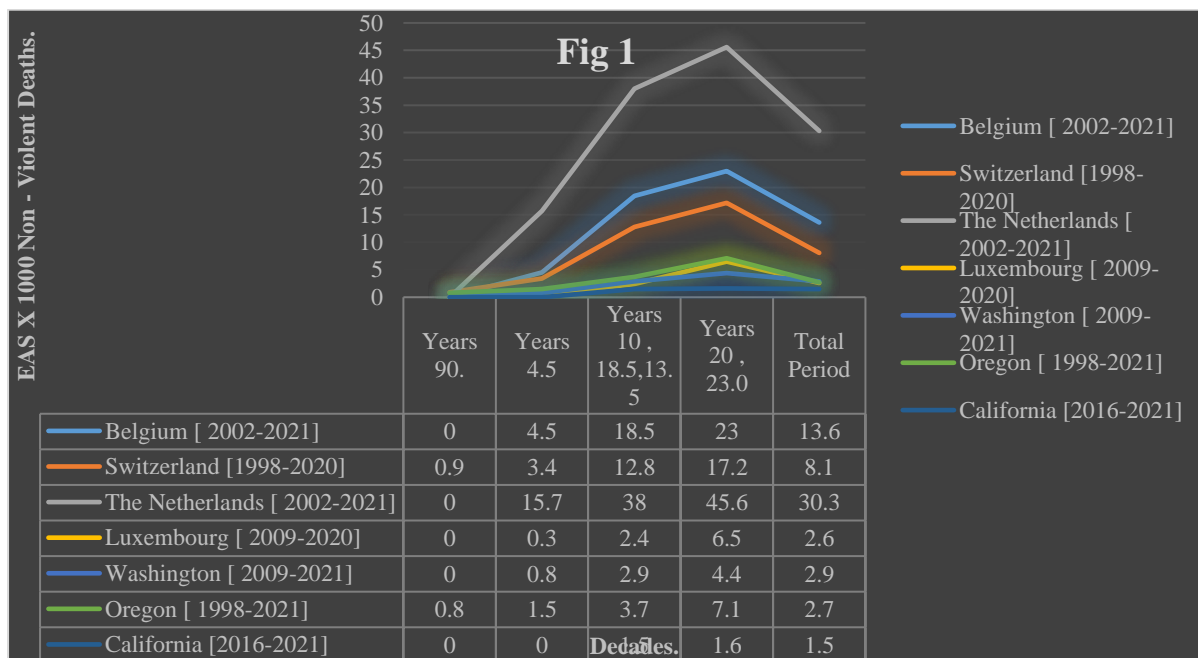
<sup>22</sup> Jagdish Saran Verma, *Smt. Gian Kaur vs the State of Punjab on 21 March, 1996 Smt. Gian Kaur vs The State Of Punjab on 21 March 1996*, <https://indiankanoon.org/doc/217501/>. (last visited Jul 9, 2024).

<sup>23</sup>Narayan and Iravati Lavate argued for legislative reforms to legalize euthanasia, advocating for terminally ill patient's right to choose a peaceful end. Their case underscored the need for comprehensive end-of-life care options and provoked discussions on the ethical and legal complexities surrounding euthanasia in India.

In the landmark case of Smt. Gian Kaur vs The State Of Punjab (1996), the Indian Supreme Court upheld that the right to die with dignity is not a fundamental right under the Indian Constitution. The ruling clarified that euthanasia cannot be legalized in India, except in cases where passive euthanasia is permitted under strict guidelines.

Despite their efforts, active euthanasia remains illegal in India, reflecting the cautious approach of the judiciary towards balancing individual autonomy with the protection of vulnerable individuals. The Lavates case continues to influence ongoing debates on euthanasia laws and healthcare ethics, prompting calls for clearer legal frameworks that uphold both compassion and patient welfare.

### IX. STATISTICS



<sup>24</sup>Examining various regulations helps to interpret differences in EAS (refer to Fig 1). The rules and procedures for accessing EAS are shaped by several key principles: the "terminal phase of

<sup>23</sup> Puja Changoiwala, The Mumbai couple suing for their right to die - JSTOR daily The Mumbai Couple Suing for Their Right to Die (2018), <https://daily.jstor.org/the-mumbai-couple-suing-for-their-right-to-die/>. (last visited Jul 9, 2024).

<sup>24</sup> Asher D. Colombo & Gianpiero Dalla-Zuana, Data and Trends in Assisted Suicide and Euthanasia, and Some Related Demographic Issues, Wiley Online Library (January 25, 2024), <https://onlinelibrary.wiley.com/doi/full/10.1111/padr.12605>. Accessed 7 July 2024.



the disease," "continuous and unbearable suffering," and the "individual right to die". These principles combine in different proportions across jurisdictions. The frequency of EAS tends to be minimal where the first principle is predominant, as seen in the United States, but higher where the latter principle prevails. The rapid increase in EAS cases in Canada reflects the prominence of the "individual right to die" principle. In 2021 alone, over 10,000 Canadians died from euthanasia, a 32.4 percent increase from 2020. Of these, 36 percent cited "burden on family, friends, or caregivers" as a factor in their decision, and 17 percent cited "isolation or loneliness."

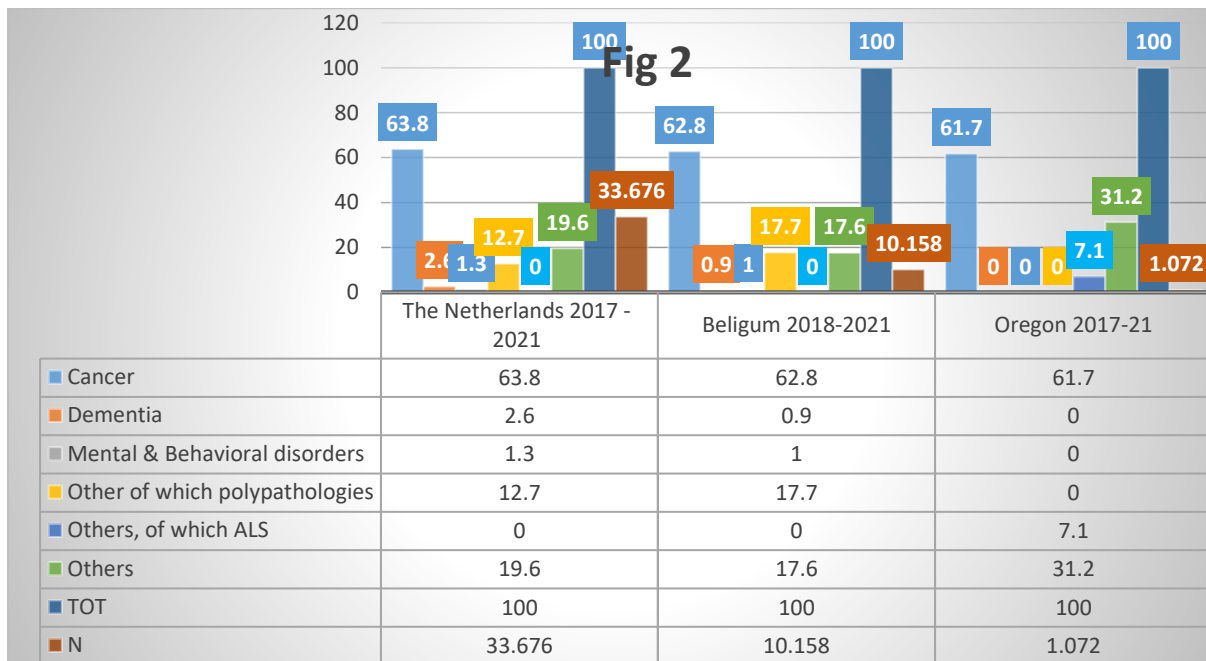


Figure 1 illustrates annual trends in EAS rates from 1998 to the most recent year available. It confirms significant heterogeneity in EAS rates, with values for US states being much lower than those in other countries. Additionally, in almost all countries where some form of EAS has been introduced, the proportion of nonviolent deaths has increased over time, with a few minor exceptions. The rate and speed of growth of EAS vary from state to state. A simple trend representation over time does not account for the different lengths of time since legalization or the varying starting values. Notably, the Netherlands has shown values far higher than other countries from the first year for which official data are available. To better observe similarities and differences in the time trends of the various series, we present them in Figure 2, considering the different timings of EAS introduction and eliminating level differences. Here, trends in EAS proportions are shown as index numbers, set equal to 1,000 ten years after legalization. For the Dutch case, we use the year of official legalization, as EAS were effectively de facto legalized at least ten years prior.

<sup>25</sup>The proportion of EAS among cancer deaths significantly exceeds that observed for total deaths. For example, in the Netherlands, 8.6 percent of cancer deaths resulted in EAS, compared to 4.1 percent of all deaths. Conversely, dementia and other mental and behavioral disorders show lower EAS rates than the total number of deaths. The case of ALS is notably different. In the only country where data is available to calculate this proportion, the values are significantly higher—not only above the average (19 times higher) but also compared to cancers (6 times higher). In Oregon, 11 percent of ALS deaths resulted in EAS, compared to 1.8 percent of cancer deaths and 0.6 percent of all deaths.

## **X. CONCLUSION**

<sup>26</sup>Euthanasia is a complex issue with ethical, legal, and social dimensions, making agreement difficult. The ideal framework for assessing euthanasia is deontological, emphasizing patient autonomy and decisions based on the act and agent rather than the outcome. In countries where euthanasia is legal, strict standards should include psychiatric consultations, second opinions, and improved hospice care. Death tourism regulation and mandatory reporting are also crucial. The Netherlands legalized euthanasia in 2001, driven by Drion's case, highlighting patient autonomy in end-of-life decisions. In India, where euthanasia is illegal, legalization could provide a safe, regulated option for those suffering, reducing the risks of botched suicides. Continuous sedation, ethically similar to euthanasia, questions autonomy and quality of life, suggesting both should be available for end-of-life care.

Improving palliative care is vital but may not always maintain quality of life. When it fails, euthanasia should be considered. Concerns about euthanasia reducing palliative care are countered by evidence from Belgium and the Netherlands, where euthanasia is legal and palliative care is robust.

Euthanasia is seen as acceptable, offering relief from unbearable suffering. It recognizes that quality of life can degrade to intolerable levels, and imposing such suffering on someone wishing to die is cruel. Thus, strict guidelines must ensure all options are explored before considering euthanasia, supporting it as a compassionate end-of-life choice. Is euthanasia a matter of personal choice or a dangerous slippery slope?"

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<sup>25</sup>Asher D. Colombo & Gianpiero Dalla-Zuana, *Data and Trends in Assisted Suicide and Euthanasia, and Some Related Demographic Issues*, Wiley Online Library (January 25, 2024), <https://onlinelibrary.wiley.com/doi/full/10.1111/padr.12605>. Accessed 7 July 2024

<sup>26</sup> Kalaivani Annadurai et al., 'Euthanasia: Right to Die with Dignity', PubMed Central (PMC) (Dec. 2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311376/>. Accessed 7 July 2024.

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