 DOI: *https://doij.org/10.10000/IJLSI.112256*

INTERNATIONAL JOURNAL OF LEGAL SCIENCE AND INNOVATION

[ISSN 2581-9453]

Volume 6 | Issue 6

2024

From Life support to Life Choice: Legal Milestones in the Right to Die with Dignity

ADITYA PRATAP SINGH[1]

ABSTRACT

This paper considers the contemporary legal and ethical debates on the right to die with dignity in euthanasia, passive euthanasia, and advance directives end-of-life decision-making process. It finds footings in judgments beginning with Common Cause v. Union of India and Harish Rana v. Union of India. Issues considered involve an intricate interplay between personal autonomy, law limitations, and cultural values. This analysis takes advantage of the variety of international approaches, from progressive legislation in assisted dying in Canada to regulatory frameworks in Europe, in underlining the global movement toward respecting the autonomy of individuals in end-of-life care.

This paper reports how current legal systems do not allow end choices freely rather provide only for passive euthanasia, though with the severest guidelines imposed in India. Procedural steps have recently been relaxed as a circumspect movement towards personally chosen decisions within the benevolent yet legally protected bounds.

The said future avenues through which informed decisions may then be made at the end include the simplification of legal processes, raising public awareness, and even greater extension of palliative care. The paper is an appeal for balanced policies regarding the sanctity of life and maintaining the dignity of autonomous choice. One of the most sensitive moral questions facing modern health care. It calls for policies that meet ethical standards by comparing respect for individual rights with care and providing a compassionate human framework in end-of-life care.

I. INTRODUCTION

The "right to die with dignity" refers to a concept of huge depth and complexity in the ethical and legal arena where questions regarding autonomy, human rights, and the role of the state in private life come up. The right essentially means that an individual has the right to determine whether to end his or her life, especially at a time when he or she suffers from an incurable illness, immense pain, or a general lack of quality of life. The discourse around the right to die with dignity reflects deep respect both for individual autonomy and ethical imperatives

[1] Author is a student at Amity University, Noida, Uttar Pradesh, India.

 [ISSN 2581-9453]

surrounding life and death, reflecting compassionate recognition of individual suffering and the need to exist on one's terms.[2]

Historically, it has been realized progressively about the right to die with dignity. From complete prohibition, the topic then found its place in different legal systems but with more or less limitations and scrutiny. Improvements in law often consider an individual's right to refuse medical treatment or the right to euthanasia under specific circumstances. The Netherlands, Belgium, and Canada allow types of assisted dying while others are just starting candidly to debate it. As societies open up to the notion that forcing people to undergo extended and meaningless suffering can clash with human dignity, the right to die, controversial under both legal and moral approaches, has gained some political momentum.

Philosophically, it is founded upon the concept of autonomy, the most honoured value in modern democratic societies. Autonomy is, in this instance, the right of an individual to decide what should be done with their body and life. Many who have advocated for the right to die with dignity perceive this as an extension of autonomy. It refers to a person's ability to determine when and how he or she will die through euthanasia or physician-assisted suicide. Critics say, however, that it will bring slippery slopes in ethics. In a sense, the vulnerable might feel the need to die to comply with societal or family expectations as abuse occurs.

The right to die with dignity is the most notable and comes within the scope of fundamental human rights frameworks: most particularly, the right to life and the right to live free from inhuman or degrading treatment. International human rights bodies have debated for a long on whether such a right ought to be recognized and to what extent. Indian Supreme Court, in **Common Cause v. Union of India**, rendered a landmark judgment in 2018 recognizing passive euthanasia and allowing "living wills". Such judgments give way to a change reflecting a better understanding of human dignity embracing the relation between life and death, thereby allowing a person some say in end-of-life decisions.[3]

Legally, the right to die with dignity remains contentious, carrying a raft of implications. The statutes on euthanasia and assisted suicide are very restrictive and, therefore, carry stringent safeguards against misuse. These protections safeguard the vulnerable and sustain ethical standards in medicine whilst respecting an individual's right to autonomy.

[2] Yachu, S. (2024, October 26). *Experts Explain: The right to die with dignity — SC rulings and what the law says in India*. The Indian Express. https://indianexpress.com/article/explained/explained-law/experts-explain-how-passive-euthanasia-works-in-india-9639043/

[3] (2018, March 10). https://main.sci.gov.in/supremecourt/2005/9123/9123_2005_Judgement_09-Mar-2018.pdf

II. LEGAL DEVELOPMENTS OF RIGHT TO LIFE WITH DIGNITY

The right to life with dignity does not only talk about a right to live but, after all the years, of dying with dignity as well. All these developments simply reflect societal changes in that right over time, progress in medical sciences, as well as an expansion of human rights and personal autonomy. Internationally and domestically, courts, legislators, and human rights bodies have engaged in discourse to establish frameworks that honour the sanctity of life while respecting individual autonomy in end-of-life decisions. The right to life with dignity is rooted in both human rights doctrines and constitutional frameworks worldwide.

The international instruments, namely the Universal Declaration of Human Rights in 1948 and then the International Covenant on Civil and Political Rights in 1966, have laid down the right to life, interpreted broadly to contain the dignity and quality that that life is supposed to have. Traditionally the right to life has essentially been one of protection by the state or other parties from causing harm to such people. However, recent legal changes look into a holistic interpretation of life, suggesting that the right to life also includes the right to refuse life-prolonging treatment, seek relief from suffering, and make autonomous choices about one's death. The first landmark case related to this issue was the **Cruzan v. Director, Missouri Department of Health** decision in 1990 by the United States Supreme Court, which declared that people have the right to refuse medical treatment as it leads to death.[4][5][6]

This case formed a very significant precedent for the future development of patient rights concerning health care and created further debates among experts regarding the need to implement advance directives and the living will. Similarly, in **Washington v. Glucksberg (1997)**[7] and **Vacco v. Quill (1997)**[8], the Court determined the right to physician-assisted suicide, finding states could prohibit it but, at the same time acknowledging that patients have a right to refuse medical interventions. These cases drove home the fact that autonomy and personal choice are part of life with dignity. Within the ECHR, whose decisions have enormously shaped and defined the right to die with dignity, Article 2 of the European Convention on Human Rights, as interpreted by the court concerning the right to life,

[4] (n.d.). https://digitalcommons.law.uga.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1325&context=gjicl

[5] (2012, February 2). https://nhrc.nic.in/sites/default/files/UDHR_Eng_0.pdf

[6] (2012, February 2). *Microsoft Word - International Covenant on Civil and Political Rights.doc*. https://nhrc.nic.in/sites/default/files/International%20Covenant%20on%20Civil%20and%20Political%20Rights_0.pdf

[7] (n.d.). *Attention Required!*. Cloudflare. https://constitutioncenter.org/the-constitution/supreme-court-case-library/washington-v-glucksberg

[8] (n.d.). *Vacco v. Quill, 521 U.S. 793 (1997)*. Justia U.S. Supreme Court Center. https://supreme.justia.com/cases/federal/us/521/793/

encompasses respect for individual autonomy in death under the jurisprudence of the case **Pretty v. United Kingdom 2002**[9], which held that dignity and autonomy was part of the important human rights but refused an all-round right to die. However, it highlighted that, though being respectful to an applicant's autonomy, a legal system has to weigh that up with the concerns of the society at large.

In **Aruna Shanbaug v. Union of India**, 2011 the first time the court held and dealt with passive euthanasia in India for allowing it. A spark to open up discussions on euthanasia was Aruna Shanbaug, a nurse in a vegetative state for 37 years. The court disallowed active euthanasia but permitted passive euthanasia or withdrawing life support, strictly regulated. Such a judgment recognized that prolongation of suffering may arguably run against the right to die with dignity and, hence, it is deliberated at the national level by the ethics involved in euthanasia along with the need for legislative frameworks governing end-of-life decisions. [10]

The landmark case **Common Cause v. Union of India** 2018 has marked its watershed moment in Indian legal history. Here, this court recognized the constitutional right of dying with dignity and expanded passive euthanasia into advance directives and living wills. Since it permitted the articulation of end preferences before they became relevant, the dignity of autonomy and individual preference for choice in matters of death were respected. The judgment confirmed the right to life under Article 21 of the Indian Constitution which includes the right to live and die with dignity. The court, in giving detailed guidelines to prevent misuse, reflected a balanced approach by respecting the autonomy of individuals on one hand and safeguarding the interest of vulnerable persons on the other. Other countries have also contributed to this evolving legal landscape of the right.[11]

To recognize the right to die with dignity, courts broaden the scope of what is meant by living with dignity, in line with emerging values of autonomy, compassion, and human dignity within legal perspectives. This is a progressive shift that heralds the quality-of-life and individual-choice society and opens up laws toward this profound human right, the right to a dignified life and death.

III. DIFFERENCE BETWEEN ACTIVE AND PASSIVE EUTHANASIA

In legal terms, these two forms of euthanasia are differentiated in two ways: the action undertaken to end life, the legality of the action, and the ethics surrounding them. Both end up

[9] (n.d.). *Hudoc*. European Court of Human Rights. https://hudoc.echr.coe.int/fre
[10] (n.d.). *Just a moment....* https://indiankanoon.org/doc/235821/
[11] (2018, March 10). https://main.sci.gov.in/supremecourt/2005/9123/9123_2005_Judgement_09-Mar-2018.pdf

relieving suffering but undertake the approach in vastly different ways and reflect subtle attitudes that society has toward the right to life and death.

Passive euthanasia is the act of withholding or withdrawing some medical treatment necessary for the sustenance of life and just letting natural death take over. For instance, switching off a life-support machine or withdrawing medication that is sustaining life comes under the category of passive euthanasia. In legal and ethical terms, this is more acceptable since it is considered to let the body take its course. Many jurisdictions allow passive euthanasia under strict conditions, especially if a life is artificially prolonged with no hope of recovery; this applies to India after the judgments in **Aruna Shanbaug v. Union of India(2011)** and **Common Cause v. Union of India (2018)**. Passive euthanasia respects patient autonomy, especially when advanced directives, or "living wills," are present, and is often less contentious since it does not involve direct actions to end life but rather the cessation of life-sustaining interventions.[12]

Active euthanasia involves direct actions to cause a patient's death, typically through administering lethal substances. This is even more controversial because it is a direct intervention in the process of life, which most would believe is a final and unnatural act rather than being left to die a natural death. Active euthanasia is illegal in most countries for ethical and legal reasons since intentional killing is taboo. But in the Netherlands, Belgium, and Canada, this is allowed, strictly controlled conditions when a patient is suffering unbearable pain with no hope of ever being cured. Active euthanasia has been called an act of compassionate relief only if pursued by tight legal procedures and only after obtaining voluntary, informed consent from the subject.[13]

There are two broad differences at a legal level: intent and action. In passive euthanasia, allowing death is commonly allowed. Active euthanasia requires taking a step for death to happen, hence synonymous with criminal acts in a court of law in those countries where this act is barred. Moral and Ethical Consideration.

Passive Euthanasia is often considered less morally problematic as compared to active euthanasia since, in passive euthanasia, death is allowed to occur normally instead of actively inducing it. However, both practices aim to offer the dignity of death, making courts and

[12] Times, E. (2018, March 9). *Landmark ruling: Supreme Court says passive euthanasia is permissible*. Supreme Court says passive euthanasia is permissib. https://economictimes.indiatimes.com/news/politics-and-nation/landmark-ruling-supreme-court-says-passive-euthanasia-is-permissible-with-riders/articleshow/63228770.cms

[13] Mahawar, S. (2023, October 16). *Exploring euthanasia : legal and ethical perspectives on right to die with dignity - iPleaders*. IPleaders. https://blog.ipleaders.in/exploring-euthanasia-legal-and-ethical-perspectives-on-right-to-die-with-dignity/

lawmakers face the challenging issues surrounding autonomy, dignity, and clear legal definitions of life and death in modern healthcare ethics.[14]

IV. Difference between withdrawal of life-sustaining treatment and active euthanasia

There are only two ways to end life, withdrawal of life-sustaining treatment, and active euthanasia, which depend very much on the different nuances in ethical and legal interpretations of autonomy, intent, and what constitutes dignified death. Both aim at eliminating suffering, though techniques and legality in most countries differ widely with what constitutes a line of distinction society makes between killing oneself or being killed: active and passive measures in terminating life.[15]

WLST is an abbreviation for the withdrawal of life-sustaining treatment. This is a medical intervention that artificially prolongs life, such as ventilators, feeding tubes, or medication. The underlying intent of WLST is not to cause death but to permit natural death to occur by ceasing interventions that prevent the body's natural progression toward the end of life. It is a practice widely accepted in many legal systems. It is a matter of common practice under the principles of autonomy and informed consent. When the patient suffers from a disease like a terminal illness or vegetative state without any chance of survival, WLST would spare them further agonies. Courts generally sanction WLST if individuals, through advance directives or a living, will, have made clear their intent and ensured that the situation will be controlled even when they cannot speak for themselves in deciding on medical matters. Ethical considerations often make WLST more acceptable than active euthanasia since there is "letting nature take its course" but no action aimed at promoting death.[16]

Of course, active euthanasia is a different affirmative act to end the patient's life, most characteristically the administering of a lethal overdose of medication. Again, it is quite vivid: an intent to trigger immediate death, but a controlled environment in which he or she no longer has to endure such intolerable anguish. The latter is more in a legal controversy than the former, however, to the extent that WLST is considered an action taken in intentionally terminating one's life situation, which amounts to overstepping limits usually found in domains identified as inaccessible within morality and legality. It is the aspect upon which this difference of

[14] Law, L. (2024, July 31). *The Stance Of Euthanasia In India*. https://www.livelaw.in/articles/stance-euthanasia-india-265131
[15] (2018, June 15). *Right To 'Die With Dignity'*. https://pure.jgu.edu.in/id/eprint/3523/1/26826627.pdf
[16] (n.d.). *Euthanasia and the Right to Die in India*. Centre for Law & Policy Research. https://clpr.org.in/blog/euthanasia-and-the-right-to-die-in-india/

intentionality with WLST allows tolerance toward death, yet in contradiction to that form of euthanasia through means that intend for causing death leading to this deciding point upon acceptability in terms of legality. Most countries still looked at this as somewhat close to murder since active euthanasia was still banned in most. Belgium, Netherlands, and Canada, though passed it, knew well that those people with terminal illness would always fall within the ambit of "mercy killing".[17]

Legally speaking, WLST differed from active euthanasia when it came to the nature and intent involved in doing so. For example, in WLST, the decision to withhold treatment is morally and legally justifiable because it does not cause death directly but gives way to natural death as it recognizes that medical interventions are powerless. Active euthanasia is a committed act causing death. This act, though not ethical from any perspective, forms a line most legal jurisdictions will not cross for ethical consideration and what is entailed when an intended killing happens.

Ethically, WLST is less contentious in that it avoids "do not harm," which entails further medical harm to create a cause of death instead. It is, hence widely accepted among doctors and families because WLST upholds the process of natural dying and represents a compassionate decision against any further treatments that would merely continue the pain and suffering. However, the question then comes upon euthanasia as an issue of moral ethics: can intentionally killing fall under humane medicine or against the medical science art, and the complexity that makes it more troublesome to accept the gravest form of suffering?[18]

Distinguishing WLST with active euthanasia results from the intent and act towards treating terminal illness with inevitable pain. WLST sounds like fatal acceptance, where the killing act is tolerated legally and ethically as it is nonintrusive, whilst active euthanasia is a supposedly aggressive decision to end lives since it violates legal conventions in most countries. Even as both practices relate to the aspect of dignity in death, it is what makes them different that points to the complex interaction between law, ethics, and medicine about compassionate care at life's end.

V. CONCEPT OF LIVING WILL

It was within the landmark judgment **Common Cause v. Union of India (2018**) that the Supreme Court of India validated a "living will" as a part of the individual right to die with

[17] (2018, June 15). *Right To 'Die With Dignity'*. https://pure.jgu.edu.in/id/eprint/3523/1/26826627.pdf
[18] Law, L. (2024, July 31). *The Stance Of Euthanasia In India*. https://www.livelaw.in/articles/stance-euthanasia-india-265131

dignity. This, again, forms a further extension of the basic right to life provided in Article 21 of the Indian Constitution. A living will is also referred to as an "advance directive." It is a means by which a person may record his or her desires regarding medical treatment and terminal care in advance in case he or she becomes incapacitated and cannot communicate the choices.

The judgment delivered in 2018 is one of the landmark judgments in Indian jurisprudence, that has highlighted personal autonomy, dignity, and the right to make informed decisions regarding one's own body. The Court has granted the rights of ailing and vegetative patients to refuse a life-support treatment, thus granting the patient the right to bring to an end sufferings that may be quite protracted. The power to make such a request in advance is made through a living will. Preemptively, individuals who would want life-supporting measures, such as ventilators or artificial nutrition to be withheld or withdrawn.[19]

It was also laid that stringent requirements have to be brought forth by the court to avoid further abuse, and advance directives will stand valid and authentically. As envisaged in guidelines, a living will requires two witnesses when executed before a Judicial Magistrate First Class ascertains execution by exercising his own satisfaction regarding voluntariness. In further situations where a medical man recommends the formation of an advance directive, then there arises a need to constitute a medical board who reviews and sanctions the said decision that is further ascertained by another constituted medical board appointed by the District Collector. The process provides a structure for balancing personal autonomy with checks against potential abuse.[20]

It further explained the process in 2023 and changed some of the procedural requirements in such a way that making an implementation of a living will seems more practical and easy to have, thus emphasizing the firm intent to respect the rights of patients and remove red tape. In this version, it made sure to ease the process in forming medical boards, thereby keeping advance directives available to everyone wanting control over end-of-life decisions.[21]

[19] Baruah, A. (2023, January 23). *What is 'living will' and what are the Supreme Court's hearings on passive euthanasia about*. https://theprint.in/judiciary/what-is-living-will-and-what-are-the-supreme-courts-hearings-on-passive-euthanasia-about/1328680/

[20] (2024, March 23). *Preparing for the unexpected: Understanding the concept of Living Wills*. https://www.indialaw.in/blog/civil/understanding-the-concept-of-living-wills/

[21] (2023, January 24). *Euthanasia and the Right to Die with Dignity*. Supreme Court Observer. https://www.scobserver.in/cases/common-cause-euthanasia-and-the-right-to-die-with-dignity-case-background/

VI. CASE STUDIES RELATING TO RIGHT TO DIGNITY

The concept of "life with dignity" goes further than mere survival: it suggests living a life abounding with respect, dignity, autonomy, and self-directed choice-including where relevant choices at the end of life. The courts over time, speaking through multiple jurisdictions, have defined what that right comprises; in the process more often in decisions concerning matters of death, patient's rights and care for frail populations. It should suffice to exemplify the developing jurisprudence of most legal jurisdictions regarding the protection with dignity guaranteed by the right to life, progressively illuminating the sphere of human rights and freedom.

1. Aruna Shanbaug v. Union of India (2011) - India

The first time the Indian Supreme Court faced the euthanasia question was in Aruna Shanbaug v. Union of India. A 37-year vegetative state condition arose as Aruna Shanbaug had been brutally assaulted, and suffered severe brain damage and this nurse was, therefore a patient. The petition was filed on her behalf for passive euthanasia along with a prayer to stop life-sustaining treatment that would allow her to meet her death with dignity.[22]

While actively permitting euthanasia in Court, it refused, permitting passive euthanasia subject to set rules and guidelines. However, the judgment held that where a patient is terminally ailing or irreversibly comatose, life support treatments should be withdrawn lest the life continue to be prolonged when pain cannot. This established that compelling those people to endure unceasing pain would be contrary to Article 21 of the Indian Constitution mandating the right to die with dignity. This judgment laid the foundation for the recognition of passive euthanasia in India, which further judgments built upon and expanded the right to die with dignity.

2. Common Cause v. Union of India (2018) – India

The case of Common Cause v. Union of India was built on Aruna Shanbaug and was a giant leap forward in India's position on end-of-life rights. In 2018, the Supreme Court of India validated "advance directives" or "living wills," enabling individuals to make advance treatment decisions in case they lose mental capacity. The Court decided that the right to life includes the right to live with dignity, which, in turn, means a right to die with dignity. This judgment set down a law precedent by categorizing specific safeguards to establish that living

[22] (n.d.). *Case Analysis on Aruna Shanbaug v/s Union of India*. https://www.legalserviceindia.com/legal/article-12094-case-analysis-on-aruna-shanbaug-v-s-union-of-india-.html

wills were made voluntarily with due process incorporating medical boards and judicial supervision to prevent them from being misused.[23]

It was this case that, underlined the autonomy of the person making life choices, emphasizing the fact that preserving life at the cost of dignity could violate basic rights. In 2023, the Court further streamlined the process, making it easier to implement living wills, thus enhancing respect for individual autonomy in end-of-life decisions.

3. Cruzan v. Director, Missouri Department of Health (1990) – United States

It became a seminal case before the Supreme Court in 1990 because it focused on the issue of a person's right to refuse life-sustaining treatment. Years after being rendered comatose by an automobile accident, Nancy Cruzan had remained in a persistent vegetative state and was now subjected to forced feeding; her family wished to remove these supports and let nature take its course to help Nancy die a dignified death.

The Supreme Court ruled that competent persons have the right to refuse medical treatment, even if such refusal might result in death.

However, the court qualified this right by indicating that it could be exercised on behalf of an incapacitated person by family members only when there was "clear and convincing evidence" of the person's desire to forgo life-sustaining treatment. This decision helped to confirm the worth of advance directives, encouraging people to express their end-of-life wishes so that they can ensure their autonomy is respected at the end. Cruzan established patient rights in end-of-life care, and since then, most U.S. states have enacted living will and advance directive laws.[24]

4. Pretty v. United Kingdom (2002) – European Court of Human Rights

In the case of Pretty v. United Kingdom, a woman diagnosed with motor neurone disease, named Diane Pretty, claimed that she needed assurance that her husband would not be prosecuted for assisting in killing her.

She argued that her suffering violated her right to die with dignity and claimed that Articles 2 (right to life) and 8 (right to privacy) of the European Convention on Human Rights should be interpreted to include the right to choose her manner of death. The ECHR eventually dismissed her application with a statement that although the Convention guaranteed the right to life, it did not confer the right to die.

[23] (n.d.). *Just a moment....* https://indiankanoon.org/doc/184449972/
[24] (n.d.). *Cruzan v. Director, Missouri Dep't of Health, 497 U.S. 261 (1990)*. Justia U.S. Supreme Court Center. https://supreme.justia.com/cases/federal/us/497/261/

But it recognized the dignity and autonomy of individuals. It held that it would be possible for the states to explore ways in their legal systems to accommodate such rights. Although the judgment did not legalize assisted suicide, it marked the willingness of the Court to take into account dignity and autonomy in complex end-of-life issues, paving the way for future judgments that would further expand personal autonomy in European jurisdictions. [25]

5. Carter v. Canada (Attorney General) (2015) – Canada

In Carter v. Canada, the Supreme Court of Canada considered whether the prohibition of physician-assisted death for patients experiencing intolerable pain and anguish from terminal illness offended their right to life, liberty, and security of the person under the Canadian Charter of Rights and Freedoms, given their inability to end their lives unassisted.

This makes the Court declare the total ban of assisted death a constitution as it violates citizens from enduring additional suffering which interferes with their rights to respect and dignity. The ruling that enabled physician-assisted death allowed for stringent criteria under strictly competent adults who have expressed their willingness to give in for death, coupled with grievous and irremediable medical conditions that will no longer improve any further. *Carter v. Canada* marked a significant development, as it prioritized personal autonomy and the right to live with dignity, recognizing that individuals should not be forced to endure suffering contrary to their own wishes.[26]

6. Airedale NHS Trust v. Bland (1993) – United Kingdom

In Airedale NHS Trust v. Bland, the House of Lords had to decide the case involving Tony Bland, a young man with irreversible brain damage following the Hillsborough disaster, who was in a persistent vegetative state. His family and doctors wanted permission withdrawn so that life-sustaining treatment could be withdrawn because continued treatment had no therapeutic value and was preventing him from dying in a dignified manner.

The court decided it in its favour by dismissing the notion of withdrawal through a judicial pronouncement by holding it permissible under law for a patient's passive euthanasia, which in this judgment was defined to be a withholding or withdrawing life-sustaining treatment based on where there was no scope for recovery in the event.

This judicial pronouncement became a benchmark in the UK's approach regarding end-of-life decisions while establishing the right to live with dignity as entailing the right to die with

[25] (n.d.). *Hudoc*. European Court of Human Rights. https://hudoc.echr.coe.int/fre
[26] (n.d.). *Carter v. Canada (Attorney General)*. SCC Cases . https://decisions.scc-csc.ca/scc-csc/scc-csc/en/item/14637/index.do

dignity. Therefore, the case established that even medical treatment must not become compulsory if only it helps to prolong agony without hopes of recovery.[27]

7. Harish Rana v Union of India (2024) – India

The Delhi High Court had to deal with the ethical and legal dilemmas of euthanasia in the case of people not being supported by life support machines. Harish Rana, who has been in a permanent vegetative state due to a head injury, has been suffering since over a decade ago, now his parents filing a euthanasia plea before the medical board so that he can go in peace. His parents argued that it was causing bedsores and infections which have worsened his quality of life and presented great difficulties for them as they are ageing.[28]

However, Justice Subramonium Prasad dismissed the plea stating that Rana, though immobile, is not on mechanical life support. That is a distinction because active euthanasia through external interventions such as lethal injections continues to remain illegal in India. The court referred to the judgment of the Supreme Court in Common Cause v. Union of India in 2018, which had envisaged a very limited scope for euthanasia by allowing withdrawal of life support only in specific conditions of patients on mechanical support. Justice Prasad did appreciate the pain of the parents but felt sympathetic to their plight and concluded that, given the absence of dependency on external life support, active intervention to end life remains legally untenable in India.[29]

This decision is an evident reservation of the Indian courts over passing judgements on the issue of euthanasia, and this verdict would accept only the passive varieties in which withdrawal based on a set rule would be implemented for stopping further life support. The judgment presents an even bigger picture concerning legal and ethical decision-making of having a right to die with dignity, particularly with those suffering conditions that can be unbearable but still do not meet all the conditions of the withdrawal-based varieties of euthanasia.

[27] (n.d.). https://digitalcommons.law.uga.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1325&context=gjicl

[28] (n.d.). *Just a moment....* https://indiankanoon.org/doc/32511882/

[29] Singh, S. (2024, July 9). *Delhi HC denies parents 'euthanasia request for man bed-ridden for over a decade*. https://www.newindianexpress.com/cities/delhi/2024/Jul/09/delhi-hc-denies-parents-euthanasia-request-for-man-bed-ridden-for-over-a-decade

VII. CHALLENGES AND FUTURE DIRECTIONS

Indeed, the new end-of-life legal framework that involves euthanasia and the right to die with dignity has several challenges that may pose a stumbling block on the way towards its establishment. However, it has very promising prospects in the future.

1. Ethical and Moral Dilemmas: The first one is an ethical and moral issue in respect of ending life. Decisions regarding end-of-life issues raise the greatest complexity in negotiating the ethical and moral terrain attached to the decisions. Value judgments regarding respect for life versus the right to end suffering create a delicate balancing act; religions and cultural values are normally against euthanasia as it is understood to infringe on the sanctity of life. Furthermore, there is also the question of whether or not suffering can be an excuse for ending life, and that issue remains disputed amongst different cultural, religious and ethical standpoints.[30]

2. Protection Against Abuse: This is a strong feature because euthanasia and assisted dying rights cannot be abused. Such rights, they argue, vulnerable people would use to get themselves killed, especially when the elderly or disabled might consider their lives burdens to the family or when they are placed under implicit coercion. The laws which exist today, such as India's restricted euthanasia right for withdrawal of treatment intended to preserve life, were formulated to prohibit abuses, and the ability to enforce it consistently on each case with informed consent is another concern.[31]

3. Accessibility and Feasibility: An operational barrier is that such rights are to be implemented in a healthcare system that respects autonomy without undue bureaucratic interference. Even the legal architecture of advance directives may render them ineffective for patients under the 'multiple tier layer of approbation' required by India-in a country's case Indian, as it was in 2018 *Common Cause*. These barriers discourage all but a few persons from fully availing of their end-of-life rights.

4. Fearfulness of the Medical Profession: The medical profession would not want doctors involved in euthanasia or withholding treatment because they are fearful of the legal implication or the moral struggle on themselves. Doctors are always torn between saving a life

[30] Singh, S. (2024, July 9). *Delhi HC denies parents 'euthanasia request for man bed-ridden for over a decade.* https://www.newindianexpress.com/cities/delhi/2024/Jul/09/delhi-hc-denies-parents-euthanasia-request-for-man-bed-ridden-for-over-a-decade

[31] (n.d.). *Just a moment....* https://indiankanoon.org/doc/32511882/

and respect for the patient's right of self-autonomy. Doctors should have proper protection and guidelines.[32]

VIII. FUTURE DIRECTIONS

1. Streamlined Legal Frames: The procedure of advance directives and living wills shall be streamlined, and the rights related to the end stage will easily be in everyone's hands. Not so long ago, in 2023, the Indian Supreme Court permitted streamlining procedures for advance directives. More streamlined policies may help patients assert their rights without much delay through bureaucratic procedures.

2. Global Consistency and Precedence for the Judiciary: Save for a few caveats, as Canada legalizes active euthanasia, so much of the world is tentatively but surely creating precedents the future laws in other parts are likely to follow. With that said, perhaps changes in end-of-life care are taking policies that happen to be cosmopolitically coherent enough, with individual freedom at the turn of every corner not getting jeopardized

3. Extended Palliative Care: This could also be an empathetic decision if pain management and psycho-social counseling are part of the services in palliative care of terminally ill patients. Proper inclusion of palliative care in the models of end-life will make better decisions on euthanasia by patients, which will become rational because their sufferings would be reduced and quality of life enhanced.

This will further sensitize public discussion concerning end-of-life rights and ethical considerations, which will lead to a better sensitized, knowledgeable discussion. Public education programs regarding advance directives as well as patients' rights will empower more people to make proper decisions according to their personal beliefs and dignity.[33]

IX. CONCLUSION

The right to die with dignity is one of the most profound ethical, legal, and humanitarian issues of our time. Stemming from the principle that respect for individual autonomy implies that people have the liberty to make informed decisions in their end-of-life care, especially when faced with unbearable suffering or irreversible medical conditions. Yet, as Harish Rana v. Union of India and Common Cause v. Union of India demonstrate, this right also comes in conflict with deep, long-held cultural, religious, and social mores, so different from country to

[32] Prasad, A. S. (2024, July 20). *Harish Rana vs Union Of India & Ors.*. https://www.latestlaws.com/judgements/delhi-hc/2024/july/2024-latest-caselaw-4246-del

[33] (2024, September 7). *Keeping their child alive: As SC turns down family's euthanasia plea, how the law has changed everyone's life*. The Indian Express. https://indianexpress.com/article/long-reads/sc-turns-down-familys-euthanasia-plea-harish-rana-9554668/

country.

The steps taken in law towards the development of passive euthanasia, advance directives, and palliative care show a growing acceptance of personal autonomy for decisions made at the end of life, but problems continue. The overall concern is that the patient who is vulnerable will not be coerced into the decision of euthanasia because of societal influence, family stressors, or the lack of support by health care. However, these issues are currently tried to be prevented by legal protection and the help of the input of medical and judicial parties, but the patients and their family members remain in charge of navigating the intricate system, which reduces accessibility and clarity.

Future developments in euthanasia and end-of-life rights will benefit from less legalistic approaches to accommodate more individual choice within the frame of ethical safeguards. This can be illustrated by simpler procedures for living wills—just as India's 2023 amendments recently have been able to make rights at the end of life practically accessible. Further, the promotion of an international debate over such issues could help countries realize best practices through others' failure or success stories. Therefore, through a collective sense of compassionate and holistic policy, it is possible to see some countries, including Canada and some European states, become precedents in developing frameworks for other parts of the world that may need end-of-life rights.[34]

The right to die with dignity is a call to societal introspection of the definition of autonomy and compassion in health care. There has to be a balance between the respect of personal autonomy and the protection against the potential abuse of this right. It can only be through this compassionate and legally sound approach that will pay respect to individuals' dignity at the end of their lives, both for the affected individuals and the general ethical commitment to humane and respectful treatment throughout life's cycle.[35]

*****

[34] Yachu, S. (2024, October 26). *Experts Explain: The right to die with dignity — SC rulings and what the law says in India*. The Indian Express. https://indianexpress.com/article/explained/explained-law/experts-explain-how-passive-euthanasia-works-in-india-9639043/

[35] (2024, September 7). *Keeping their child alive: As SC turns down family's euthanasia plea, how the law has changed everyone's life*. The Indian Express. https://indianexpress.com/article/long-reads/sc-turns-down-familys-euthanasia-plea-harish-rana-9554668/

 [ISSN 2581-9453]