

A descriptive study on euthanasia: A desired dignified death or devaluation of human lives

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Abstract

The Word Euthanasia elicits global interest being a contention in the world with assorted school of thoughts. Insistence for the impulsive ending of life has subsidized to the discussion about the role of such practices in traditional and modern-day health care. The prevalence of this subject in India is not generic but is under the table among folks but the extensive political, social, economic and technological changes as well as variation in thought processes of individual minds in different countries on mutual assistance in ethical matters have allowed this premature ending of life to become increasingly active and the emphasis towards interaction with global minds and liberty in thoughts and beliefs with more practicality has given more success to this subject in the international arena. Euthanasia is a manifold implementation and amidst of chaos its veracious meaning is often misinterpreted. This study endeavours to lay out its true comprehension. The objective is to confer the subject of euthanasia from the medical and human rights perception.

Keywords: active/passive, voluntary/involuntary, physician-assisted suicide, living will, dignity, pvs.

1. Introduction

The intention to deliberately accelerate the death of an incurable patient, even to stop his suffering has never been ambiguous. The English philosopher Francis Bacon ^[1]. introduced the term Euthanasia to designate light painless death, without the nuisance and distresses. Although the concept of Euthanasia originated a long time ago from ancient times to the present day medical ethics. Euthanasia is named every act geared at placing an end to the life journey of an individual in the detection of his/her will". An enormous population thinks euthanasia is way more humane in some cases than life. Nevertheless, it is necessary to find out whether people have the right to decide if someone needs to die or live further. This Question is within the interest of both people and doctor's. Whatever is unlikely that humanity will come to a single denominator in this matter, which is the root cause and has led to the major debates with severe Criticism. Notably, the "39th World Medical Assembly adopted the Declaration on Euthanasia". Which states "Euthanasia as an act of intentional deprivation of life of the patient at his/her or relatives request which is admissible, including the shape of Passive Euthanasia. The Doctor is obligated to ease the suffering of dying by all available and legal methods. From the time this subject has marked its presence in the society, plenty of thoughts and beliefs have marked their views in its acceptance and opposition. The objective of discussing euthanasia is extremely important as of today because of the breakdown of family life, the improvement of medical technology and the importance attached to the productivity of human life which comes into play.

Every individual wants to lead a prosperous long life and desires a painless death. But everyone is not to be endowed with such immense pleasurable death. The Word Euthanasia is originated in Greece (Euthanatos) means a "Good Death" ^[2]. Therefore Euthanasia is a termination of life so as to alleviate them from the pain or suffering and giving a

desired peaceful death. The painless killing of a patient suffering from PVS ^[1] or is in irreversible conditions. Euthanasia makes it possible to fully exercise the human right to dispose of their lives, including medical termination. A person is recognised as the highest value and consequently, their real wellbeing, right to self-determination, right to freedom and respect for dignity must be fully justified. Euthanasia provides the implementation of the fundamental principle of law, the principle of humanism in the global perspective. Euthanasia is humane because it suspends the suffering and torment of the incurably sick person. State and society should recognise this right, not for everyone or every case in the field but for those individuals who need it. But simultaneously legalization of Euthanasia should go through some scientific (medicinal development) and legislative filters that will establish rule, specific criteria and credibility of the case where such right can be granted upon. Hence this paper presents the study of Euthanasia with its gains and losses, and manifest whether it can be a "Desired death or Devaluation of human lives".

Literature Review

Various studies in the context of Euthanasia has presented diverse dimensions of concerns ranging from positive to negative and their impacts upon society, paving the way for analysis from distinctive attributes and influencing perceptions of readers. Euthanasia is a theory of Global interest due to its controversial nature and contrasting elements. Majorly some studies are fertile to enunciate its presence.

Initially in the study "Euthanasia- A dignified end of life" Author (Vaibhav Goel) ^[3] emphasised on the legalisation of Euthanasia in the country and marked essentialness of dignified end of life. He stated, "Noble life is a right of all" and was more inclined towards changing concepts of natural

¹ Permanent Vegetative state.

death and artificial prolongs. He convincingly balanced the pros and cons of Euthanasia and suggested if taken proper care of human life, the number of cases would decrease with the time.

Secondly, the paper titled "The Great benefits of legalising Euthanasia and PAS" ^[2] ^[4] tried to analyse the ethical question whether consenting to Euthanasia legally would endorse the "High-Quality Dignified Demise". It tends to explain the benefits like self-sufficiency, independence and relief from the miseries and agony of illness. Further along with the advantages he also took the sight of security physicians functioning it which gave the psychological assistance to ailing and abuses, it can create upon the lives of humankind for the sake of greedy interests. He also opined one should not rush to legalise Euthanasia as it poses more negative utilisation rather than the advantageous one.

Thirdly paper titled "Euthanasia- The legal issue" ^[5] presents the legitimate concerns arising with the changes in the transformation of law in the proposed theory. He emphasized on the need for an empirical study based on individual, traditional and cultural principles to expose the range of death of opinions and tends to examine the possibility of lawful complications arising to the persons who wish to assist (mainly doctors and relatives) these patients, which may turn into violations if not dealt with legal context along with the emotional dilemma.

Fourthly the paper "Euthanasia -No dignity in death in the absence of an ethos of respect for human life" ^[6] here the debate is conducted between the constitutional right to life, right to dignity and liberty to self - determination. legalising Euthanasia would lead to erosion of rights but also accepting the fact to die with immense sufferings and ugly death is much more dehumanizing and devaluation of a kind, because the lack of commendation towards a dignified life, and the hostile surrounding frequent amongst the fellowship shall be a severe risk for the one's deathbed. In Spain of circumstances, a subset of a Euthanasia can be administered in the rarest among the rare case to sensibly refer the sufferings.

Lastly the paper 'A Comparative study on permissiveness towards Euthanasia.' By Ellen Verbakel and Evajasper (2010) ^[7] - depicts the contrast between the subject of Euthanasia and its slippery soap. It was found that ethnocentric ^[3] were the rivals and self-sufficient liberals and practical version of minds, also the mortally ill were the promoters.

Thesis statement:

To persuade the individuals globally that euthanasia or its subset category, can be a legal option in medical science with legitimate filters and constraints by a subsequent authority.

Objectives

- To study the comprehension of the concept Euthanasia and its position in India.
- To present its embodiment in contemporary Healthcare services.
- To acknowledge its practicability with gains and losses associated with it.

Research Questions

- Whether Euthanasia can be generalized with precautionary principles and constraints?
- To evaluate is it unconstitutional according to Article 21 of the constitution?
- To analyse the concept of "Living wills" and to what extent it can be foreseeable?

Historical Background

The initiative facing the legalisation of Euthanasia in India was drawn in 1985. A private Bill was forwarded in the Maharashtra legislative council. The said Bill accommodated the provision relating to the legal protection by way of impunity from civil and criminal accountability to all doctors who disconnects artificial life-prolonging units at the solicitation of terminally ill patients and a provision concerning the advanced directive to such patient who has become incompetent to execute his wish later on. Such a patient was deemed to be immuned from any kind of liability for taking a decision ^[8]. A bill was also accounted in Lok Sabha labelled "The Euthanasia (Permission and regulation) Bill, 2007 by C.K. Chandrappan, comrade of Indian Parliament who appertained to the Communist Party, a symbolic of Trichur (Kerala), to allow for compassionate, humane and painless termination of lives of individuals who are permanently invalid or bed-ridden due to suffering from incurable disease. The Bill defines euthanasia as the initiation about a gentle, painless and easy death of incurable and painful disease(s) who cannot carry out his daily chores without constant and regular assistance. The statement of objects and reasons says Euthanasia is necessary because the patient has a right to put his pain and agony to an end in a decent and dignified manner when there is no hope of recovery. It also ensures before legalizing Euthanasia, a sufficient check and balances should be entertained to avoid its misuse. The bill proved to be a advantageous move in this direction, but could not become law ^[9].

Relevant Medical Expressions

The medical terms like coma, brain death and vegetative state are commonly used by laymen to project brain injuries of any nature. But these terms are provided with certain denotation under medical terminology which can be explained as under:-

- **Brain-Death:** A state of prolonged immutable termination of all brain activity, with an absolute truancy of discretionary movements, responses, and prompt respirations. It is a most serious damage to the brain where patient can live only with the aid of artificial life-prolonging machines.
- **Coma:** A complete deterioration of stimulation with no quick eye opening and no arousal by way of robust sensual libido. Patients although are unconscious but do not require artificial breathing and also their hearts beat in a naturally. Their deep sleep cannot be intersperse even by the execution of a painful stimulus.
- **Permanent Vegetative State (PVS):** This is a state of complete absence of physiological testimony for domain or climatic consciousness. Ability is freezed for voluntary or vivid invitation, evidenced by circadian rhythms i.e. patients are awake, but have no awareness.

² Physician assisted suicide.

³ Evaluating other cultures according to preconceptions originating in the standards and customs of one's own culture.

Classifications of Euthanasia

There are subsets of euthanasia what's chosen depends on a variety of factors, including someone's outlook and level of consciousness^[10].

Physician-Assisted suicide

Assisted suicide is also called physician-assisted suicide (PAS). PAS means a doctor knowingly helps someone to end their life to relieve them from suffering. The person who know-hows tenacious and never-ending suffering may have also received a fatally ill diagnosis. Their doctor will determine the most efficient, painless way. The doctor tends to provide an individual with a drug they can take to end their life. Generally, a lethal dose of opioids is prescribed for this. In the end, it's up to the person to decide whether to take the drug, because determining someone's mental capabilities isn't very straightforward and cannot be easily understandable.

Active and Passive Euthanasia

Purposely giving someone a lethal dose of a sedative^[4] by a doctor is considered active euthanasia. Passive euthanasia is defined as concealment or curbing treatments so that a person permits more swiftly. A doctor may also recommend gradually high doses of pain-killing medication. Over time, the doses, become toxic which results in death.

Voluntary and Non-voluntary Euthanasia

When an individual makes a conscious choice to end his life, it is considered as voluntary euthanasia. The person must give their full consent and demonstrate that they fully understand the consequences. Non-voluntary euthanasia involves someone else (usually a family member) making the decision to end an individual's life. This is generally done when the person is totally unconscious or permanently incapacitated. It usually involves passive euthanasia, such as withdrawing life support from ongoing treatment who is indicating no sign of brain activity.

Debates around Euthanasia

Why do we need Euthanasia? This question demands the actual understanding of the concept and remarks on whether we should accept this new theory of medical science. Unbearable suffering or pain, poor Quality of life and absolute dependence, psychological factors like depression, being burdensome, loss of dignity are some of the key reasons that mark's its essentialness^[12]. Although it can be a "worst corruption of humankind" if maliciously used, to hide ill-treatment and own greedy interests but on the contrary also has its course of benefits if seen sensibly, it gives an end to a long-suffering, frees up funds, equipment and efforts that can alternatively be used. Prima facie reasons are Morality, Religion and ethics which tends to disable this practice in the society because it categorises Euthanasia as a devaluation of human lives. However, in the evolving world, it can be personal choice given to the person who didn't want to go through a long dying process and also out of the concern of the burden, which rests upon his loved ones.

Advantages of Euthanasia

- **Caregiver's burden:** 'Right-to-die' promoters argue

that people who have an incurable, degenerative, disabling or debilitating condition should be allowed to die in dignity. The caregiver's burden is huge and cuts across various domains such as financial, emotional, physical and mental. Hence it decreases the pressure of custodians.

- **Refusing care:** Right to refuse medical treatment is well recognized in law, including medical treatment that sustains or prolongs life. Acknowledgement of the right to decline treatment gives a way for passive euthanasia.
- **Right to die:** Many patients in a PVS or in chronic illness, do not wish to be a burden on their family members. Euthanasia can be considered as a way to uphold the 'Right to life' by honouring 'Right to die' with dignity. Euthanasia in terminally ill patients provides an opportunity to advocate for organ donation. This, in turn, can help many patients with organ failure waiting for transplantation. Euthanasia not only gives 'Right to die' for the lethally ill but also 'Right to life' for the organ needy patients.

Disadvantages of Euthanasia

- **Eradicating the ailing:** Euthanasia opposes argue that if we embrace 'the right to death with dignity', people with incurable and debilitating illnesses will be disposed from our civilised society. The practice of comforting care counters this view, as comforting care would provide relief from distressing symptoms and pain, and support to the patient as well as the caregiver.
- **Constitution of India:** 'Right to life' is a natural right personified in Article 21 but suicide is an Unnatural end or extinction of life and, therefore unharmonious and unpredictable with the concept of 'right to life'. The State has to safeguard life and the physician's duty to provide care and not to hurt patients. If euthanasia is legalized, then there is a stern fear that the State may refuse to finance in health (working towards Right to life).
- **Malicious Intent:** In the era of declining morality and justice, there is a probability of misusing euthanasia by relatives for inheriting the property of the patient. The Supreme Court has also upraised the issue in the latest judgments. 'Mercy killing'^[5] should not lead to 'killingmercy'
- **Emphasis on care:** Euthanasia will decrease the emphasis of care and will often lead to the end of the life rather than the Cure "The principle is to add life to years rather than years to life with a good quality gentle care". The intent is to provide care when cure is not likely to low the cost methods.
- **Commercialization of health care:** Passive euthanasia occurs in the majority of the hospitals across the country, where poor patients and their family members refuse or withdraw treatment because of the huge cost involved in keeping them alive. If euthanasia legalizes, then the commercial health sector will oblige the death sentence to numerous disabled and senior citizens of India for the meagre sum of money.

⁴ Fatel medicines for tranquillizing.

⁵ The killing of a person who is serious or injured in order to prevent any further suffering.

Courses of Euthanasia in the World

People have questioned over the integrities and legality of euthanasia and PAS for eras. Today, laws about euthanasia are distinctive in global politics ^[13, 14].

■ In Netherlands

The Netherlands was the first countries to authorize active euthanasia. Euthanasia became permissible in the Netherlands at April 12th 2001 law, entitled that "Law for the Termination of Life on Request and Assisted Suicide". It is the result of a long process of debates which began in the 70s-80s, with a more "understanding" and several legislative proposals. The law of PAS was mentioned as the recommendation of drugs by a doctor, for the purpose of self- supervision of the patient. The law postulated five principles for granting euthanasia request:-

The patient's request shall be intended and well-considered.

The patient's suffering should be horrendous and disheartened.

The patient shall be informed about their condition and diagnose.

There are no available practical alternatives.

Euthanasia should be performed with due medical care and attention with consultation from the doctor. In the case of a mentally stunted person, psychiatric should be consulted.

■ In Belgium

Belgium's Senate approved the law proposing euthanasia by a significant majority in October 2001. The legislation recognized the conditions under which doctors may end the lives of patients who are downheartedly ill and suffering horrendously. The candidates for euthanasia need to reside in Belgium to be granted this right. The age of patients should be at least 18 years and specific, voluntary, and repeated requests are needed that their lives be ended. Young children will be allowed to end their life with the help of a doctor in the world's most essential allowance of the euthanasia law. Under the law, there is no age limit to minor who can seek out a dangerous injection.

■ In United States

Doctors are allowed to advise disastrous doses of medicine to lethally ill patients in 5 US states. Euthanasia, however, is illegal. In recent years, the "aid in dying" movement has made incremental gains, but the subject remains debatable. Oregon was the first US state to legalize and supported suicide. The law took effect in 1997 and allows for lethally ill, mentally incompetent patients with less than six months to live to request treatment for life-ending medication. More than a decade later, Washington permitted measures that were modelled on Oregon's law.

■ In India

Since 2018 March, Passive euthanasia has been legalized in India under strict guidelines. Patients must consent through a living will and must be either critically ill or in a vegetative state the Supreme Court of India legalized passive euthanasia utilizing the removal of life-support to patients in a permanent vegetative state. The judgment was made as part of the decree in a case relating Aruna Shanbaug, who had been in a Persistent Vegetative State until she died in 2015. On 9 March 2018, the Supreme Court of India

passed a remarkable judgment-law permitting passive euthanasia in the country. This judgment was passed in the rouse of Pinki Virani's plea under the Constitutional establishment of "Next Friend". It's a milestone law which places the power of choice in the hands of the single, over the government and medical board.

■ Legislative framework on Euthanasia in India

In India, the abetment of suicide and the attempt of suicide are both criminal offences. In 1994, the constitutional validity of IPC Sec ^[6] 309 ^[7] was challenged in the Supreme Court. The Supreme court professed that IPC Sec 309 is unconstitutional, under Article 21 ^[8] of the constitution in a revolutionary judgment. In 1996, an interesting case of IPC Sec 306 ^[9] came to the Supreme Court ^[15]. The accused were found guilty in the trial court and later the conviction was sustained by the High Court. They appealed to the Supreme Court and coped that 'right to die' be included in Article 21 of the Constitution and any person abetting the commission of suicide by anyone is merely assisting in the enforcement of the fundamental right under Article 21; hence their punishment is a violation of Article 21. This made the Supreme Court to change round and to reconsider the decision of right to die. Immediately the matter was referred to a Constitutional Bench of the Indian Supreme Court. The Bench held that the 'right to life' under Article 21 of the Constitution should not contain the "right to die". 'Right to life' under Article 21 of Constitution is a fundamental right guaranteed to every citizen. which cannot be infringed under certain circumstances but then the question arises do we have the "right not to live" i.e 'to die'. This question was rightly answered by Constitutional Bench headed by Justice Deepak Mishra and Justice Chandrachud in the case "Common cause vs Union of India ^[10]". Regarding suicide, the Supreme Court reconsidered its decision. Abetment of suicide and attempt to suicide are two different offences; hence Section 306 can survive autonomously of Section 309. It has also clearly stated that a person who attempts suicide in a pang of sadness, and hence he needs help, rather than punishment. Therefore, the Supreme Court has recommended to Parliament to consider the possibility of deleting Section 309 of IPC.

Case Law

■ P. Rathinam v. Union of India ^[11]

P. Rathinam and Nagbhusan Patnaik had filed petitions challenging the constitutional validity of Section 309 of the Indian Penal Code. Section 309 punishes anyone who attempts to commit suicide with simple imprisonment for up to one year. The Supreme Court drew a parallel between the other fundamental rights - just as the right to freedom of speech under Article 19 gives the right to speak but also includes the right to not speak, the right to live under Article 21 includes the right to not live. Thus, Section 309 was

⁶ Indian Penal Code 1860 Section.

⁷ Sec 309 - Attempt to commit suicide.

⁸ Article 21 of Constitution- Right to life.

⁹ Section 306 - Abetment of suicide.

¹⁰ Aruna Shanbaug case AIR 2018.

¹¹ AIR 1994./ P. Rathinam vs. Union of India, 1994(3) SCC 394 [Google Scholar].

held to be unconstitutional ^[15]

▪ **Gian Kaur v. State of Punjab** ^[12]

Gian Kaur and her husband Harbans Singh were convicted by a Trial Court under Section 306 of the Indian Penal Code. They were sentenced to six years imprisonment and fine of Rs. 2,000/- for abetting the suicide by Ms. Kulwant Kaur. Section 306 punishes anyone who abets the commission of suicide, while Section 309 punishes anyone who attempts to commit suicide. It was argued that, as held in *P. Rathinam v. Union of India*, the Article 21 right to life includes the right to die. So, a person abetting suicide is merely assisting in the enforcement of Article 21. A five-judge bench of the Supreme Court overruled *P. Rathinam*. It held that *P. Rathinam* was wrong on the analogy that other fundamental rights include the "right not to" since the right not to speak (going by the illustration *P. Rathinam* used) is an omission, while a taking a life is an act. The Court clarified that it will not be looking into the issue of Euthanasia, and also distinguished between right to die (unnaturally) and right to die with dignity (naturally). The Court upheld the constitutional validity of Sections 306 and 309 IPC ^[16].

Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill 2016 ^[7]

Legislation permissible passive euthanasia titled "Treatment of Terminally Ill Patients Bill, 2016" is currently coming up in Parliament. The Bill allows patients to make the choice to deny medical treatment for them, provided that they have taken a well-versed decision and is of sound mind. It protects patients and medical practitioners from any liability for extracting medical treatment. The Bill is popularly referred to as the Passive Euthanasia Bill although its draft did not use the sensitive word "euthanasia" to skirt difficulties around the time. Every advance medical directive (also called 'living will') executed by a person shall be taken into consideration in the matter of withholding or withdrawing medical treatment but it shall not be obligatory on any medical practitioner. The draft bill has a controversial clause that allows a minor aged above 16 to make an informed decision and express a desire to withhold or withdraw medical treatment and allow nature to take its course. The proposed legislation, taking a related view to that of the Supreme Court, stated that its unprejudiced to assist "to the right of a dignified death".

Law commission report 2012

A report by the Law Commission of India in 2012 also allocated with the issue and said, "A competent adult patient had the right to preserve there should be no offensive medical treatment by way of artificial life-sustaining measures or treatment. "The commission mentioned that in case of a person who is in an irrevocable coma or persistent vegetative state, relatives, next friend or the doctors should approach the high court to seek out permission to refuse life support. This would be possible if a person has not earlier decided on withdrawing life support and did not leave any directive.

Aruna Shanbaug Case-A new dimension in Indian Legislature ^[13]

The judgment of the Supreme Court in *Aruna Ramchandra Shanbaug v. Union of India* opened the gateway for the legalization of passive euthanasia. In this case, a petition was filed before the Supreme Court for seeking authorization for euthanasia for Aruna Ramchandra Shanbaug as she was in (P.V.S.) and practically a dead person as she has no state of consciousness in her brain.

Aruna Shanbaug was a nurse employed at the King Edward Memorial Hospital, Parel, Mumbai. On 27th November 1973, she was strangled and sodomized by Sohanlal Walmiki, a sweeper. During the attack, she was strangled with a chain, and the deficiency of oxygen has left her in a vegetative state ever since. She has been treated at KEM hospital since the incident takes place and is kept alive by feeding tube.

Supreme Court established a committee for the medical examination of the patient for ascertaining the issue. Lastly, the Court discharged the petition filed on behalf of Aruna Shanbaug and observed that passive euthanasia is permitted under the supervision of law in exceptional circumstances but active euthanasia is not legalized under the law. The Supreme Court's decision to reject the suspension of Aruna's life support was based on the fact that the hospital staff that treated and took care of her did not support euthanizing her. She died from pneumonia on 18th May 2015, after being in a coma for the tenure of 42 years.

The court also recommended legalizing attempt to suicide by erasing the punishment provided in the Indian Penal Code. The Court in this linking has laid down the guidelines which will continue to be the guidelines until Parliament makes a law on it. A decision has to be taken to stop life-support by either the parents or other close relatives or the guardian or in the absence of any of them; such a decision can be taken even by a person or a body of persons acting as a next friend, it can also be taken by the doctors attending the patient. However, the choice should be taken with a bonafide view of the best concern of the patient.

The living will - An Advance Directive to withdraw life support ^[18].

An advance directive is an order someone prepares in advance of ill health that regulates his healthcare wishes. a living will is a type of advance directive that become active when a person is critically ill. A 'living will' is an idea where a patient can give consent that permits his/her withdrawal of life-support systems if the individual is reduced to a permanent vegetative state with no real chance of survival. It is a type of advance directive that should be used by a person before weakness to outline a full range of treatment preferences or, most often, to reject treatment. A living will feature a person's partialities for tube-feeding, artificial hydration, and pain medication. when an individual cannot communicate his/her choices. SC has attached strict conditions for performance "a living will that is made by a person in his normal state of health and mind". The court also laid down guidelines on who would perform the will and how permission for passive euthanasia would be granted by a medical board set up to determine and carry out

¹² AIR 1996./Gian Kaur vs. State of Punjab, 1996(2) SCC 648 [Google Scholar].

¹³ roy, caesar. (july 2011). Position of euthanasia in india - an analytical study. The Indian Journal of Criminology and Criminalistics. XXXII. 37. Aruna Ramchandra Shanbaug v. Union of India, 2011(3) SCALE 298: MANU/SC/0176/2011.

any "advance directive". In cases where there is no "advance directive", the patient, family, friends and legal guardians cannot choose their own but can approach a high court for stopping treatment. SC gave patients living in a vegetative state has the right to have treatment or food withdrawn, and laid down guidelines to process passive euthanasia in the case of incompetent patients. The guidelines involved pursuing a declaration from a high court, after getting authorization from the medical board and the state government. The US, UK, Germany and Netherlands have advance medical directive acts that permit individuals to produce a 'living will'.

Suggestions

Euthanasia is a perplexed issue sparked in Nation, from the Eminent case of Aruna Shanbaug, a nurse who spent 42 years in a vegetative state as a out turn of a violent sexual assault. Even though the Supreme Court has recognised the right to die with dignity as a fundamental right, major hurdles might be posed by ethical, spiritual and religious communities, and to eliminate their roots prompt courses of actions are required. Initially its allowance should be constrained by legitimate filters that can assure its positive usefulness, Secondly legal and medicinal safeguards for the Practitioners (Doctor and family) must be provided. Thirdly, with every notion of gain its losses are complimentary, and to specifically dispense its losses. "A committee of legal and medicinal experts should be formulated". Fourthly, to generalise it among population, efficacious awareness must be bestowed. Fifthly Approach to "Living wills" can be pretty convenient, to the subject when precisely operated on. Sixthly Till now guidelines are according to SC order only, so its necessary to enact legislative provisions by parliament. Lastly Euthanasia can be a "Better outcome from evil situation" and it should be a medicinal discretion for the boundless suffering or the one who's at Death's Door.

Conclusion

Today there is ranging controversy all over the world on this sensitive issue. With the evolution of the society and changing attributes of humankind towards medical healthcare, there is an urgent need to invest in our health care system so that people suffering from ill health can access maximum health care. It can be evidently seen that in a country where the fundamental human rights of peoples are left unaddressed, illiteracy is widespread, and the majority of the population is impotent to have access to drinkable water, people die every day due to infections, and where medical assistance and care is not so great, for the few people, concepts like euthanasia and PAS is immaterial, as they are dying anyway due to certain deficiencies in facilities and execution. Investment in health is not a charity; 'Right to Health' is bequeathed under 'Right to Life' in our constitution. Simultaneously 'Right to die with dignity - Euthanasia' should also be a choice given to individuals with reasonable concerns as " Right to life not merely states living of a person but also ensures Right to live with dignity which somehow is not completely possible in PVS for a person.

Medical science is evolving in India, these advancements are taking a place for new theories of medicinal treatments methods, and forthwith we have devices that can prolong lives by artificial means. This concomitantly will extend terminal suffering and shall also be exorbitant for the

families dealing with. Hence, life-ending issues are becoming major social considerations in contemporary medical science in India. The proponents and the opponents of euthanasia and PAS are agile throughout the globe. Simultaneously A living will is a unique theory which is not a common phenomenon among folks but if used sensibly can be a "blessing in disguise". However, results and influences of Euthanasia need to be reviewed with time to ensure it's true and effective administration. The landmark Supreme Court judgment has provided an increase to the pro-euthanasia benefactor, though it is a long way to go ahead before it becomes a law in the parliament. Moreover, concerns for its embezzlement endure a centric dilemma which ought to be addressed and answered before it becomes a law in our country

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