



## DEBATING EUTHANASIA: IN THE INDIAN CONTEXT

**Lalitha S**

*Student Researcher, School of Humanities, St Joseph's College (Autonomous), Bengaluru, Karnataka.*

### **Abstract**

*Euthanasia has been a controversial topic ever since its inception. The social, cultural and legal acceptability of Euthanasia is of late finding a greater space for open public discussion in India due to the advancements in medical technology and life prolonging treatments to various disease. Social sciences like medical sociology and anthropology have studied issues like death, pain, illness and suicide. But issues like Euthanasia aren't discussed much in mainstream academia in India. The objective of this research paper is to explore the avenues in Euthanasia and analyse its outreach and implications in India, and to discuss the social, political, and legal implications of Euthanasia.*

**Keywords:** *Euthanasia, Right to Life, Passive Euthanasia, Living Will, And Medical Technology.*

### **Introduction**

Across all civilizations and cultures, death is always a sensitive subject. Society avoids discussing death because it requires people to accept their vulnerability of being mortal. It involves an understanding that one day we no longer exist on this earth with family and friends. Mankind has always pondered whether some part of us lives on after the death of the physical body. People regardless of their cultural, religious or spiritual affiliation, or educational moorings, do not choose when they are faced with the reality of death. Rather they are forced by the natural world to encounter the issues and difficulties of death. Sociologist and anthropologist threw very little light on the subject of death and specific practices surrounding death, let alone euthanasia. Although centuries have passed, the predicament of euthanasia still divides the society which are being debated in the fields medical, legal, philosophical and theological literature.

As a moral, ethical and multidimensional problem, end of life is apprehensive to different cultures across the globe. Uncertainty still surrounds the issue of euthanasia and physician-assisted suicide, with its ethical, legal, moral and social ramifications. Euthanasia has been slowly taking significance over the past years. Due to development and advancements in the field of medicine, the limits of natural life have been stretched beyond reproach. Individuals who could have died can now be sustained beyond the point which even they themselves would desire. In countries where active euthanasia is illegal, the primary role of the doctor is to help reduce the pain of the patients (Howarth and Jefferys, 1996).

Euthanasia is first seen in ancient Greek society. The ancient idea of euthanasia is 'Good dying'. The word 'Euthanasia' is derived from Greek, 'Eu' meaning 'good' and 'Thanatos' meaning 'death', put together it means 'good death'. It is also interpreted as painless death. The idea of good dying was not limited to a painless exit. The word euthanasia was also used to indicate a happy end that crowned a good life. Euthanasia comes in several different forms, like Active, Passive, Voluntary, Involuntary, Indirect, and Physician assisted suicide (Anton Van Hooff, 2004).

**According to Gherardi (Gherardi, C. R.: 2003), there are four elements that define euthanasia**



1. the death of the patient is caused by a third party
2. the person suffers from a fatal illness
3. the patient asks for his or her life to be ended
4. the death of the patient is for his or her own benefit (Gherardi, C. R.: 2003).

In active euthanasia a person directly and deliberately causes the death of the patient. Passive euthanasia doesn't involve directly taking the patient's life. They just allow them to die either by withdrawing or withholding treatment. This distinction is often unsatisfactory, since even though a person doesn't 'actively kill' the patient, they are aware that their inaction will result in the death of the patient. Some medical bioethicists say that in these situations 'killing' is the same as 'letting die'. The key issue here is intent. Allowing terminally ill patients to die when nothing more that can be done to relieve their symptoms or treat their illness has long been part of medical practice. Passive euthanasia is more acceptable, either on the grounds of physical pain or out of a deep respect for the nature of human life and what fate brings to it (The BBC, 2014 and Papadimitriou, 2007).

Voluntary euthanasia is performed at the request of the patient and is illegal in majority of the countries. Non-voluntary euthanasia is performed only when the person/patient is unconscious or unable to make a meaningful decision, so an appropriate person (mostly family) takes the decision on their behalf. Indirect euthanasia means providing treatment to reduce pain that has the side effect of speeding the patient's death. Since Indirect Euthanasia is not done primarily to terminate the patient's life, it is seen as morally acceptable by some people. This justification is called the doctrine of double effect (The BBC, 2014).

### **Euthanasia in Ancient Greece**

In those times, people did not have to face ethical and moral dilemmas regarding Euthanasia in its modern sense. Circumstances, as well as perceptions regarding life, death, and suicide were different. The Hippocratic oath formulated around 400 BCE in ancient Greece by the founding fathers of medicine indirectly talks about Euthanasia. Hippocrates wrote: "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death". However, Hippocrates seems to be in favour of passive euthanasia, in cases of gravely ill patients. In his work 'The Art' he suggests that a physician should not treat a patient who has an incurable disease: 'To refuse to treat those who are overmastered by their disease realising that in such cases, medicine is powerless' (Theofanidis, Mecek, 2016).

There are conflicting and different views from different Greek writers. In the Aeschylean classic drama Prometheus Bound, one of the characters, Eos, who has become desperately entrenched in psychological problems, says that it is better for one to die than to suffer every day. Aeschylus in support writes "It was better to die once and for all than to drag out my lingering days in anguish". Sophocles is one of the prominent writers in Greek tragedy. In Antigone he states that nobody is so silly as to wish to die: 'Who prays to die is mad'. 'No man is so foolish that he is enamoured of death'. But also, in his *Women of Trachis* he talks to the dilemma posed by Euthanasia. Heracles (the protagonist) asks his son Hyllus help to end his life: "Lay my body thereupon and kindle it with a flaming pine-torch. And let no tear of mourning be seen there". Hyllus refuses in fear of disrespecting the Gods and becoming a murderer. In response, Heracles clarifies: "No, I am not. I ask you to be my healer,' or '(be) healer of my sufferings, sole physician of my pain" (Papadimitriou et al, 2007).



Pythagorean Philosophers were against voluntary end to life. They consider all life as sacred and believe in the transmigration of the soul. Plato, one of the greatest philosophers, a disciple of Socrates wrote about euthanasia. Believing in the harmony of life, Plato was against active euthanasia. In his *Laws* he suggests in a general way that doctors should be punished by death, if by administering any sort of drug they contribute to the termination of life. In his *Republic*, Plato states that patients unable to live a normal life due to their suffering, should not receive treatment for the prolongation of life. It is evident that Plato is against active euthanasia but that he accepts passive euthanasia (Van Hooff, 2004).

Aristotle refers indirectly to euthanasia. He says people seeking death are weak and cowards: “*But to seek death in order to escape from poverty, or the pangs of love or from pain or sorrow is not the act of a courageous man, but rather of a coward*”. It seems that Greek philosophers and scholars in general oppose active euthanasia (in its modern sense) but support passive euthanasia (not giving life prolonging treatments) (Papadimitriou et al, 2007).

### Arguments in Support of Euthanasia

- 1. Right to personal autonomy-** Advocates of euthanasia say that euthanasia is about personal autonomy and their right to make their own decisions regarding their life as long as it doesn't hurt others. It is also based on human rights and a right to a dignified death (Nargus Ebrahimi, 2012).
- 2. Beneficence-** Ending the pain and suffering of an individual is humane. The fundamental morals and ethics of the society instil compassion, empathy and mercy to everyone. It does not allow a person to suffer (Nargus Ebrahimi, 2012).
- 3. Death with dignity-** People who are suffering from incurable diseases often degenerate into worse conditions as time progresses. They should be allowed to die in a dignified manner (Nargus Ebrahimi, 2012).
- 4. Right to refuse treatment-** Refusing medical care including those that can sustain and prolong life is well recognised by the law. Recognising this right is way for passive euthanasia (Nargus Ebrahimi, 2012).
- 5. Legalizing euthanasia doesn't always lead to unacceptable social consequences.** Several countries like Netherlands, Belgium, Switzerland, New Zealand have legalised euthanasia and is unproblematic (Nargus Ebrahimi, 2012).

### Arguments against Euthanasia

- 1. Sanctity of human life-** The society places a great value on life and values the preservation of human life. Euthanasia will weaken the society's respect on life. It has social consequences (Nargus Ebrahimi, 2012).
- 2. Natural Process-** Birth and death is a natural process. It is important to not disrupt nature's course for life (Nargus Ebrahimi, 2012).
- 3. Medical consequences-** Euthanasia will reduce the trust in doctors and goes against the medical principle of saving lives. It is also a violation of the doctor-patient relationship (Nargus Ebrahimi, 2012).
- 4. Scope for misuse-** Euthanasia may be performed without patient's consent. It may become a cost-effective way to treat terminally ill patients (Nargus Ebrahimi, 2012).



**5. Palliative care and advancements in medical technology-** With the technological advancements, there is a possibility of a cure. Euthanasia also neglects the role of palliative care in relieving sufferings and pain (Nargus Ebrahimi, 2012).

### **Euthanasia in India**

India is a country of diversities across religious groups, educational status, and cultures. In this background, the debate on euthanasia in India is more confusing as there is also a law in that punishes individuals who try to commit suicide, although the medical healthcare act, 2017 has restricted the application of Indian Penal Code section 309. In India, Euthanasia has no legal basis or aspect. The Supreme court of India held that Euthanasia as “an intentional premature termination of another person’s life either by direct intervention (active euthanasia) or by withholding life-prolonging measures and resources (passive euthanasia) either at the express or implied request of that person (voluntary euthanasia) or in the absence of such approval/consent (nonvoluntary euthanasia) (Govt of India, 2017).”

The Medical Council of India (now National Medical Commission) firmly rejects the idea of euthanasia. According to the code of ethics prescribed by the MCI, *“Euthanasia: Practicing euthanasia shall constitute unethical conduct. However, on specific occasions, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of the support system. Such a team shall consist of the doctor in-charge of the patient, Chief Medical Officer/Medical Officer in-charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.”* End of life Care can only be discussed when the treating physicians or group of physicians feel medical care is futile (Sinha, 2012).

Article 21 of the Indian Constitution guarantees Right to life and personal liberty. It states that “no person shall be deprived of his life or personal liberty except according to procedure established by law.” Life refers to life with human dignity. There was always a provision to refuse medical treatments. This begets the question that does Right to life include Right to die (Right to not live). There have been several court cases with regard to the matters of Euthanasia and right to die (Sinha, 2012).

### **Major Court Cases and Verdicts on Euthanasia in India**

#### **P. Rathinam’s Vs Union of India**

In 1994, a supreme court bench upheld the verdict that section 309 of IPC is unconstitutional. While recognising the unconstitutionality of IPC 309, the verdict also gave a broad perspective of Right to life under Article 21 of Indian constitution. The court held that ‘Right to life’ also included ‘Right to not live’ or ‘Right to die’. But the verdict also dismissed the choice of Euthanasia as not viable (Rakesh Jha, 2018).

#### **Naresh Marotrao Sakhre vs Union of India**

Justice Lodha in his verdict affirms that Euthanasia is nothing but homicide irrespective of the circumstances in which it takes place (Rakesh Jha, 2018).

#### **Gian Kaur vs. State of Punjab**



A 5-judge bench of the Supreme court struck down the verdict of P. Rathinam vs Union of India. It gave the ruling that ‘Right to life’ under Article 21 does not include ‘Right to die’. It also upheld the constitutional validity of IPC section 309 that criminalises suicide. The court clarifies that the right to die with dignity cannot be construed to terminate one’s life (Rakesh Jha, 2018).

### **Chenna Jagdishwar vs State of AP**

The High Court of Andhra in 1988 held that the right to die is not a fundamental right under Article 21 of the Indian constitution and hence, section 309 as constitutional (Rakesh Jha, 2018).

### **M.S Dubal v. State of Maharashtra**

A constable with Mumbai police, Maruti Dubal, suffered a head injury as a result of a bike accident. He developed hallucinated schizophrenia as a result of the head injury. He tried to immolate himself and survived. Dubal was prosecuted under Section 309 of the Indian penal code. However, a 2-judge bench of the Bombay high court acquitted him and struck down section 309 (Rakesh Jha, 2018).

### **State vs Sanjaya Kumar**

In 1985, a young boy Sanjaya Kumar was acquitted after he attempted suicide. In his judgement, the Delhi high court observed that Sec 309 of the IPC, which penalises a person for attempt to suicide, is an anachronism unworthy of a human society like ours (Rakesh Jha, 2018).

### **K Venkatesh Vs Union of India**

K Venkatesh, a national chess champion suffered from Muscular dystrophy. Muscular dystrophy is a neurological disorder that leads to degeneration of muscles in our body. Sujata, Venkatesh's mother, approached the Andhra High court requesting to remove him from life support so that his organs could be donated before they were damaged. The court rejected the plea saying that it would amount to euthanasia (Rakesh Jha, 2018).

### **Aruna Shaunbaug Vs Union of India**

The debate around Euthanasia as a practise gained traction after the Aruna Shaunbaug case. Aruna Shaunbaug, who was a nurse, was brutally raped by a ward attendant in the hospital where she worked. She suffered severe brain damage and was paralysed. She went into a vegetative state. In 2011, a journalist and activist Pinky varani filed a writ petition in the Supreme court seeking euthanasia so that Aruna’s suffering could be ended by withdrawing her life support. The court ultimately denied the petition for euthanasia. But the court also delivered a landmark verdict legalising passive euthanasia under exceptional circumstances. According to the Supreme court verdict, Passive euthanasia, is when medical treatment is withheld such that death of the patient occurs due to the withdrawal of medicine. Justice DY Chandrachud in his ruling said “The ability of modern medical science to prolong life must be balanced with a responsibility to provide quality of life”. While the constitution of India recognises the Right to life with dignity it doesn’t recognise the right to die. This the debate for Euthanasia is not only about the moral significance but also regarding the legal and social implication, and fer of misuse (Pandey, India Times, 2016).

### **Supreme Court Guidelines Regarding Living will for Passive Euthanasia**

The supreme court following the verdict in Aruna shaunbaug vs Union of India released guidelines for passive euthanasia. It talks about Passive euthanasia through living will for terminally ill people. The guidelines state conditions regarding living will. A person making a living will have to be of sound mind suffering from an incurable disease. The will has to be in writing with details regarding the



executor of the will, when medical treatment should be stopped or should not be given and the will can be revoked any time if the person changes their mind regarding the medical treatments (Geography and you, 2018).

A judicial magistrate first class (may be established by the State Government in consultation with the High Court) has to give his approval that the will is voluntarily executed by the person in question in presence of witnesses. The doctor or physicians of the said person will confirm the authenticity of the will and a medical board to decide whether treatment should be stopped or not. The board will inform the magistrate of their decision and the magistrate will make his decision based on the recommendations of the board. In case the permission for the execution of will is denied, the executor can approach the High court (Geography and you, 2018).

### **Implications of the Verdict on Passive Euthanasia**

The verdict has made India one of the few countries where passive euthanasia is legal. The court said the right to die with dignity is a fundamental right thereby ruling that passive euthanasia by a living will is permissible by law. There have been suggestions regarding a legislation from the parliament to replace the court guidelines for effective reinforcement. It comes as a relief to patients who are undergoing treatment excruciating life prolonging treatment for incurable diseases. There are also concerns regarding misuse (Geography and you, 2018).

Minakshi Biswas, a scholar from Jawaharlal Nehru University says “the availability of opting for passive euthanasia in case of the terminally ill patients or a medical condition which is irreversible in nature could be misused by the caregivers who find the patient a burden. Also, family members may opt to bring an end to medical expenditure of the patient. They may also seek passive euthanasia for the purpose of gaining hold over the patient’s property after his death.” The Indian council for medical research (ICMR) has criticised the use of the term passive euthanasia. It says, “Using passive euthanasia to describe the withholding or withdrawal of treatment wrongly suggests that there is something unnatural about the process. Instead, such withholding or withdrawal ought to be seen as allowing death to take its natural course” (Geography and you, 2018).

### **Euthanasia and Media**

The media play a major role in informing people regarding world events and issues. They also act as agents of social change. Media influences a multitude of people from Common man to politicians, celebrities, government officials and athletes. They educate and empower people with knowledge and facts and raise awareness on important issues by shocking people to realisation regarding current realities. It acts as a forum where several moral, ethical or political issues are discussed and debated. Media played a major role in educating the people about issues like Euthanasia. It was a Journalist-Activist Pinky virani, who filed a petition in court on behalf of Aruna Shaubaug to pull her out of life support. But the media hardly recognises its role in presenting its audience with the full picture of the issue to make sure the public is truly informed. Discussions and communications regarding sensitive issues like suicide, euthanasia, abortion should follow media ethical code to sensitize people as well as minimize the harm on vulnerable people. The media has been advised by several organisations like the WHO (World Health Organization) to minimise details and remove explicit details (e.g., dosage, accessibility) while reporting on issues like Suicide and euthanasia to prevent copycat behaviour.



There are several movies, books and documentaries based on Euthanasia. Since their inception, movies have been made of political, social and ethical issues faced by people. Euthanasia is one such issue. With the expansion of the entertainment industry, particularly the film industry, it has reached wider audiences and even bigger discussions outside of the field of academics. Movies have become an agent of social revolution. Movies have been made, across languages, on the issue of Euthanasia. Films like *Right to die*, *Exit plan*, *Euphoria*, *Silent Heart*, *Whose life is it anyway*, *Blackbird*, *How to die in Oregon* and several other films offer different perspectives regarding Euthanasia. Recent 2016 movie, based on a true story by JoJo Moyes, *Me before You*, gained prominence for offering unique perspective regarding Euthanasia. Hollywood film *The Black Stork Causes Controversy over Infant Euthanasia*. The film was inspired by the sensational case of Dr. Harry Haiselden, a Chicago surgeon who convinced the parents of a new born with multiple disabilities to let the child die instead of performing surgery that would save its life. Haiselden's actions brought forth a storm of public controversy regarding Euthanasia (Fariña et al, 2016).

Thus, films and movies play an important role in helping understand the moral and legal decisions that revolve around controversial issues like Euthanasia.

### **How does Euthanasia affect the Medical Profession**

When we make a claim for Euthanasia, we are not only asking the state for those rights, but also towards doctors and medical professional who are going to execute that right. According to the Declaration of Geneva medical professionals take oath- "I will maintain the utmost respect for human life; I will not use my medical knowledge to violate human rights and civil liberties, even under threat." Medicine has always been practised to preserve life. Euthanasia comes as a idea against the basic principle of the medical profession (Hrvoje Vargić, 2017).

The view is that any society that legalises euthanasia acts against the basic principle of the medical profession. It can endanger and compromise the ethics and integrity of medicine as a profession. There is also concern that it will corrupt doctor patient relationships. It creates a damaging perception that doctors sometimes aid and abet people in taking their lives. The trust, which is the foundation of the medical profession, will be violated. Patients don't trust that the doctors will do everything to preserve their life (Hrvoje Vargić, 2017).

It is also mentioned that it is difficult to quantify sufferings objectively. Suffering is relative and subjective for different people. What is suffering to one may not be for another. There is physical suffering, mental suffering, emotional suffering and it's difficult to measure which sufferings are unbearable. Philosopher John willis testified before the UK House of Commons (UK lower parliament house) regarding the consequences of legalising euthanasia. He said, "In the new situation, any attempt to draw the line is necessarily artificial. The principles on which any attempted line would be based undermine each other and subvert the attempt to hold a line. If autonomy is the principal or main concern, why is the lawful killing restricted to terminal illness and unbearable suffering? If suffering is the principle or concern, why is the lawful killing restricted to terminal illness? Why must the suffering be unbearable if there is real and persistent discomfort? If suffering is unbearable, why should one have to wait for 14 days? If suffering and terminal prognosis are the concern, why is relief restricted to those who are capable of asking for it? Each of those questions is not simply a reason for doubting the rationality of any proposed line alternative to the present principled lines, each of the questions is also a reason why there will be much more abuse and secrecy and underground killing than at present,



because each of those questions can and will be asked by any doctor faced with a patient demanding euthanasia or assistance in suicide or with a patient not demanding it but suffering or confronting an early death” (Hrvoje Vargić, 2017).

### **Social Consequences of Euthanasia**

We live in a world where societies value preservation of life. as we have seen, legalized euthanasia threatens the integrity of the medical profession and puts the dignity of the patient in danger. The practises will pose the greatest risks to those who are poor, elderly, members of a minority group, or without access to good medical care. It has been proved that restrictions and law do little to nothing to protect the vulnerable population. There are consequences to a society which accepts conflicting principles like preserving life and facilitating death. Sociologists and anthropologists ask several fundamental questions regarding the decisions regarding Euthanasia. They ask “When someone attempts suicide and survives, does the society try to help him recover or help him finish his attempt? If a depressed teenager says he wants to die, does society try to treat his depression or kill him? If someone feels like he has completed his life’s journey, do we give him the lethal injection or ask him to tell his life stories to the new generations to ennoble them? There would be countless different scenarios in which the basic moral intuitions of the society would be shattered” (Hrvoje Vargić, 2017).

But Euthansia also throws positive light on personal autonomy, Human rights, right to life with dignity, consent and it reduces the taboo associated with end-of-life issues. Euthanasia doesn’t necessarily have negative social impacts. Several countries in the world have legalised euthansia successfully with working restrictions. It opens up the society to debate and discuss controversial topics and reach consensus (Hrvoje Vargić, 2017).

### **Euthanasia and Technology**

Technology has become an integral part of human life. Innovations and progress in technology has made several medical advancements possible. This progress has given way for life prolonging and sustaining medical treatments. It has primarily raised the issues of the right to refusing treatment and the right to die with dignity.

Recently Switzerland approved a Euthanasia machine for painless death. The suicide pod, called sarco, offers painless death without the involvement of a doctor. The machine’s inventor is Dr. Philip Nitschke, an Australian doctor, who is a staunch proponent of voluntary assisted suicide. The recent move has even alarmed the advocates of the right-to-die movement. The machine sarco has passed the legal scrutiny in the swiss, since voluntary assisted suicide and voluntary euthanasia is legal in switzerland. The machine works by inducing hypoxia (An absence of enough oxygen in the tissues to sustain bodily functions) and hypocapnia (reduced level of carbon dioxide in the blood). The machine brings down the oxygen level inside the glass capsule down to a critical level within a second causing instant death. Some opponents have compared the machine to a ‘Gas chamber’. The machine is ready to be put to use by next year (Hauser, NY times, 2021).

### **Countries where Euthanasia is legal**

1. **Netherlands-** Netherlands became the first country in the world to legalise euthanasia and assisted suicide in April 2002. There is no requirement for the patient to be terminally ill. The only prerequisite is that the person has to be suffering from unbearable pain and the demand for Euthanasia has to be made by the person in ‘full consciousness’. Doctors who



are considering euthanasia or assisted suicide for a patient must consult another independent doctor for his opinion (Davis, 2019).

2. **Switzerland-** Euthanasia and assisted suicide is legal in Switzerland. Most people from other European countries where Euthanasia is illegal visit Switzerland to undergo the procedures. Assisted suicide is widely accepted by the Swiss people and the country is one of the most progressive in the issue of euthanasia. Physician assisted suicide and euthanasia is legal without requirement of age, diagnosis and symptoms (Davis, 2019).
3. **Belgium-** Belgium allows euthanasia for people suffering from unbearable pain. If a person is not terminally ill, they have a waiting period of one month. Also, in Belgium there are no age requirement for Euthanasia for children. The only prerequisite is terminal illness (Davis, 2019).
4. **Canada-** Euthanasia is legal in Canada for people suffering from unbearable pain and terminal illness. But recently in 2021, Canada has included assisted suicide in the law. Now adults with incurable illness, disease or disability can seek physician assisted death. Physician assisted death accounts for about 2% of all deaths in Canada (Davis, 2019).
5. **Luxembourg-** Both Assisted suicide and Euthanasia are legal in Luxembourg. Person requesting for Euthanasia or assisted death has to be suffering from intolerable physical or mental suffering (Davis, 2019).
6. **New Zealand-** New Zealand, with a referendum, voted to legalize euthanasia in 2020. It has been called ‘a victory for compassion and kindnesses. This will allow terminally ill to choose euthanasia if approved by 2 doctors (Davis, 2019).
7. **The United States of America-** States like Oregon, Vermont, California, Washington DC, Hawaii, new jersey and New Mexico have court verdicts or legislation that allow euthanasia for terminally ill patients (Davis, 2019).
8. **Colombia-** Columbia was the first Latin American country to decriminalise euthanasia. The constitutional court of Columbia elected the law on euthanasia and assisted suicide to include persons of non-terminal illness but has intense physical or psychological suffering (Davis, 2019).

## Conclusion

It is important that we don't look at euthanasia simply in terms of right and wrong, but analyse it based on ethical, social and moral implications of the practice from an individual as well as the societal level. People want their rights to be protected but at the same time don't want said rights to be misused. Morality and ethics play a major role when people make decisions. It is important to understand the relativity of morals and ethics. It is paramount to strike a balance in the sociological imagination of Euthanasia. It is important to safeguard the lives of the people at the same time it is the duty of the state to make sure that the rights are not misused. It is necessary to have a fool proof regulation in place if India is looking for legalisation of Euthanasia.

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