
EUTHANASIA: BALANCING AUTONOMY AND ETHICAL DILEMMAS

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ABSTRACT

The practice associated with mercy killing of a patient is known as euthanasia and it is a controversial topic in almost every part of the globe. This present essay deals with euthanasia in its broader definitions of active and passive modes and voluntary and non-voluntary forms. It investigates the psychological insights through the assessment of family members and caregivers of patients who are usually vulnerable or terminally ill. In India, legal loopholes are bridged through landmark cases which made it possible to surmount legal restrictions on passive euthanasia subject to certain conditions. The essay further addresses the question of whether Article 21 of the Constitution which guarantees the right to life also encompasses the right to die. There is also the ethical factor and the cultural gulf where the Western countries favor euthanasia while the Eastern ones are against it has also been brought out.

Keywords: Euthanasia, active and passive euthanasia, mental impact, legal, right to die, ethics, religion, culture.

Euthanasia is the practice of ending the life of a patient to end greater pain and suffering. In this act, the patient is put to death without causing pain. When a patient is diagnosed with a long-term illness or chronic health illness which causes great pain to the patient it's better to end the life of the patient with their consent to end the greater pain due to illness. The act of euthanasia is performed by doctors when requested by people who have terminal illnesses or relatives of the patient. The practice of euthanasia is sometimes referred to as assisted suicide. Assisted suicide means when a doctor knowingly helps someone to end their life. In this act, the doctor will suggest the most painless and effective method to end the patient's life. For example, a doctor may give a lethal dose of the drug to end someone's life. However, the decision to take the drug is of the patient in the end. There are two types of euthanasia active and passive. In active euthanasia the doctor directly and someone's Life by purposely giving a lethal dose of sedative. Whereas passive euthanasia is withholding life by providing sustaining treatments or by giving a high dose of pain-relieving drugs so that a person passes more quickly. There is a distinction between voluntary and nonvoluntary euthanasia. When a person consciously makes a decision and gives consent to end their life to relieve their pain and suffering is called voluntary euthanasia. When a person other than the patient i.e. family members, makes the decision and gives consent to end someone's life is called nonvoluntary euthanasia. Non-voluntary euthanasia involves passive euthanasia. The psychological effect of euthanasia on the family members is complicated and emotional. The feelings vary depending upon the different factors. The family members may feel grief about the death before it happens, as they know when the actual loss will occur there might be a flow of mixed emotions and sometimes they utilize the time to say goodbye. Another emotion the family member may experience is guilt, when the family members make the decision about euthanasia it may lead to a question of whether the decision is right or not. However, the feeling of relief can be felt in cases where a loved one is suffering from a terminal or painful condition. When euthanasia is performed by a doctor the family members already have an idea about what is going to happen after that act so they mentally prepare themselves for the same. The family members and relatives have a sense of control over their emotions that are uncontrollable when death happens naturally. In the case of nonvoluntary euthanasia in which the decision has to be taken by the family members of the patient, there is a possibility of conflict within the family as some of the members may be in favor of such an act but not everyone agrees. Therefore the family members who are against such a decision may feel pressure to support the decision of euthanasia. This creates division in the family. In some cases, the family members may feel

that their decision may lead to social isolation which means because of the decision the society or community members may isolate them. In conclusion, there is a mixed impact on the family members which includes the feeling of relief; and acceptance and they may also suffer from depression or anxiety due to this. Euthanasia's impact on vulnerable populations such as the elderly and disabled is very complex. When a Vulnerable individual is diagnosed with a terminal illness that requires a great amount of money for treatment and medicines, the person may feel burdened or pressured to choose the act of euthanasia to avoid being a burden on their family. According to them if they are in a situation in which they can't afford the care or treatment they need to relieve their pain because of the illness they may believe that euthanasia is the most appropriate choice for them instead of suffering in great pain. In such type of situations, there is always voluntary euthanasia that is performed which means the individual has the full right to give their consent and exercise their autonomy in making decisions related to euthanasia.

There are no specific provisions regarding euthanasia in any statute or other specific act in India, but it can be assessed by looking at some landmark judgments. Active euthanasia is an illegal practice in India. However, with time passive euthanasia has been made legal. In *Gian Kaur vs. the State of Punjab*¹, Gian Kaur and her husband filed a plea in the high court as they were punished for abetting in their daughter-in-law's suicide under section 306 of the Indian Penal Code. They filed a plea that section 306 of IPC is violative of Article 21 of the Constitution. This was based on the judgment of *P Rathinam vs Union of India*. However, in a landmark decision of a five-judge constitutional bench, it was held that the right to live under Article 21 does not include the right to die and section 306 of IPC does not violate Article 21 of the Constitution. The court stated that the concept of life is divine and no individual has the right to oppose it. After this case, a landmark judgment surrounding euthanasia came in 2011 of *Aruna Shanbaug vs. Union of India*². In this case, Aruna Shanbaug had been in a vegetative state for almost four decades and she had no awareness of her surroundings. Owing to her condition, her friend filed a petition under Article 32 of the constitution to allow euthanasia. The Supreme Court, in response, sent a team of three expert doctors to examine her thoroughly and then submit a report of her current situation. This was the first case where the court had to decide on such an important issue. The issue of this case centered around whether it should

¹ Smt. Gian Kaur vs State of Punjab [1996] SC 1257/1996

² Aruna Ramchandra Shanbaug vs Union of India and anr [2011] SC 1290/2011

allow passive euthanasia or not. While in the present case, the court denied withdrawal of the life support due to her stable state, it also made passive euthanasia legal in India, owing to certain conditions. It was stated that such decisions must be taken by the patient's parents, spouse, or siblings, and in their absence, a friend can make such decisions. Also, when such a decision is made, it must be approved by the high court after confirming with a committee of three distinguished medical experts. This case serves as the main case surrounding passive euthanasia as proper guidelines were made after this. Moving forward in 2018, another case called *Common Cause vs. Union of India*³ sought a clear position on the question of whether Article 21 includes the right to die as well or not. The court declared that the right to die with dignity under Article 21 of the constitution is a fundamental right, as held in the case of *Gian Kaur*. The Supreme Court also issued guidelines for terminally ill patients to enforce this right. These guidelines included a document called a living will, which has to be made by the patient. It should contain the decisions to be taken at a time when the concerned patient cannot. If there is no living will, then the family of the patient can file a plea in the high court. The living will must have been signed by the executor in the presence of two attesting witnesses which is to be further countersigned by the judicial magistrate of first class. Further, the treating doctor must constitute a board of three doctors having 20 years of experience who have to decide whether to practice a living will or not, and if they grant permission then the will is forwarded to the district collector for further approval, who has to form another board of three doctors including chief district medical officer. Finally, the decision would be forwarded to JMFC who would visit the patient examine the complexities, and give their final decision. These guidelines were very rigid and had to be relaxed a little. Therefore, the Supreme Court simplified some of these directives in 2023. Now, only 5 years of experience for the doctors instead of 20 years and the board has to communicate with the magistrate within 48 hours. Moreover, a notary or gazetted officer can sign the living will in the presence of two witnesses instead of the magistrate's countersign.

A request to end one's life is a dynamic statement that involves various complexities, ranging from moral, religious, social, spiritual, and cultural to health. The life of an individual is of utmost importance to him/her as well as their family. Therefore, asking for euthanasia involves a lot of deliberation which costs the family their moral values. If an individual is asking his/her life to end, then he/she must be suffering a lot whether it is mentally, physically, or financially.

³ *Aruna Ramchandra Shanbaug vs Union of India and anr* [2011] SC 1290/2011

If a patient is suffering from a disease that cannot be cured, then the ultimate option is euthanasia, which would only make the patient's and the family's life easier and less painful. The advocates of euthanasia often argue that the right to die is a personal matter and the state must not interfere. Moreover, they think that the resources get wasted in the treatment of the patient when there is no ultimate cure. The pain of seeing one's loved one suffering also ends with euthanasia. Most importantly, if humans have the right to decide how they want to live, then they should also have the power to make decisions about their death. On the other hand, those who are not in support of this practice argue that sometimes miracles happen, and the patients may recover. Furthermore, allowing euthanasia would discourage doctors from thriving and finding a solution that could cure a patient. This practice would give too much discretion to the doctors or the relatives of the patient, who may seek euthanasia for their personal gain. Also, the patient may be forced by the family or may ask for euthanasia after feeling guilty for wasting the family's resources. Therefore, this is a never-ending debate surrounding the most crucial decision of one's life. Ultimately, it depends on different scenarios whether it is the implementation or violation of the basic fundamental right.

This paper also explores the international status of euthanasia on a comparative level to the legal standing in different countries where euthanasia is legal, public opinion, the effect of media coverage, and other views on the matter based on religious and cultural perspectives. The Netherlands was the first country to approve euthanasia in the year 2002; it permits euthanasia, yet strictly for adults and minors with parental consent who are enduring unbearable suffering without any expectation of improvement. Also, By the year 2002, Belgium followed suit and permitted euthanasia for adults and minors (under some restrictive conditions) with an even broader understanding that accommodates psychological suffering as well. In 2016, Canada legalized MAID - also known as euthanasia and assisted suicide - for people facing grievous and irremediable medical conditions. The Constitutional Court of Colombia ruled back in 1997 that euthanasia is legal under certain circumstances and in 2015, laws established the procedure. In 2009, euthanasia was legalized for adults facing unbearable suffering. In March 2021, Spain enacted a law permitting euthanasia for patients having severe, incurable diseases or non-rehabilitative illnesses/disabilities. Australia To date, states such as Victoria and Western Australia have enacted legislation permitting voluntary assisted dying under highly specific conditions. Most countries have not made euthanasia lawful, particularly in Asian, African, and Middle Eastern countries. For example, India and the Philippines still have laws against euthanasia, as do most African countries. The United States has laws that

prohibit euthanasia in most of its states; however, states such as Oregon and California have legalized physician-assisted suicide, but only with specific stipulations. Some Countries that have legalized euthanasia have very different legal systems for euthanasia. Such as The Netherlands and Belgium have adequately advanced laws that include what conditions and procedural protections are required to carry out euthanasia. On the other hand, the MAID law in Canada has extensions to mental health conditions; this would then dictate a wider definition of suffering. Some countries also differentiate between active and passive euthanasia, which constitute direct and indirect causes of death, respectively. While the Netherlands accepts both, other jurisdictions may only grant permission for passive forms. Age limits are also different. In Belgium, minors are permitted to seek euthanasia on certain conditions. In other countries, such as Canada, there is an age limit; where a minor is only allowed with parental consent. Public opinion over euthanasia differs greatly from one culture to another and also from region to region. There has been an escalation of support for euthanasia, especially in most parts of the Western world, over the past decades. Among the people in countries such as Canada, the Netherlands, and Belgium, studies portray that a high percentage supports a choice over euthanasia, mostly perceiving it as a merciful decision for unbearable conditions. In most non-Western nations, public opinion leans more to the right. The religious worldview, cultural norms, and social norms typically do not favor euthanasia. For instance, in mainly religious countries such as India or the Philippines, the reaction to euthanasia is negative because, over the years, it has always been portrayed as a moral wrongdoing. The media has significantly altered the way and opinion of the public concerning euthanasia. Accounts of individuals who choose to die through euthanasia often receive only news coverage in terms of emotive stories to gain public sympathy. For instance, media analysis of infamous cases such as that of a patient suffering from an incurable ailment pleading for euthanasia is enough to earn people's opinions to extreme acceptance. Twitter and Facebook can host debates and campaigns regarding euthanasia. Those who are supporters of euthanasia and have gone through such experiences can come out and express themselves and share their lives and stories. These campaigns may clear such misconceptions related to euthanasia and make it acceptable. Documentaries talking about the ethicality behind euthanasia, like "How to Die in Oregon," also helped people raise their voices and express sympathy for those who decide to end their lives using euthanasia.

Religion has been an important factor in developing attitudes toward euthanasia, being thus often framed as morally correct arguments for and against such practice. The Catholic Church and many Protestant churches are hostile toward euthanasia because it is contrary to the belief

in the sanctity of each life. The Church teaches man to be conserved and that even his or her suffering can have value in itself. On the other side of the balance are liberal Christian groups that would consider euthanasia permissible under certain circumstances, especially when considering compassion and individual choice. Euthanasia is generally considered forbidden or haram in Islam. They think that life is a gift from God, and only God is the one who has the right to take it away. In terminal cases, there is often discussion about withholding treatment from individuals, founded on suffering and the afterlife. There are many different attitudes among Buddhists toward euthanasia; however, compassion and the diminution of pain represent important values in this religion. Many may stand on the side of euthanasia if it is regarded as an act of compassion with the suffering person. Hinduism generally is opposed to euthanasia, making a case for the acceptance of the troubles of life and faith in karma and rebirth. However, there is also an appreciation of the necessity of alleviation of suffering, and so among believers, views are nuanced. Cultural influences go far to determine attitudes toward euthanasia, often synonymous with a religious outlook. On the other hand, this idea of personal choice in euthanasia is allowed through the emphasis placed upon the Western culture on individual rights and autonomy. Furthering a belief in the right to die with dignity furthers a broader cultural principle of freedom and self-determination. On the contrary, many Eastern cultures are more circumspect towards euthanasia due to the importance of collectivist value systems and the strong bonds of familial relationships. There exists a cultural dimension in the face of pain and the upkeep of family cohesion, and that makes people even hesitant to consider euthanasia. Euthanasia is a very complex and controversial question, influenced and impacted by so many factors, like the frameworks of law, public opinion, media representation, and cultural and religious outlooks. Euthanasia has been legalized in the West as a means of responding compassionately to suffering. However, the moral and ethical arguments and religious doctrine against euthanasia remain dominant throughout much of the world. Debates over euthanasia only continue to shift and change as attitudes and values in societies around the world continue changing. Therefore, in discoursing further, it should respect humanity and moral principles but still honor the dignity of the individuals and their rights whose approach to life and death is respected.

In conclusion, we can say that the practice of euthanasia can be morally wrong and right at the same moment. Sometimes the act of euthanasia is necessary in cases where the patient wants to end their life to relieve the great pain and suffering they are going through. However, the people losing their loved ones through this practice go through major emotional

depression and traumas. Euthanasia in India is an evolving issue. Active euthanasia is illegal but passive euthanasia under certain circumstances has been legalized. Cases like *Gian Kaur vs State of Punjab* in which the Supreme Court ruled that the right to die isn't included in Article 21. However, later in *Common Cause vs Union of India*, the right to die with dignity was recognized. Euthanasia is a personal choice and often leads to discouraging medical innovation. After comparing the legal data across different countries we come to the conclusion that the Netherlands was the first country to legalize euthanasia in 2002 followed by Belgium, Canada, Columbia, Spain, and so on. One can say that the practice of euthanasia is favored in Western countries as compared to India. Due to religious and cultural beliefs in religions like Christianity, Hinduism, and Islam the practice of euthanasia is opposed as we believe that life is sacred. Overall, euthanasia remains a complex and contentious issue.