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# AN ANALYSIS OF EUTHANASIA & RIGHT TO DIE LAWS IN INDIA

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Akanksha Srivastava, LLM, Sardar Patel Subharti Institute of Law, Meerut

Vijay Laxmi, LLB, Campus Law Centre, University of Delhi

## ABSTRACT

This research paper examines the multidimensional issues of euthanasia, focusing on its ethical, legal, medical, and social dimensions, and exploring the right to die with dignity. This paper discusses an insight of different philosophers arguing for and against the concept, highlighting the fact that euthanasia is not a new concept but has been present for over hundreds of years. This paper provides a comprehensive analysis of euthanasia by differentiating between active and passive euthanasia and discussing the complex interplay between patient autonomy and sanctity of life under Article 21 of the Indian Constitution. The paper reviews landmark judicial decisions and legal reports that have shaped the laws, notably highlighting the significance of cases such as Aruna Shanbaug. This case has set an important precedent for passive euthanasia in India. The paper further refers to yet another landmark judgement given in Common Causes Case where the concept of living will was discussed in detail. Finally, the researcher has referred to Law Commission Reports and further delves into the ethical and moral challenges faced by medical practitioners when confronted with terminally ill patients, especially those in irreversible conditions like the Persistent Vegetative State (PVS), and emphasizes the need for clear procedural safeguards and informed consent.

This Paper advocates the development of legislation that not only protects terminally ill patients from unnecessary prolongation of life but also ensures that palliative care and advance care planning are integral components of end-of-life management.

The paper further explores the religious outlook of different religions. It discusses religions advocating against the concept of Euthanasia along with differing opinions backed by Hinduism. Thus, this research paper serves as a crucial resource for understanding the evolving legal and ethical landscape of euthanasia and highlights the urgent need for informed, humane reforms that address both moral imperatives and practical challenges of end-of-life care.

**Keywords:** Euthanasia, Right To Die, Passive Euthanasia, Active Euthanasia, Legal Reform, Medical Ethics

## INTRODUCTION

Every person dreams to have a healthy, happy and long life, but there may arise circumstances in one's life, where the same person may desire to end his precious, God-gifted life. Euthanasia, also called *Mercy Killing* or *Good Death*, as an idea in itself, is one of the most debatable and controversial topics not just in India but around the Globe. On one hand it is argued that a person who is terminally ill and has absolutely no scope of recovery should be allowed to leave their life in peace and should not be subjected to suffering, while on the other hand, it raises human rights issues. Another aspect of this issue is the religious sentiments of different religions. Majority argue that taking away a human being's life is a sin in the eyes of God. No religion in this world favours killing, or taking away someone's life. So how can any person be bestowed with the responsibility or authority of taking away a sick person's life? There are two ways by which a person may take his life. One, by committing suicide, which, if successful ensures death of the person who committed it, and if unsuccessful, made the attempt an offence under Indian Penal Code, 1860. In this respect, it is important to note that under the new *Bhartiya Nyay Sanhita*, attempt to suicide is no longer an offence, only abetment to suicide is punishable. Also, even under the Mental Healthcare Act, 2017<sup>1</sup>, attempt to suicide is not an offence. Two, option of Euthanasia which still remains a highly debatable Socio Legal issue. According to *Black's Law Dictionary* (8<sup>th</sup> edn) Euthanasia means the act or practice of killing or bringing about the death of a person who suffers from an incurable disease or condition, especially a painful one, for reasons of mercy. *Encyclopaedia of Crime and Justice*, explains<sup>2</sup> euthanasia as an act of death which will provide a relief from a distressing or intolerable condition of living. Simply put, euthanasia is the practice of mercifully ending a person's life in order to release the person from an incurable disease, intolerable suffering, misery and pain of life. Time and again the Hon'ble Supreme Court of India has clarified that Active Euthanasia can only be legalised with Enactment of an Act, however in a series of cases the Hon'ble Court has recognised Passive euthanasia.

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<sup>1</sup> Sec 115- Presumption of severe stress in case of attempt to commit suicide.—(1) Notwithstanding anything contained in section 309 of the Indian Penal Code (45 of 1860) any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code.

(2) The appropriate Government shall have a duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.

<sup>2</sup> *Encyclopedia of Crime and Justice* (Vol. 2, pp. 145–150). Oxford University Press.

## ORIGIN

The concept of euthanasia, or "good death," has its roots in ancient civilizations. The term itself was coined by Greek Historian Suetonius in the 2nd century AD, derived from the Greek words "eu" (good) and "thanatos" (death) meaning thereby, "good death" or "easy death". However, the practice of euthanasia dates back to ancient Greece and Rome, where it was considered a humane way to end suffering. The modern concept of euthanasia, however, gained significant attention in the 19th century with the publication of "Euthanasia" by British physician Samuel D. Williams in 1870, which sparked a global debate on the ethics and legality of assisted dying. Euthanasia literally means putting a person to painless death especially in case of incurable suffering or when life becomes purposeless as a result of mental or physical handicap.<sup>3</sup>

## JURISPRUDENTIAL ESSENCE

**Plato** has discussed the concept of Euthanasia in his Philosophical work "*The Republic*<sup>4</sup>". He has discussed this concept in the context of ideal society and nature of the soul. Plato talked about, Voluntary Death ;

Soul's Liberation;

Physician -Assisted Suicide; and

Euthanasia as a duty.

1. **Voluntary Death:** Plato believed that individuals should be allowed to choose death if they are suffering from incurable diseases or unbearable pain.

2. **Soul's Liberation:** He saw death as a liberation of the soul from the physical body, allowing it to achieve its true potential.

3. **Physician-Assisted Suicide:** In "The Republic," Plato suggests that physicians should assist patients in ending their lives if they are terminally ill or suffering greatly.

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<sup>3</sup>Dr. Parikh, C.K. (2006). Parikh's Textbook of Medical Jurisprudences, Forensic Medicine and Toxicology. 6<sup>th</sup> Ed., New Delhi, CBS Publishers & Distributors.

<sup>4</sup> Published in 375 BC.

4. **Euthanasia as a Duty:** Plato argues that in certain cases, euthanasia can be a moral duty to prevent unnecessary suffering.

On the other hand, **Immanuel Kant** (1724-1804), another philosopher strongly opposed this concept. He argued that a human life has inherent values and dignity, and that taking one's own life or assisting others in doing so, would be a violation of moral law. In his Book "*Grounding for the Metaphysics of Morals*<sup>5</sup>", Kant asserted:

"Human life...has a dignity, an absolute inner worth, which cannot be replaced by any price, nor compared with any other good."

Kant strongly opposed the idea of Euthanasia. This is because according to him human life is an end in itself, not a means to an end. He strongly argued that certain actions, including suicide and euthanasia, are inherently wrong, and against the law of nature regardless of circumstances.

## TYPES OF EUTHANASIA

Euthanasia may be classified as follows:-

**A. Active or Positive**

**B. Passive or negative (also known as letting-die)**

**Active or Positive:** - In this case, registered medical practitioners administer a high dose of lethal injection to end the life of suffering patient. It is usually painless.

**Passive or negative:** - Such type of euthanasia becomes relevant in a case where a person is only alive with the help of life sustaining machines such as ventilators. All these machines are withdrawn and nature is allowed to take its course. In this case, a doctor has minimum role. He does not actively contribute towards death of the patient but simply does not save the patient's life.<sup>6</sup>

## LEGAL ASPECT OF EUTHANASIA IN INDIA

Indian judiciary has played a vital role in shaping the discourse around euthanasia, especially

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<sup>5</sup> Published in 1785

<sup>6</sup> Aruna Ramchandra Shanbaug v. Union of India, 2011

through landmark judgments. These judgements have gradually clarified the legal stance and offered guidance on end-of-life choices.

### **Key Case Laws on Euthanasia in India**

Beginning with the foundational *Gian Kaur v. State of Punjab*<sup>7</sup> case. This case laid groundwork for future legal developments on euthanasia in India.

#### **1. Gian Kaur v. State of Punjab<sup>8</sup>**

In this case, the Supreme Court examined constitutional validity of Sections 306 (abetment of suicide) and 309 (attempt to commit suicide) of the IPC, 1860. The petitioners argued that these provisions infringed the fundamental right to life under Article 21<sup>9</sup> of the Indian Constitution, which they claimed included the right to die.

The Supreme Court, however, dismissed this interpretation. It ruled that the right to life does not include the right to die. The Court stated that the “right to life” is a “natural right embodied in Article 21,” but the right to die is inherently inconsistent with it. However, the Court did observe that “the right to die with dignity” could be considered part of the right to life in certain cases, laying the groundwork for future judicial interpretations.

#### **2. Aruna Shanbaug vs UOI<sup>10</sup>**

The case of Aruna Shanbaug introduced many new dimensions to the concept Euthanasia in India. In this case, passive euthanasia got recognition for the first time in India. The issue started when a petition was filed before the Supreme Court, seeking permission for euthanasia for one Aruna Ramchandra Shanbaug. It was contended that she was in a Persistent Vegetative State (P.V.S.) and thereby, a virtually dead person. Thus, she was brain-dead with no state of awareness. Supreme Court established a committee for medical examination of the patient for ascertaining the issue. Finally, the Court dismissed the petition filed on behalf of Shanbaug and observed that passive euthanasia is permissible under supervision of law in exceptional

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<sup>7</sup> 1996) 2 SCC 648

<sup>8</sup> *ibid*

<sup>9</sup> Right to Life & Personal Liberty

<sup>10</sup> (2011) 4 SCC 454

circumstances but active euthanasia was promptly declined.

The Court in this respect has laid down guidelines. These will continue to be followed as law until the Parliament enacts a legislation in this regard. They can be observed as follows:

- A decision to discontinue life support, has to be taken either by the parents or the spouse or other close relatives, or in the absence of all of them, such a decision can be taken even by a person or a body of persons acting as next friend. It can also be taken by doctors attending the patient. However, the decision should be taken bona-fide, in best interest of the patient.
- Hence, even if a decision is taken by near relatives or doctors or next friend, to withdraw life support, such a decision requires approval from the concerned High Court (as laid down in *Airedale's*<sup>11</sup> case). Such a safeguard is even more necessary in a country like our's, as one cannot rule out the possibility of mischief being done by relatives or others for reasons including inheriting property of the patient, settling scores with the patient or other selfish motives.

Another question which arose for consideration by the court was- Under which provision of law, the Hon'ble High Court drew their power to approve the application for withdrawal of life support to a patient. The Hon'ble Supreme Court held that the High Court drew its power from Article 226 of the Indian Constitution. It further stipulated that the High Court is competent to grant approval for withdrawal of life support to such an incompetent person. It was clarified that the High Court under Article 226 of the Constitution, is not only entitled to issue writs, but is also entitled to issue directions or orders.

According to the instant case, when such an application is filed, Chief Justice of the High Court should forthwith constitute a Bench of at least two Judges. This bench shall decide whether or not approval should be granted. However, before arriving at a decision, the Bench should seek opinion of a committee of three reputed doctors to be nominated by the Bench after consulting such medical authorities/medical practitioners as it may deem fit. Preferably one of the three doctors should be a neurologist; one should be a psychiatrist, and one should be a physician. The committee of three doctors nominated by the Bench should carefully examine the patient.

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<sup>11</sup> 1993(1) All ER 821 (HL)

Further, it should refer to the records of the patient, and also take views of the hospital staff. It should then submit its report to the High Court Bench. After hearing the State and also close relatives of the patient e.g. parents, spouse, brothers/sisters etc., or in their absence, his/her next friend, the High Court bench should give its verdict. The above procedure should be generally followed all over India until Parliament makes enacts a legislation on this subject.

### 3. Common Cause v. Union of India<sup>12</sup>

This is yet another landmark decision which recognized the constitutional right to die with dignity in India. It set a legal precedent on passive euthanasia and the concept of “living will.” “Living Will” in legal sense is known as an ‘Advance Medical Directive’ which empowers a person to assign to another person, the power to make decisions regarding their medical treatment, in a situation where the former is in a comatose or unconscious state<sup>13</sup>.

The petitioner, Common Cause, a registered society, filed a public interest litigation (PIL) seeking a declaration on legality of the right to die with dignity. The petitioner argued that Article 21 of the Indian Constitution, which guarantees the right to life, implicitly includes the right to die with dignity. They sought recognition for passive euthanasia (withholding or withdrawing medical treatment to allow a natural death) and the legality of a "living will" or "advance directive," where an individual could specify their treatment preferences if they were incapacitated.

In a unanimous judgment delivered on March 9, 2018, a five-judges Constitutional Bench led by Chief Justice Dipak Misra held that the right to die with dignity is a fundamental right under Article 21 of the Indian Constitution. The Court laid down specific guidelines for passive euthanasia and the execution of living wills, allowing terminally ill patients to decline life-prolonging treatments.

The Court distinguished between active euthanasia (intentional acts to end life) and passive euthanasia, permitting the latter in cases where a patient's suffering is immense, and recovery is unlikely. It recognised the validity of advance directives, establishing that an individual could

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<sup>12</sup> AIR 2018 SC 2002

<sup>13</sup> “Preparing for the unexpected: Understanding the Concept of Living Wills” By Nidhi Singh and Amisha Upadhyay ;available at : <https://www.indialaw.in/blog/civil/understanding-the-concept-of-living-wills/#:~:text=A%20Living%20Will%20in%20legal,a%20comatose%20or%20unconscious%20state;last> visited on 22/march/2025

decide in advance, the refusal of life support, which would take effect if they became terminally ill or unconscious.

The Court mandated detailed procedures in order to ensure that these directives are genuinely voluntary and that there is no misuse. It provided that such directives must be certified by a judicial magistrate and reviewed by a medical board, before withdrawal of life support. This decision advanced patient autonomy and allowed terminally ill individuals greater control over their end-of-life care, balancing medical ethics with constitutional rights.

This ruling established a framework for passive euthanasia in India and emphasised respect for patient autonomy and dignity in end-of-life care.

#### **Key Differences between both the cases:**

<b>Aruna Shanbaug v. Union of India</b>	<b>Common causes v. Union Of India</b>
Specific to individuals in a PVS and required High Court approval	Enabled anyone to make an advance directive.
Limited guidelines were given.	A structured process for living wills and simplified passive euthanasia procedures were established.
More cautious and restrictive.	Emphasised autonomy and dignity, by allowing individuals to make end-of-life choices. Hence it demarcates a philosophical shift.

Through the Judgement of Aruna Shanbaugh, the Hon'ble Supreme Court for the first time allowed passive euthanasia in India. At the same time, it set strict conditions, emphasising a case-by-case approach. Further, the Common Causes case broadened the scope of passive euthanasia by permitting living wills and set guidelines to ensure a more practical and accessible framework for implementing end-of-life decisions. It was a significant step in recognising the right of an individual to die with dignity as part of their fundamental right. Together, these cases have significantly shaped India's approach towards euthanasia and the right to die with dignity. In fact, immediately after the landmark judgement of Common Causes v. Union of India, the first "Living Will" was registered in Kanpur City, Uttar Pradesh, by an Advocate, who gave all the decision making power to his junior, a lawyer who was also his



assistant. Through this judgment, anyone in a healthy state of mind can make an informed decision regarding their treatment. This approach greatly diminishes the probability of malicious decision making by relatives etc.

## **LAW COMMISSION REPORTS**

The Indian Law Commission has made significant contributions towards the discourse on euthanasia. In its 196th report <sup>14</sup>, the Commission recommended that passive euthanasia be legally permitted under carefully regulated circumstances. It highlighted the need for a framework that respects a patient's right to die with dignity, proposing that euthanasia decisions be taken in consultation with medical experts and family members.

In its 241st report<sup>15</sup>, following the Aruna Shanbaug case, the Law Commission reiterated the need for legislative clarity on euthanasia. It argued - while interventions of the judiciary had established passive euthanasia in principle, the absence of a formalised legislation was leading to inconsistencies in the application of end-of-life care. The report also recommended provisions for advance medical directives, which would enable patients to outline their treatment preferences in the event of terminal illness or incapacitation. Despite these recommendations, the Indian Parliament has yet to pass a law, specifically addressing euthanasia, leaving healthcare professionals to rely on court judgments alone.

## **EUTHANASIA AND HEALTHCARE SECTOR**

Euthanasia, still remains a highly controversial and ethically complex issue worldwide. In India, where the legal framework is yet to evolve for accommodating comprehensive euthanasia guidelines, the situation presents significant challenges not only for patients and their families but also for healthcare professionals. Firstly, medical professionals are also human beings having religious values. It is pertinent to mention here that there exists no religious value which supports this concept. Secondly, when persons are registered as medical practitioners, they are obligated to take an oath, under which they swear to save a patient's life. In contrast, the concept of euthanasia demands the opposite of what is sworn under oath. To make matters further complicated, the absence of clear parliamentary guidelines contributes

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<sup>14</sup> Titled "Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners)" Published in 2006

<sup>15</sup> Titled - "Passive Euthanasia - A Relook" Published in 2012

towards continued persistence of this medical dilemma, leaving medical practitioners grappling with moral distress, legal uncertainties, and potential professional repercussions.

Despite significant rulings given in above mentioned cases, there still exists substantial ambiguity. The lack of clear legislative guidelines means that euthanasia remains broadly prohibited in India. While these judgments offer legal precedence, healthcare professionals find themselves in a precarious situation. They often have to navigate complex ethical and legal challenges without a definitive law to guide them.

## **CHALLENGES FACED BY HEALTHCARE PROFESSIONALS**

### **1. Moral Distress and Ethical Dilemmas**

Healthcare providers are often faced with moral distress when attending to terminally ill patients experiencing severe pain and suffering. For doctors who pledge to "do no harm," the decision to withdraw life-sustaining treatment contradicts their core professional ethics. This is because euthanasia requires them to knowingly participate in ending a patient's life. Many professionals struggle with feelings of guilt and a sense of moral failure, which can significantly affect their mental health. These ethical dilemmas are exacerbated when doctors are unable to clearly define or justify their decisions to patients' families, given the lack of clear guidelines.

### **2. Fear of Legal Consequences**

The absence of a clear law on euthanasia and reliance solely on court judgments places healthcare professionals at risk of legal consequences. In cases where life-support withdrawal or non-initiation of treatment is performed without comprehensive documentation or adherence to procedural safeguards, doctors may face potential charges of culpable homicide or abetment to suicide. This fear creates a reluctance to make end-of-life decisions that could otherwise relieve patient suffering, leading to cases where doctors may continue futile treatments purely out of legal caution.

### **3. Lack of Training and Resources for End-of-Life Care**

The legal ambiguities also highlight an institutional gap in training doctors for end-of-life care and palliative care, both of which are critical in handling terminal cases. Without adequate

resources and guidelines, doctors are left to make emotionally and ethically charged decisions with minimal support, often struggling to balance the best interests of the patient with the potential for legal scrutiny. The lack of palliative care facilities across India further exacerbates this issue, leaving patients with limited options beyond prolonged and often painful treatments.

#### **4. Communication Challenges with Families**

In a multicultural society like India, religious and cultural beliefs heavily influence attitudes toward euthanasia. Healthcare professionals often face significant resistance from families regarding end-of-life decisions, as many hold the belief that withdrawing treatment is equivalent to "playing God." Given the complex ethical, cultural, and legal dimensions, doctors are frequently tasked with explaining the nuances of euthanasia to family members, a process made more difficult by the absence of a formal framework.

#### **5. Role Confusion and Lack of Guidelines**

The uncertainty surrounding the procedural aspects of euthanasia leaves many healthcare workers confused about their roles in facilitating these decisions. Without clear legal mandates, many doctors are unclear on who should initiate discussions on end-of-life care, how to handle requests for euthanasia, or how to record such decisions appropriately. This lack of clarity in their professional responsibilities only increases their vulnerability to litigation and professional consequences.

### **EUTHANASIA AND RELIGIOUS SENTIMENTS: AN IMPASSE**

#### **HINDU BELIEFS**

Most Hindus are of the belief that a doctor should not accept a patient's request for euthanasia since this will cause the soul and body to be separated at an unnatural time. The result will damage the karma of both doctor and patient. Other Hindus believe that euthanasia cannot be allowed because it breaches the teaching of Ahimsa (doing no harm). However, some Hindus say that by helping to end a painful life, a person is performing a good deed and so fulfilling their moral obligations.

There are contradicting views in Hinduism regarding euthanasia:

- One view is that, by helping to end a painful life a person is performing a good deed and thereby, fulfilling their moral obligations.

- Another view is that, by helping to end a life, even one filled with suffering, a person is disturbing the timing of the cycle of death and rebirth. This act is frowned upon, and those involved in the process of euthanasia are believed to take on the remaining karma of the patient. The same argument suggests that keeping a person artificially alive on life-support machines would also be detrimental and inappropriate. However, the use of a life-support machine as part of a temporary attempt at healing is permissible and not frowned upon. An ideal death is a conscious death, and this means that palliative treatments would amount to an obstacle if they reduce mental alertness.

### **ISLAMIC BELIEFS**

Euthanasia is opposed to under muslim beliefs as well. Amongst muslims, it is believed that all human life is sacred because it is given by Allah, and that Allah chooses how long each person will live. Therefore human beings are not entitled to interfere with the same. From the above it is clear that according to islamic beliefs, life is sacred and euthanasia or suicide cannot be regarded as a permissible reason for ending one's life. Life made by Allah is sacred and taking away the same is prohibited except in the course of justice.

### **CHRISTIAN BELIEFS**

Most Christians are against euthanasia. Their arguments are usually based on the principle that life is a gift from God and that human beings are made in God's image. Birth and death are part of the processes of life which God has created, and it is our duty to respect them. Therefore it is believed that no human being has the authority to take the life of an innocent person, even if that person desires to die.

### **SIKHS BELIEFS**

Sikhs derive their ethics largely from the teachings of their scripture, Guru Granth Sahib, and the Sikh Code of Conduct (The Rehat Maryada). The Sikh Gurus rejected suicide (and by extension, euthanasia) as an interference in God's plan. Suffering, they said, was part of the operation of karma, and human beings should not only accept it without complaint but act so

as to make the best of the situation that karma has given them.

## **CONCLUSION**

India's euthanasia laws have come a long way and at the same time, has a long way to go. Balancing individual autonomy with proper safeguards and guidelines is the need of the hour. The judgements of Supreme Court have established a framework for passive euthanasia, living wills, and advance medical directives. However, challenges persist and more efforts are required.

Some Suggestions that may be considered:

1. Developing a comprehensive legislation in order to gain better clarity.
2. Establishing national guidelines for living wills and advance directives.
3. Enhancing palliative care infrastructure.
4. Promoting public awareness and education.

By addressing these challenges and concerns, India can continue to refine its euthanasia laws, upholding the rights and dignity of its citizens.

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