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EUTHANASIA VIS A VIS RIGHT TO DIE: NATIONAL AND INTERNATIONAL PERSPECTIVE

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Abstract

In recent decades, euthanasia has become a pivotal issue in global legal and ethical discourse. As medical science continues to advance, prolonging life in situations that were once considered hopeless, societies around the world are grappling with the implications of intentionally ending life to alleviate suffering. This has raised awareness of the need to strike a balance between human dignity, medical ethics, and individual liberty. The right to pass away with dignity has become a major issue that goes against both social norms and established legal structures.

Different nations have approached this delicate topic in different ways; some have authorized some types of euthanasia under stringent guidelines, while others still forbid it completely for moral, cultural, or religious reasons. This paper seeks to examines the legal trends surrounding euthanasia in different jurisdictions, emphasizing significant laws and court rulings that have influenced the global discourse. We can learn more about the larger international legal environment around this complicated and dynamic topic by looking at how various countries have handled euthanasia.

Introduction

Particularly in the second half of the 20th century, the ethical and legal ramifications of euthanasia have emerged as a major area of discussion on a global scale. The debate over assisted suicide and euthanasia has gained prominence in many nations due to advancements in medical technology and a growing focus on individual rights. The deliberate taking of a

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life to stop suffering, or euthanasia, presents difficult issues with relation to medical ethics, individual autonomy, and the right to die.

Laws Across the World

Different nations have approached the practice of euthanasia in different ways, leading to important legislative acts and court decisions that have shaped our contemporary understanding of the matter. The events in a few of the major nations that have made significant strides on the matter are listed below.

1. **Netherlands**

The Netherlands became the first nation in Europe to authorize physician-assisted death and euthanasia in April 2002. It was enacted under the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002." Under very narrow circumstances, this law permits physician-assisted suicide and euthanasia, with stringent standards to guarantee that due care is taken. The practice is not illegal as long as the accompanying physician follows certain set standards. It is crucial to remember, though, that if someone asks for euthanasia or help with suicide, they may still be punished under Dutch law unless the following requirements are fulfilled:

1. The patient is in excruciating pain with no chance of recovery.
2. The request for euthanasia is voluntary, persistent over time, and made without external pressure, psychological illness, or the influence of drugs.
3. The patient is fully aware of their condition and their options.
4. The patient's condition must be verified by at least one other independent physician.
5. If the patient does the procedure themself, the doctor must be present and the procedure must be performed in a medically suitable manner.
6. The patient must be at least 12 years old, and agreement from parents is required for individuals between the ages of 12 and 16.

The law allows for exceptions where the doctor satisfies these strict requirements, even though the Dutch penal code normally views helping someone commit suicide or causing death upon request as a punishable offense. Under normal circumstances, helping someone die might result in up to 12 years in prison; however, when euthanasia is carried out legally, prosecution is halted.

2 Australia

Euthanasia is unique in Australia because it was first permitted and then outlawed. Australia's Northern Territory became the first territory to legalize euthanasia in 1996 when it approved the Rights of the Terminally Ill Act[3]. This legal foundation was put to the test in the Wake v. Northern Territory of Australia case[4], where the Supreme Court of the Northern Territory upheld the act's constitutionality. However, the Northern Territory's euthanasia laws were overturned and euthanasia was once again banned in 1997 when the Euthanasia Laws Act [5]was passed by the Australian federal government.

3 The United States

For many years, the practice of euthanasia in the United States has generated heated ethical and legal discussions.

The right to die and bioethics became important topics of discussion in the 1960s, however the debate over euthanasia predates the World Wars. The Karen Ann Quinlan case was one of the most significant euthanasia instances in American history. Quinlan, a young woman, took valium and alcohol at a party and went into a persistent vegetative state (PVS). Her family requested that life support be removed as her condition deteriorated despite the use of a ventilator. The Quinlan family won their case before the New Jersey Supreme Court, setting a precedent that addressed both the right to die and bioethics. Despite being in a vegetative condition, Karen Ann Quinlan survived for an additional nine years before succumbing to pneumonia.

Similarly, the controversial nature of euthanasia in the United States was further cemented in the 1990s by the Terri Schiavo case in Florida. In PVS, Schiavo became the focus of a legal and political dispute between her parents, who opposed the decision, and her husband, who wanted to have her feeding tube removed. The U.S. courts finally decided to remove her life support, enabling her to pass away, following a protracted legal battle that included multiple appeals. The public conversation over the right to die was significantly impacted by this case,

[3]Rights of the Terminally Ill Act 1995 (NT) (Austl.)
[4]Wake v. Northern Territory of Australia, [1996] NTSC 68 (Austl.)
[5]Euthanasia Laws Act 1997 (Cth) (Austl.).

which brought to light the difficulties in balancing patient autonomy with euthanasia. The complicated legal environment surrounding euthanasia in the United States is also reflected in cases from other states, such as Missouri and Oregon.

For instance, the Missouri Supreme Court decided in Curzan v. Director, Missouri Department of Health that a woman with severe brain impairments could have her life support removed because she had previously said that she did not want to be kept alive artificially.

When the Oregon Death with Dignity Act was passed in 1994, Oregon became the first state in the United States to legalize physician-assisted suicide. This law enables patients who are near death to ask their doctors for help ending their lives. In Gonzales v. Oregon (2006), the U.S. Supreme Court decided that the state has the ability to regulate physician-assisted suicide under its own statutes, upholding the law despite numerous challenges.[6]

In other states like Washington and Montana, physician-assisted suicide is also legal under specific conditions. The Washington v. Glucksberg case in 2008 addressed the constitutionality of physician-assisted suicide, ultimately upholding the state's right to legalize it.[7]

Euthanasia is still prohibited by federal law, nevertheless, and there are differences between passive and aggressive euthanasia. While passive euthanasia—withholding life-sustaining treatment—is legally acceptable in some situations, active euthanasia—where a doctor actively gives a patient a fatal dose to end their life—remains unlawful.

4Canada

Euthanasia laws in Canada have historically taken a conservative stance. Section 241(b) of Canada's Criminal Code made physician-assisted suicide unlawful. The case of Sue Rodriguez v. British Columbia, in which the petitioner argued for the right to physician-assisted suicide, was heard by the Supreme Court of Canada. The court upheld the legitimacy of the ban, ruling that the state's interests in protecting life outweighed the individual's right to pass away.

[6]Gonzales v. Oregon, 546 U.S. 243 (2006).
[7]Washington v. Glucksberg, 521 U.S. 702 (1997).

Following the historic Carter v. Canada judgment in 2015, however, in which the Supreme Court of Canada declared that the criminal prohibition of assisted suicide infringed upon people's rights under the Canadian Charter of Rights and Freedoms, this stance changed. As a result of this decision, physician-assisted dying became lawful in 2016 under the Medical Assistance in Dying (MAiD) Act, as long as the patient has a serious and incurable illness and gives their express, voluntary agreement.

5. Belgium

The Belgian Act on Euthanasia, which is comparable to Dutch law, made euthanasia legal in Belgium in 2002. In situations where a patient's suffering is intolerable and there is no chance of recovery due to severe and incurable medical or mental problems, this statute permits euthanasia.

6.Switzerland

Switzerland's stance on assisted suicide and euthanasia is distinct. While assisted suicide is permitted under some circumstances, euthanasia is prohibited. As long as the motivation is not self-serving, helping someone commit suicide is not illegal under Article 115 of the Swiss Penal Code. This implies that the patient does not need to be terminally sick in order for assisted suicide to be carried out by non-medical experts. However, the support must be provided out of altruism rather than selfishness.

Dignitas, which provides assisted suicide services to those who meet the legal conditions, has established itself as a hub in Switzerland. Because of this, Switzerland has become a contentious travel destination for people from nations where euthanasia is prohibited.

7. United Kingdom

In the 1993 case of Airedale NHS Trust v. Bland, the House of Lords in the United Kingdom rendered a decision on the subject of non-voluntary euthanasia, permitting the removal of artificial life support for a patient in a persistent vegetative state (PVS). According to the ruling, a doctor may remove a patient from life support if doing so is in their best interests, particularly if the patient is unconscious and unable to give consent. The ruling made a clear distinction between active euthanasia, which involves giving a fatal poison, and passive euthanasia, which involves removing life support.

Active euthanasia is still prohibited in the UK, even if non-voluntary euthanasia is allowed in PVS instances.The case demonstrated how crucial it is for healthcare providers to act in the patient's best interests, especially in situations where the patient is incapable of giving consent.

In conclusion, cultural, religious, and philosophical views all have a significant impact on the legal position of euthanasia, which differs substantially among nations. Many nations still struggle with the issue of whether and under what conditions people should have the right to terminate their own suffering as public attitudes and technological advancements change. As countries try to strike a balance between individual liberty and community interests in protecting life, the ongoing discussions highlight the intricate relationship between law, ethics, and medical practice.

Indian Laws on Euthanasia

India has a long history of debating euthanasia because of its strong religious and traditional beliefs. Although the debate over the right to die is complicated, Indian law has progressively changed to accept passive euthanasia in some situations.

It is important to consider India's legal stance on euthanasia in its entirety. When addressing complicated matters like euthanasia, Indian courts frequently cite foreign rulings because the country's Constitution is influenced by other nations. In India, euthanasia is largely prohibited. A physician who willfully ends a patient's life may face murder charges under Section 300 of the Indian Penal Code (IPC), 1860. The doctor may instead face charges under Section 304 for culpable homicide not amounting to murder if the patient has provided valid consent, in which case Exception 5 to Section 300 applies. Only voluntary euthanasia is covered under this. Section 92 of the IPC prohibits non-voluntary or involuntary euthanasia, which occurs when there is no consent.

Sections 305, 306, and 309 of the Indian Penal Code also penalize assisted suicide in India. The law that punishes attempted suicide, Section 309, has been criticized and challenged in court. Some contend that the right to die ought to be protected by Article 21 of the Constitution, which also protects the right to live.

However, the Supreme Court decided in Gian Kaur v. State of Punjab[8] that the freedom to die is not covered by Article 21. The Court ruled that ending life cannot be construed as a part of the Constitution's protection of life and liberty.

This topic is also covered by the Indian Medical Council Act of 1956. The Medical Council of India (MCI) establishes ethical guidelines for physicians under Section 20A and Section 33(m). [9]

Euthanasia is labeled unethical by the MCI—except in cases where a patient is brain-dead and life support only maintains basic bodily functions. In such cases, life support can be withdrawn with certification from a panel of doctors.

Although *Gian Kaur* upheld the constitutionality of Section 309, many feel it is outdated. In *State v. Sanjay Kumar Bhatia*, the Delhi High Court stated that Section 309 no longer has a place in modern law. Similarly, in *Maruti Shripati Dubal v. State of Maharashtra*, the Bombay High Court found the section to be against Articles 14 and 21, saying it was arbitrary and violated both equality and the right to die.

According to the MCI, euthanasia is unethical, with the exception of situations in where a patient is brain dead and life support merely keeps their basic physical functions intact. In some situations, a panel of physicians can certify the removal of life support. Many believe Section 309 is out of date, despite Gian Kaur's ruling that it is constitutional[10]. The Delhi High Court ruled in State v. Sanjay Kumar Bhatia[11] that Section 309 is no longer appropriate under contemporary law. Similar to this, the Bombay High Court ruled in Maruti Shripati Dubal v. State of Maharashtra[12] that the clause was arbitrary and infringed upon both equality and the freedom to die, so violating Articles 14 and 21.

From a Constitutional Perspective

The right to life and personal liberty, which is a broad and dynamic right, is guaranteed under Article 21 of the Indian Constitution. Basic safeguards like the right to life, the prohibition against torture, and the right to personal growth are all part of human rights, which are

[8]1996 (2) SCC 648 : AIR 1996 SC 946
[9]Indian Medical Council Act, 1956, Section 20A.
[10] 1996 (2) SCC 648 : AIR 1996 SC 946
[11] 1985 Cri.L.J 931 (Del.).
[12]1987 Cri.L.J 743 (Bom.)

derived from natural law. From this premise, it can be argued that one's fundamental human rights include the right to die with dignity, particularly in situations where one's sickness is A person's right to a dignified life may be violated if they are denied the choice of euthanasia when they are terminally ill or suffering from an incurable disease. In other decisions, the Supreme Court has construed the right to life as include the capacity to partake in fulfilling activities that are fundamental to human dignity. The very right intended to safeguard a patient may be in conflict with their ability to continue living if they are unable to do so because of a serious illness.

The Case of Aruna Shanbaug: A Significant Decision

The Aruna Shanbaug case, which was determined by a Supreme Court bench made up of Justices MarkandeyKatju and Gyan Sudha Misra, was one of the most important turning points in India's euthanasia debate. After experiencing assault in 1973, Aruna, a nurse, spent more than thirty years in a Persistent Vegetative State (PVS) due to being strangled with a dog chain. Pinki Virani, an activist, petitioned for life support to be removed.

The Court permitted passive euthanasia under specific conditions, albeit acknowledging the legal complexity of euthanasia. According to the ruling, if a patient is incapable of making decisions for themselves, the approval of close family members or, in their absence, the accompanying physicians may be sought—as long as the High Court authorizes the decision. In addition to becoming the first legal endorsement of euthanasia in India, this ruling declared Section 309 of the IPC—which deals with attempts to commit suicide—outdated and advocated for its repeal.

The Position of the Law Commission

In its 196th Report (2006), "Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners)," the Law Commission of India advocated for passive euthanasia. The Commission, which was led by Justice M. Jagannadha Rao, suggested passing legislation that would permit the removal of life support under specific conditions while providing suitable protections for both patients and medical professionals.

Legalization of Euthanasia

Euthanasia legalization basically implies acknowledging a person's inherent right to end their life, especially if they are suffering from unbearable pain or medical futility. While suicide attempts are still unlawful under Indian law (although they are somewhat decriminalized under the Mental Healthcare Act, 2017), requests for euthanasia because of prolonged suffering are handled differently, particularly if they are made willingly and free from any such compulsion or undue influence.

In many passive euthanasia cases, patients in a vegetative state or those battling terminal illnesses are allowed to opt out of those life-sustaining treatments. However, such decisions require clear consent and proper medical assessment that the patient's condition is irreversible.

3.8 Conclusion

Euthanasia provides a humane alternative for those undergoing unbearable suffering or those in a state where life has lost its meaning. The **Aruna Shanbaug case** made passive euthanasia legally permissible in India, but ambiguity still exists. There's an urgent need for **clear legislation** outlining the conditions, procedures, and safeguards for euthanasia.

A comprehensive law would protect the rights of the terminally ill, provide guidance for medical professionals, and ensure accountability. The law must be sensitive to ethical dilemmas while upholding the **Right to Die with Dignity** as part of the broader interpretation of **Article 21** of the Constitution. In a democratic and rights-based society, the focus should be on compassion, autonomy, and rational decision-making in end-of-life care. Those who believed they might uncover the fundamental features of the practice by studying the origins of the term "euthanasia" may be let down. Palliative care, a speedy natural death, and the mercy killing but only since the end of the nineteenth century have all been associated with euthanasia. They are quite distinct worlds, and the only thing they have in common is the obvious fact that they are all related to death in some way. Though a few people today share the social Darwinism and eugenics beliefs of these pioneers, the intellectual arguments of the late nineteenth century are where the modern pro-euthanasia movement got its start.