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LEGALIZATION OF EUTHANASIA AND ASSISTED SUICIDE IN INDIA: ETHICAL DILEMMAS AND LEGAL REFORMS

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ABSTRACT

Physician-assisted suicide, or PAS and euthanasia, is a contentious topic that has recently drawn attention from the public, media, lawmakers, and medical community. Even though PAS and active euthanasia remain banned in much of the globe—aside from Switzerland and the Netherlands—politicians and patient advocacy groups are pushing for the legalisation of these practices in Europe, which could have an impact on many other regions of the world. The Indian Penal Code, which addresses both active and passive euthanasia, as well as PAS, governs the legal status of these practices in India. Penal Code 1860 states that active euthanasia is punishable by Section 302 (murder penalty) or, at the very least, by Section 304 (punishment for culpable homicide not equivalent to murder).

INTRODUCTION

“Life sans dignity is an unacceptable defeat and life that meets death with dignity is a value to be aspired for and a moment for celebration.”

- Dipak Mishra C.J.I.

The word "euthanasia" comes from Greek etymology. It's a combination of the words "good" (eu = good)² and "death" (thanatos). Euthanasia, then, is defined as the deliberate and premature taking of another person's life, either directly (active euthanasia) or indirectly (passively, by

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² Nadeau R. Gentles. Euthanasia and Assisted Suicide: The Current Debate. Toronto: Stoddart Publishing Co. Limited: 1995 Charting the Legal Trends: p. 727

withholding resources and life-prolonging measures). It occurs either at their explicit or implicit request (voluntary euthanasia) or without their consent (non-voluntary euthanasia). Protection of life and Personal liberty though couched in negative language is given a paramount position by court of law in India. *Justice Field* spoke on the right to life in the following words-

“By the term “life” as here used something more than animal existence. The inhibition against its deprivation to all those limbs and faculties by which life enjoyed. The provision prohibits the mutilation of the body by the amputation of an arm or leg, or putting out an eye, or the destruction of any other organ of the body through which the soul communicates with other world.”

Nowadays, euthanasia is limited to the death of patients by medical professionals upon their request in order to relieve them of severe suffering or a terminal illness. Usually, the doctor justifies his actions with good intentions, hoping to save the patient from an irreversible illness, unbearable agony, and life's agony. It is primarily associated with people who have terminal illnesses or who have become disabled and would rather not live out the remainder of their days in pain. A person who is gravely ill or severely incapacitated should have the freedom to choose whether to live or die. This privilege should be granted to all individuals, not just those with healthy bodies and stable personalities. The morality, characteristics, and beliefs of the general population are contentious when it comes to euthanasia. Euthanasia has been deemed legal in the Netherlands and England due to the late advancements and calm discussions surrounding it. As a result, a great deal of the world's nations are currently discussing whether or not to legalise euthanasia.

Recently, the Indian Supreme Court ruled that passive euthanasia might be accepted as lawful in the *Aruna Ramchandra Shanbaug v. Union of India* euthanasia case³. On March 7, 2011, the Supreme Court handed down a historic ruling on the controversial topic of mercy killing, sometimes known as euthanasia.

EUTHANASIA AND ITS TYPES

According to *Black's Law Dictionary (8th edition)*, euthanasia means the act or practice of killing or bringing about the death of a person who suffers from an incurable disease or condition, esp. a

³ *Aruna Ramchandra Shanbaug v. Union of India*, 2011(3) SCALE 298: MANU/SC/0176/2011.

painful one, for reasons of mercy. *Encyclopedia of 'Crime and Justice'*, explains euthanasia as an act of death which will provide a relief from a distressing or intolerable, As a result, euthanasia falls into the following general categories:

Physician-Assisted Suicide (PAS):

Assisted suicide occurs if a physician purposefully offers a patient medicinal help in order to end their life because of their extreme pain and grief. Victims' health conditions are thoroughly examined by the physician before he or she decides on an appropriate method of dying.

Voluntary Euthanasia:

Assisted suicide is when a patient chooses to end their own life with the assistance of a caregiver.⁴ The idea and method used must have complete comprehension, consent, and agreement.

Non-Voluntary Euthanasia:

When someone, usually a spouse or close relative, decides to end a patient's life, it is not voluntary. *Thalaiikoothal* is the traditional practice of senicide (killing of the elderly) or involuntary euthanasia, by their own family members, observed in some parts of southern districts of Tamil Nadu state of India. Typically, the person is given an extensive oil-bath early in the morning and subsequently made to drink glasses of tender coconut water which results in kidney failure, high fever, fits, and death within a day or two. Also, there are many more methods.

Active euthanasia:

In this type, a doctor has the right to take a patient's life at any moment after following due procedure. The doctor may directly suggest to the patient a simple way to end a person's life.

⁴ "Patient Refusal of Nutrition and Hydration: Walking the Ever-Finer Line [dead link] Harvath, T.A. (May 2004). "Voluntary refusal of food and fluids: attitudes of Oregon hospice nurses and social workers". *Int J Palliat Nurs.* 10 (5): 236-41.PMID 15215708.

Compared to ingesting a lethal quantity of the chemical, death from a lethal injection or medication overdose occurs more quickly. By far the most important factor is approval.

Passive euthanasia:

Thus is defined as intentionally causing a patient to die by limiting or refusing necessary care (such as a ventilator), food, or liquids.⁵ In this instance, part of the surgery also involves removing the patient's mechanical intensive care equipment.⁶ It is only applied when a person has completely lost all mental and physical abilities. The most popular method of euthanasia in cases of brain death is frequently passive euthanasia⁷.

RELIGION AND ACCEPTANCE OF EUTHANASIA

Every religion shares the belief that God has given life as a gift. Every religion and faith has an interpretation and purpose for death and dying. It is impossible to separate these two ideas from one another. The Supreme Court determined that while Christianity and Hinduism have differing opinions on euthanasia, Islamic beliefs are opposed to it. Although Buddhism and Jainism acknowledge it.

Hinduism:

Regarding euthanasia, there are two Hindu perspectives. It carries two sharp edges. A person is doing a good act and upholding their moral duty when they assist in ending a life that is suffering. However, it is wrong to interfere with another person's life or death because it is not humane. The same rationale, however, also implies that it would be abhorrent to keep someone artificially alive on life support.

Hinduism opposes any behaviour that could cause someone to die. It states that euthanasia is not a sinful act, but the misconceptions and problems around it lead one to believe that it is a

⁵Medical Dictionary for the Health Professions and Nursing Farlex 2012.

⁶ July 20, 2007-BBC (British Broadcasting Corporation).

⁷ Harris, NM. (Oct 2001). "The euthanasia debate". JR Army Med Corps 147(3):367- 70.doi:10.1136/jrame-147-03-22. PMID 11766225.

cruel deed. If a Sanyasi or Sanyasini wishes to end their mortal life, they are allowed to do so in the hopes of attaining Moksha, or soul emancipation.

Islamic view:

Euthanasia is forbidden in Islam. Muslims believe that Allah bestows life as a holy gift and that he determines each person's exact lifespan. Nobody is allowed to take the aforementioned gift away. They contend that euthanasia is "haram" for medical professionals because they are compelled to continue trying to extend life even in cases where there is no chance of recovery.

Christianity view:

Christianity opposes euthanasia as well. According to the Bible, we are God's temple, and God's spirit resides within every one of us. They hold that since Jesus healed the sick but did not kill the patients, Christians should aid those in need rather than take their lives. Nonetheless, some Christians use love as a justification for euthanasia.⁸ Love is the central theme of Christianity. Some claim that euthanasia is a better way to treat people than causing them pain.

Buddhism View:

Buddhists hold a variety of opinions about euthanasia. Nonetheless, some people believe that euthanasia is justified because of their compassion. According to several scriptures, Lord Buddha showed compassion by permitting terminally sick individuals to die naturally.

Jainism view:

In Jainism, the idea and practice of euthanasia are not novel. Jain principles refer to the self-build death designated by religion known as "Sallekhana" or "Samadhi-marna," which translates to "fast unto death."⁹ Ascetics and homeowners can both engage in this practice. In India, a great deal of people still practise it.

⁸ <http://www.historyplace.com/workdwar2/holocaust/h-euthanasia.htm>.

⁹ <http://euthanasia.procon.org/view.resource.php?resourceID=000130>.

GLOBAL SITUATION OF EUTHANASIA

There are different laws pertaining to Euthanasia in diverse nations, with different applicability. There are a few cases relating to Euthanasia and Assisted Suicide in diverse nations, some of which have been outlined below.

1. United States:

Despite *Washington v. Glucksberg* and *Vacco v. Quill* rulings prohibiting active euthanasia in all states, physician-assisted suicide is still permitted in Oregon, Washington, and Montana¹⁰.

2. Canada:

Patients in Canada are free to refuse life-sustaining therapies, but they are not allowed to request assisted suicide or euthanasia.

3. Netherlands:

In 2002, the Netherlands became the first nation in history to legalise assisted suicide as well as euthanasia¹¹. The Netherlands Penal Code states that helping someone commit suicide is punishable by up to three years in prison or a fine and that killing someone at their request is penalised by up to twelve years in prison. Therefore, even if active euthanasia is technically illegal in the Netherlands, if a doctor follows the instructions, it is deemed justified and not subject to legal penalties.

4. Switzerland:

Assisting suicide is illegal if and only if the motivation is self-serving, according to Article 115 of the Swiss Penal Code, which went into force in 1942. Physicians are likely to have access to appropriate medications, but the Code does not grant them any unique standing when it comes

¹⁰ 521 US 702 (1997).

¹¹ *Rodriguez v. British Columbia (Attorney General)*, [1993] 3 S.C.R. 519.

to aiding suicide. Doctors have been advised by ethical rules not to provide life-threatening medications.

5. Belgium:

In September 2002, the Belgium Act on Euthanasia was approved, making it the second country in Europe to do so, after the Netherlands. Patients who want to take their own lives must be aware when such desire is expressed and must repeat their request for euthanasia. They must be experiencing "steady and insufferable physical or mental agony" as a consequence of a severe illness or accident.

6. Albania:

1999 saw Albania legalize assisted suicide. It declared that the Rights of the Terminally III Act, 1995 permitted voluntary euthanasia in any form. If the decisions are approved by three or more family members, passive euthanasia is regarded as lawful.

7. England:

The *House of Lords* has now ruled that a person's autonomy and self-determination include the freedom to decline life-sustaining medical care. In addition, non-voluntary euthanasia was approved by the House of Lords for patients who were in a persistent vegetative state (PVS). Furthermore, the House of Lords distinguished between assisted suicide and euthanasia on the one hand, and the withdrawal of life support on the other in the significant case of *Airedale NHS Trust v. Bland*." The Supreme Court of India has upheld the ruling in the case of *Gian Kaur*.

LEGAL POSITION OF EUTHANASIA IN INDIA AND JUDICIAL TRENDS

In our daily lives, we frequently encounter individuals who are terminally ill or who are completely dependent on others and bedridden as a result of irreversible injuries. For such folks, it is hardly a decent condition. A rational and reasonable man would conclude that death would be a preferable course of action to an excruciating life. Deterioration, both physical and

psychological, occurs quickly, while relief from such suffering is more gradual. In these situations, people defend euthanasia. Every now and then, a case is made to legalize it. However, neither the government nor the legislature find it easy. The misuse of euthanasia is the most concerning consequence of its legalization.

In the case of *Gian Kaur v. State of Punjab*, the Supreme Court had the opportunity to address problems pertaining to assisted suicide, euthanasia, suicide, abetment of suicide, and halting life-sustaining care. In that regard, the Supreme Court made reference to a few sections of the Indian Penal Code, 1860. They are listed below:

(a) Sections 107, 306 and 309 of the Indian Penal Code, 1860

Section 306 of the IPC which refers to '*abetment of suicide*,' reads as:

If any person commits suicide whoever abets the commission of such suicide, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall liable to fine.

Section 107 of the IPC defines '*abetment of a thing*' as follows:

A person abets the doing of a thing, who

First: Instigate any person to do that thing;

Secondly: Engages with one or more other persons in any conspiracy for the doing of that thing, if an act or illegal omission takes place in pursuance of that conspiracy, in order to the doing of that thing; or

Thirdly: Intentionally aids, by an act or illegal omission, the doing of that thing.

Section 309¹² of the Code makes '*attempt to commit suicide*' an offence and it states as follows:-

¹² Sec 309-“Whoever attempts to commit suicide and does any act towards the commission of such offence shall be punished with simple imprisonment for a term which may extend to one year or with fine, or with both”.

Whoever attempts to commit suicide and does any act towards the commission of such offence shall be punished with simple imprisonment for a term which may extend to one year or with fine or with both.

Thus, 'attempt to commit suicide' is an offence which may result in imprisonment (for a term which may extend to one year) or with fine or both. India's courts have frequently debated whether or not to allow someone to pass away. *State v. Sanjay Kumar*¹³ is the first case in which an issue of this kind was addressed before an Indian court. Section 309 of the Indian Penal Code, 1860 was condemned in this case by a Division Bench of the Delhi High Court, "*Section 309 of the Indian Penal Code, 1860 is an anachronism unworthy of a humane society like ours.*".

Two High Courts rendered contradictory rulings after this one. In *Maruti S. Dubal v. State of Maharashtra*¹⁴, the Bombay High Court declared that Section 309 violated the right to life guaranteed by Article 21 of the Indian Constitution. In contrast, the Andhra Pradesh High Court maintained the constitutional validity of Section 309 in *Chbena Jagadesswer v. State of Andhra Pradesh*.

In the case of *P. Rathinam v Union of India*,¹⁵ the Indian Supreme Court considered the subject of "*whether a person residing in India has a right to die?*" and posed fifteen questions for the first time. After rendering its decision, the Supreme Court determined that Section 309 of the Indian Penal Code, 1860—which refers to attempts to commit suicide—is an antiquated, harsh, and unreasonable law¹⁶. Consequently, it violates Article 21 of the Indian Constitution, rendering it null and void. This observation of Hon'ble Court is in tune with the recommendation made by *Forty Second Report of the Law Commission of India*¹⁷, (June, 1971) under the title of "*Indian Penal Code*" in *Para.16.33 Chapter-16 under the Head "Offences affecting the human body"* (Pg.244) Section 309 of IPC

¹³ 1985 Cri.L.J 931 (Del.).

¹⁴ 1987 Cri.L.J 743 (Bom.).

¹⁵ 303 SCC 394.

¹⁶ <http://www.thehindu.com/news/national/government-to-decriminalise-attempted-suicide/article6680203.ccc>.

¹⁷ timesofindia.indiatimes.com/india/Government-decriminalizes-attempt-to-commit-suicide-removes-section-309/articleshow/45452253.cms.

is harsh and unjustifiable and it should be repealed. In this context, while answering the above question the Supreme Court observed;

"This desire for communion with God may very rightly lead even a very healthy mind to think that he would forgo his right to live and would rather choose not to live. In any case, a person cannot be forced to enjoy right to life to his detriment, disadvantage or disliking"

The Supreme Court dealt with the question of right to die" once again in the case of *Smt. Gian Kaur v State of Punjab*. In this case, the Supreme Court held that right to die is not included in right to life. Having said this, the Supreme Court questioned:

"In the context of a dying man, who is, terminally ill or in a persistent vegetative state that he may be permitted to terminate it by a premature extinction of his life in those circumstances. This category of cases may fall within the ambit of the 'right to die' with dignity as a part of right to live with dignity, when death due to termination of natural life is certain and imminent and the process of natural death has commenced. These are not cases of extinguishing life but only of accelerating conclusion of the process of natural death which has already commenced. The debate even in such cases to permit physician assisted termination of life is inconclusive. It is sufficient to reiterate that the argument to support the view of permitting termination of life in such cases to reduce the period of suffering during the process of certain natural death is not available to interpret Article 21 to include therein the right to curtail the natural span of life. "

On 17 August, 1994, in *Naresh Marotrao Sakhre v. Union of India*, the Bombay H.C. (Bench consisting of J. M Ghodeswar, J. R Lodha) observed that, "Euthanasia"/ "mercy-killing" and "Suicide" are different.

"Suicide by its very nature is an act of self-killing or self-destruction, an act of terminating one's own life and without the aid or assistance of any other human agency. Euthanasia or mercy killing on the other hand means and implies the intervention of other human agency to end the life. Mercy killing thus is not suicide and an attempt at mercy killing is not covered by the provisions of Section 309 of IPC. The two concepts are both factually and legally distinct. Euthanasia or mercy killing is nothing but homicide whatever the circumstances in which it is affected."

The Supreme Court of India has ruled that passive euthanasia¹⁸ may be regarded as legal in the euthanasia case of *Aruna Ramchandra Shanbaug v. Union of India*¹⁹. On March 7, 2011, the Supreme Court rendered a decision that changed the course of history in the debate over mercy killing and euthanasia. In this instance, Aruna Ramchandra Shanbaug has been lying in a Persistent Vegetative State (P.V.S.)²⁰ for three years after the sexual assault; she is essentially dead, lacking consciousness, and her brain is dead. Ms. Pinky Virani, who represents herself as Aruna Shanbaug's next friend, filed a petition with the Supreme Court requesting permission for euthanasia²¹.

CONCEPT OF LIVING WILL

The Black's Law Dictionary defines a living will order as "*an authoritative archive clarifying one's desires about therapeutic treatment in the event that of incompetency or unfit to communicate.*"

*Common Cause Vs UOI, AIR 2018*²²:

The Supreme Court has legalized advance directive-living wills and ruled that every adult human with the mental capacity to make an informed decision has the right to refuse medical treatment, including the withdrawal of life-saving devices, and that the right to die with dignity is a fundamental right under the terms of the Indian Constitution.

¹⁸ "Rebirth for Aruna, say joyous Mumbai hospital staff". Deccan Herald. March 7, 2011.

¹⁹ 2011(3) SCALE 298: MANU/SC/0176/2011.

²⁰ Venkatesan, J. (7 March 2011). "Supreme Court disallows friend's plea for mercy killing of vegetative Aruna". Chennai, India: The Hindu. Retrieved 7 March 2011.

²¹ "India's Supreme Court lays out euthanasia guidelines". LA Times. 8 March 2011

²² "Common Cause (A Regd. Society) v. Union of India (2014) 5 SCC 338 [Euthanasia reference to Constitution Bench]". 1, Law Street. Supreme Court of India. 24 February 2014. Retrieved 18 May 2015.

CINEMATIC REPRESENTATION OF EUTHANASIA IN INDIA

Guzaarish

It is the first hindi film to talk about euthanasia, They called him Merlin and anointed him the best magician. But Ethan Mascarenhas (Hrithik Roshan) has very little magic left in his life after a near-fatal accident that leaves him paralysed and confined to bed for life. Can the life-loving Ethan live out the rest of his life as a quadriplegic or has he a right to end the pain and opt for euthanasia (mercy killing).

This movie clearly emphasizes to legalise euthanasia if not in every circumstances, but for special cases, if patient want to go for it willingly. Also, it shows that its the responsibility of doctor to save the life of patient, but its the personal choice of patient to let go off his suffering.

Salaam Venky

The film is based on *Shrikanth Murthy's The Last Hurrah*, inspired by the real-life story of chess player *Kolavennu Venkatesh* who, helped by his mother K Sujatha, petitioned for euthanasia so that he could donate his organs. Venkatesh suffered from Duchenne Muscular Dystrophy, which causes muscle degeneration and eventually leads to death. He wanted to donate his organs while they were viable to be harvested. His mother (Sujatha), a doctor, a lawyer and a journalist rally around him for his right to die with dignity. The film begins with the mother's love denying son's wish for mercy killing.

From a legal and moral standpoint, the discourse on euthanasia is like walking on a tightrope. On the one hand, there's the sufferer's dignity and pain to be considered, but on the other, the possibility of misuse if legalised and the question of right or wrong which is truly presented by the public prosecutor's (Priyamani's) argument. *Salaam Venky* is a sensitive tale and a conversation about mercy killing must be legalised as terminally people have the right to die with dignity and be released from the distress of painfully fading away, also the love of family doesn't want them to suffer.

When bed-ridden Venky says that (because of the disease) his dreams have become small, or that how, in the afterlife, he wants to put his feet on the ground and carry the weight of his body, in our legal system the last wish of criminal is even fulfilled, we aren't discussing about killing someone, but the patients who don't have even 5% survival chance, we are talking about there right to die with dignity & make then free from pain. Also, its the right of doctors to give there patients peace, if they have right to save them.

At times, even contraceptive pills were not legalized in India, but now, even the government promotes it. Maybe, euthanasia can become a mode of corruption for victim's families and doctors who get involved in organ trafficking, but Every law has loopholes and we should not forget we even get power to control it.

ARGUMENT TO LEGALIZE EUTHANASIA IN INDIA

Since quite some time, there has been polite debate on euthanasia—that is, whether it should be allowed or not. In the current situation, active euthanasia is being discussed instead of passive euthanasia. The question relates to the incompatible circumstances between an individual's and society's interests²³. Any disagreement on the matter usually prompts the formulation of original questions about morality and the freedom to choose and believe. Those in favour of legalising euthanasia include:

Euthanasia provides a means of alleviating an individual's horribly excruciating pain and suffering. It saves those in critical condition from a death that is in wait. It relieves the patient's family members of their emotional discomfort in addition to recalling the excruciating suffering of the sick. Its demonstration of painless killing for individuals suffering from excruciating and hopeless infections makes its stance altruistic and beneficial. The goal here is to assist rather than to cause trouble.

The fact that many medical facilities spend a significant amount of money on treating people who will eventually pass away is another important reason made by proponents of euthanasia.

²³ Cica N, "Euthanasia The Australian Law in an International Context: Part 1: Passive Voluntary Euthanasia" 3 Parliamentary Research Service iv (1996-97).

We owe it to the patient and the family who rely on us for fervent support and cool decisions to avoid needless emotional and financial burdens.

Not all euthanasias are immoral. Something would have to disobey moral norms or standards in order to be considered immoral. In any event, the individual's self-determined decision, not the doctor's, determines whether or not life is protected. Denying a patient their right to die while they are in extreme pain and suffering effectively forces them to live with what they believe to be their nothingness—a life of suffering and, eventually, death (due to patients who are extremely ill). Euthanasia promotes making decisions that are considerate of the person's dignity and compassionate.

With respect to civil argument from lawful perspective, Article 21 plainly accommodates living with pride. Our Constitution's Article 21 clearly permits living with pride. A man has the right to live his life with the least amount of respect possible, and he should have the right to take his own life if his standards are dropping below that minimum. Advocates of euthanasia further point out that, given the legality of inactive killing, somewhat active euthanasia ought to be accepted as well. Only in the most extreme circumstances would a patient choose to end his life and prefer an easy death than continuing to live a hopeless life in such pain and suffering. Accordingly, from a moral point of perspective it will be better to permit the tolerant death effortlessly when regardless he realizes that he is going to die to his terminal disease.

CONCLUSION

"I think those who have terminal illness and are in great pain should have the right to choose to end their own life, and those that help them should be free from prosecution."

-Stephen Hawking

The practice of euthanasia has become customary in nations where it is lawful in all respects. Over a lengthy period of time, the mechanism has overcome challenges and established new standards. In those countries, the practice is not perfect and does have weaknesses. Both the medical sector and human perspective have undergone significant transformation during that time, as have the nations and their populations. The entire community's mentality has been shaped by it to favour choosing death over life. It is essentially revolutionary that this insight has

been passed down through the generations. Let us say that there exists a law on euthanasia in India. Nobody can guarantee its 100% legal compliance or the possible and probable abuse by the society and medical practitioners and hospitals.

What India needs is the maturity to handle the issue and understand its pros and cons thoroughly. It is a mammoth task.

Suicide has been made illegal in general after the *Gian Kaur case*²⁴, although euthanasia remains permitted. Our Supreme Court's recent ruling in *Aruna Ramchandra Shanbaug v. Union of India*²⁵ legalised passive euthanasia and stated that, while active euthanasia is illegal, passive euthanasia is allowed under strict legal supervision under certain situations. In light of the previous discussion, I think that India should permit voluntary euthanasia as well and that the government should intervene by passing a unique law that addresses all facets of euthanasia. Thus, legislation allowing euthanasia with sufficient protection is required.

Taking cue from the judgment in *Visakha*²⁶, the Court has not only affirmed the right to die with dignity and to issue advance directives but has also provided detailed guidelines regarding the same. The recommendations laid down in the Reports of Law Commission of India²⁷ and guidelines given in the Aruna's case are to be taken into consideration when any law on that point is to be framed to prevent the malpractices and misuse of euthanasia.

Consequently, a number of elements will ultimately determine whether the legislation is successful. Few of them are under our control and regulation. The task of eradicating every evil from the system evolved is crucial and difficult. Reasonable and rational action is possible. We must take a wholesome and devoted approach in order to achieve the goal.

²⁴ 1996(2) SCC 648: AIR 1996 SC 946

²⁵ "1973 Sexual Assault Victim Aruna Shanbaug passes away in Mumbai", news.biharprabha.com. 18 May 2015. Retrieved 18 May 2015.

²⁶ *Visakha v. State of Rajasthan*, (1997) 6 SCC 241.

²⁷ <http://lawcommissionofindia.nic.in/1-50/Report42.pdf>,
<http://lawcommissionofindia.nic.in/reports/report210.pdf>.

SUGGESTIONS

The argument of the opponents of euthanasia is that any legislation legalizing voluntary euthanasia would lead to a misuse of the provisions, I would now like to present a scheme by which such misuse could be minimized. The risk and fear of misuse and abuse could be done away with proper safeguards and specific guidelines. In this regard the *196th Law Commission Report* and the guidelines given in Aruna's case are there and guidelines will continue to be the law until Parliament makes a law on this point. Here at this juncture, some suggestions are needed that could bring in focus the proper use of euthanasia:

1. It is imperative to review the laws pertaining to euthanasia and to enact legislation that would allow for the appropriate measures to be taken to save patients who choose to live despite their suffering.
2. Medical professionals should receive training on how to employ contemporary medical knowledge and technology, as this will greatly influence their decision-making while treating these patients.
3. The patients who are suffering from terminal illnesses shall be provided with financial support and assistance so that they could no longer be a burden on their family and relatives. Such patients should be given freedom to choose between life and death instead they should not be forced to die.