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A CRITICAL ANALYSIS OF LEGAL STANDING OF EUTHANASIA IN WORLD

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ABSTRACT

Euthanasia refers to the intentional act of ending a person's life to relieve suffering, typically in cases of terminal illness or incurable, painful conditions. It can be classified as active (direct action to cause death) or passive (withholding or withdrawing life-sustaining treatment), and as voluntary, non-voluntary, or involuntary, depending on the patient's consent. The practice is rooted in ethical debates about autonomy, dignity, and the right to die, but is also subject to significant legal, religious, and cultural controversy worldwide. While some view euthanasia as a compassionate response to intractable suffering, others raise concerns about the sanctity of life and the potential for abuse. The legal status of euthanasia varies globally, with most countries prohibiting it or allowing only under strict conditions. Euthanasia is legal in a limited number of countries, including Belgium, Canada, Colombia, Ecuador, Luxembourg, the Netherlands, New Zealand, Portugal (pending regulation), Spain, and all six states of Australia.

KEYWORDS: Euthanasia, Living Will, Mercy Killing, Assisted Suicide, International Law, Human Rights, Fundamental Rights

INTRODUCTION

MEANING OF EUTHANASIA

Euthanasia is the deliberate act of ending a person's life to relieve suffering, typically in cases of terminal illness or incurable conditions. The term comes from Greek, meaning "good death." Euthanasia is basically death of the individual with his own consent it includes both suicide and non-suicide deaths.

Euthanasia, defined as the intentional termination of a patient's life, whether at the patient's own request or at the behest of family members, is considered unethical. However, this does not

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preclude the physician from honoring a patient's wish to permit the natural progression of death during the final stages of illness.²

Physician-assisted suicide, akin to euthanasia, is morally unacceptable and should be denounced by the medical community. When a physician's assistance is purposefully aimed at facilitating an individual's decision to terminate their own life, it constitutes unethical behavior. Conversely, the patient's right to refuse medical treatment is fundamental, and a physician does not engage in unethical conduct by honoring such a request, even if it leads to the patient's demise.³

DIFFERENT TYPES OF EUTHANASIA

- Voluntary euthanasia - Voluntary euthanasia refers to the deliberate termination of an individual's life at their own request, primarily aimed at alleviating suffering caused by an incurable or painful illness. This process necessitates the clear and informed consent of the individual desiring to end their life. The individual makes a conscious decision and seeks assistance in dying. Typically, this act is performed by a physician under stringent legal conditions, where it is allowed by law. The main objective is to alleviate intolerable suffering. Voluntary euthanasia is permitted in a limited number of countries and regions, and is governed by strict safeguards and regulations.
- Non-voluntary euthanasia- The person cannot consent (for example, due to coma), and another person decides on their behalf.
- Active-Direct action taken to cause death, such as administering a lethal drug.Active euthanasia involves implementing deliberate actions to bring about the death of a patient, like administering a lethal agent, such as sodium pentothal, which induces profound sleep within moments, resulting in the individual dying swiftly and without discomfort during this state of deep sleep.
- Passive-Withholding or withdrawing life-sustaining treatment, allowing death to occur naturally.Passive euthanasia arises when a patient passes away due to healthcare providers failing to perform actions required to sustain the patient's life, or when they cease interventions that are maintaining the patient's existence.

²World Health Association,<https://www.wma.net/policy-tags/euthanasia/>,(16.May.2025)

³ World Health Association,<https://www.wma.net/policy-tags/euthanasia/>,(16.May.2025)

DIFFERENCE BETWEEN ACTIVE EUTHANASIA AND PASSIVE EUTHANASIA

The distinction between "active" and "passive" euthanasia lies in the execution; active euthanasia involves taking measures to terminate the patient's life, while passive euthanasia refers to the failure to take actions that would keep the patient alive.

MERCY KILLING, LIVING WILL AND ASSISTED SUICIDE

- Mercy killing: Refers to the act of direct euthanasia typically performed with the intention of alleviating the suffering of a terminally ill or unproductive individual. This act is often conducted without the explicit consent of the person involved, based on the belief that it represents the most humane option.
- Living Will: The concept of a Living Will allows an individual to decide against existing in a vegetative condition that requires life-sustaining devices for existence. They can express their preferences in advance since, in such a condition, they might be incapable of articulating their desires.
- Assisted suicide- The patient ends their own life, but with assistance (such as a doctor providing lethal medication). Section 306 of the Indian Penal Code (IPC). 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 also be liable to fine. Imprisonment for 10 years and fine. Cognizable, Non-Bailable, Triable by Court of Session.

COMMON REASONS FOR SEEKING EUTHANASIA

1. Unbearable physical pain
2. Terminal illness (like advanced cancer or AIDS)
3. Loss of dignity or autonomy
4. Psychological suffering, such as depression or feeling like a burden[1]

ACTIVE EUTHANASIA PUNISHABLE IN COUNTRIES

The decision by medical professionals to discontinue life support is legally regarded as a failure to act rather than as an affirmative action to end a life. The latter scenario would be deemed euthanasia, which is classified as a crime by current laws in the UK, USA, and India.

Globally, the prevailing legal perspective indicates that although active euthanasia is prohibited unless specific legislation allows it, passive euthanasia can be lawful even without such legislation, so long as certain conditions and protections are observed.

In India, engaging in active euthanasia is prohibited and classified as an offense according to Section 302 or at minimum 304 of Indian Penal Code. Assisting someone in suicide is deemed illegal under section 306 of IPC⁵, relating to incitement to suicide.

COUNTRIES WHERE ACTIVE/PASSIVE OR BOTH KINDS OF EUTHANASIA ALLOWED

NETHERLANDS

In April 2002, the Netherlands was the first nation in allowing euthanasia and assisted suicide. A rigorous framework of requirements was established: the individual must be experiencing intolerable suffering, their condition must be deemed untreatable, and the request should be made while the patient is in "full awareness."

BELGIUM

The Euthanasia Law of 2002 permits euthanasia as per the legislation enacted on May 28, 2002. This law was amended on February 28, 2014, to include minors in the eligibility criteria for euthanasia. According to Article 3 of the Euthanasia Law, several conditions must be fulfilled for a patient to qualify for euthanasia in Belgium.

Firstly, the individual must be a legally competent adult, a legally competent emancipated minor, or a minor who possesses discernment at the time of the request. The 2014 amendment stipulates that if the patient is an unemancipated minor, they must consult with a child psychiatrist or psychologist, and the treating physician must confirm that the minor's legal guardians consent to the request.

Secondly, the request must be made voluntarily, thoughtfully, and repeatedly, free from any external coercion.

The Euthanasia Law characterizes 'a serious and incurable condition' as a medical circumstance that is hopeless and entails persistent and intolerable physical or psychological distress that cannot be relieved, stemming from a significant and irreversible accidental or pathological state.

LUXEMBOURG

In Luxembourg, euthanasia is permitted under the legislation enacted on March 16, 2009. This law was amended in 2014 to enhance the rights of both patients and healthcare professionals regarding euthanasia. Further modifications were made in 2021 to include additional minor provisions.

For a physician to legally assist an individual in euthanasia, certain conditions must be met: the patient must be an adult, competent, and aware at the time of the request, and the request must be made voluntarily, thoughtfully, and, if needed, reiterated, free from any external pressure.

The individual must be in a medically desperate condition, experiencing relentless and intolerable physical or psychological suffering with no possibility of recovery, resulting from an accidental or pathological circumstance. The individual's request for euthanasia or assisted suicide must be formally recorded in writing.

The Euthanasia law has modified the Luxembourg Penal Code by adding article 397-1, which clarifies that euthanasia is not categorized under the provisions of the Penal Code pertaining to murder.

The Euthanasia Law characterizes 'a serious and incurable condition' as a medical circumstance that is unending, marked by persistent and intolerable physical or psychological distress without any hope for recovery, stemming from either an accidental or pathological issue.

PORTUGAL

On May 25, 2023, Portugal legalized euthanasia and assisted suicide through the enactment of Law No. 22 of 2023, which outlines the conditions under which medically assisted death is not subject to punishment and modifies the Penal Code.

According to Article 3 of Law No. 22, a medically assisted death that is not punishable is one that is initiated by the individual, an adult, whose decision is current, consistent, serious, voluntary, and informed, in circumstances of severe suffering, with irreversible extreme injury, or a serious and incurable illness, when carried out or facilitated by healthcare professionals.

Medically assisted death is conducted in accordance with the individual's will and decision, who is in one of the following conditions: (a) permanent extreme injury, or (b) serious and incurable illness. Medically assisted death may take the form of (a) medically assisted suicide, or (b) euthanasia.

SPAIN

The legalization of euthanasia and assisted suicide:

Euthanasia is permitted under Organic Law No. 3, enacted on March 24, 2021, which regulates euthanasia. This legislation also modified Spain's Penal Code by introducing the fourth and fifth sections to article 143 of Organic Law No. 10, dated November 23, 1995.

The Euthanasia Law governs an individual's right to seek and obtain the requisite assistance for dying, outlines the process leading to death, stipulates the safeguards to be maintained, defines the responsibilities of the healthcare professionals engaged in the process of death, and establishes the obligations of the institutions participating in euthanasia procedures.

The choice to end one's life should be made independently, grounded in a comprehensive understanding of one's health condition, following the provision of sufficient medical information, and a record of these details must be maintained. Individuals with disabilities should be afforded particular assistance in realizing their desire to die.

According to the Euthanasia Law, a 'Serious and Incurable Disease' is categorized as one that unavoidably causes ongoing and intolerable pain or distress, whether physically or mentally. This level of anguish cannot be moderated to a point that the individual finds acceptable. Furthermore, it is typically associated with a short life expectancy in the context of worsening health conditions.

SWITZERLAND

Switzerland lacks a specific statute permitting assisted suicide; instead, the overarching legal framework is governed by the rights enshrined in the Swiss Constitution.

In the context of criminal law, Articles 114 (active euthanasia) and 115 (assisted suicide) of the Swiss Criminal Code are significant. Active euthanasia is illegal in Switzerland. Article 114 states that homicide committed at the 'genuine and insistent request' of the victim, motivated by commendable reasons such as compassion, is subject to a custodial sentence of up to three years or a monetary fine. However, a district court in Neuchâtel has ruled that if a homicide is carried out at the victim's request under circumstances of necessity, the defendant may be exempt from liability.

In Switzerland, assisted suicide is permitted under article 115 of the Criminal Code, provided it is not motivated by selfish reasons. If it is found to be driven by selfish motives, the offender may face a prison sentence of up to five years or a financial penalty. The Swiss Federal Supreme Court defines selfish motives as actions taken for personal gain, especially of a material nature.

In their ruling in 2006, the Swiss Federal Supreme Court affirmed that every individual, including those with mental health disorders, possesses a legal 'right to die.' The petitioner in this case was diagnosed with severe bipolar affective disorder. This 'right to die' is rooted in the Swiss Constitution and the European Convention on Human Rights (ECHR), specifically referencing Article 10, paragraph 2 (right to personal freedom) and Article 13, paragraph 1 (right to privacy) of the Swiss Constitution, along with Article 8 of the ECHR (right to private life). However, the

recognition of this right does not impose an obligation on the state to facilitate it; the state is not required to supply the lethal substance without a prescription to an assisted-suicide organization.⁴

Article 115 of the Criminal Code concerning assisted suicide has remained unchanged since its inclusion in the Criminal Code when the new federal Swiss Criminal Code was enacted in 1937. The rationale for adding this provision was outlined in the message from the Swiss Federal Council (Bundesrat) that accompanied the draft of the Criminal Code.

Article 115 states Any person who for selfish motives incites or assists another to commit or attempt to commit suicide shall, if that other person thereafter commits or attempts to commit suicide, be liable to a custodial sentence not exceeding five years or to a monetary penalty.⁵

RIGHT TO LIFE AND ITS INTERPRETATIONS

PROTECTION OF LIFE AND PERSONAL LIBERTY

No person shall be deprived of his life or personal liberty except according to procedure established by law.⁶

RIGHT TO LIVE WITH DIGNITY

MANEKA GANDHI VS. UNION OF INDIA (1978)

The Supreme Court determined that the right to life and personal liberty as stated in Article 21 extends beyond mere survival, encompassing the right to live with dignity. The court highlighted that any legal procedures must be fair, just, and reasonable, avoiding arbitrariness, oppression, or unreasonableness.

LIBERTY OF THE BODY

A. K. GOPALAN VS. THE STATE OF MADRAS (1950)

The Supreme Court determined that personal liberty encompasses the 'liberty of the body,' which signifies freedom from wrongful arrest and detention. Furthermore, the Court clarified that the term 'law' refers exclusively to legislation enacted by the state. This interpretation of personal freedom and law was notably restrictive; however, subsequent judicial decisions have addressed and corrected this perspective.

⁴ [https://hudoc.echr.coe.int/fre?i=001-119703#{%22itemid%22:\[%22001-119703%22\]}](https://hudoc.echr.coe.int/fre?i=001-119703#{%22itemid%22:[%22001-119703%22]})

⁵ Article 115 of Swiss Criminal Code, 1937

⁶ Article 21 of Constitution of India

6 FUNDAMENTAL FREEDOMS GIVEN UNDER ARTICLE 19 (1) INCLUDES IN ARTICLE 21 AS WELL

RUSTOM CAVASJEE COOPER VS UNION OF INDIA (1970)

The court determined that the term personal liberty encompasses not only Article 21 but also the six Fundamental Freedoms outlined in Article 19 (1).

WIDER MEANING OF PERSONAL LIBERTY UNDER ARTICLE 21

KHARAK SINGH VS THE STATE OF U. P. & OTHERS (1962)

In AIR 1963, the court expanded the interpretation of personal liberty to encompass all rights granted under Article 19(1).

RECOGNITION OF RIGHT TO LIVELIHOOD UNDER ARTICLE 21

OLGA TELLIS & ORS VS BOMBAY MUNICIPAL CORPORATION & ORS. (1985)

The court acknowledged that the right to livelihood is a fundamental aspect of the right to life as stipulated in Article 21. It determined that evicting individuals living on pavements without offering alternative accommodations would infringe upon their right to life and personal freedom.

RIGHT TO SAFE AND SECURE WORKING ENVIRONMENT

VISHAKA & ORS VS STATE OF RAJASTHAN & ORS (1997)

The Supreme Court examined the matter of sexual harassment in the workplace, determining that the right to a safe and secure work environment is a fundamental right derived from Article 21. The court established guidelines to prevent and address instances of sexual harassment in workplaces until suitable legislation is put in place.

RECOGNITION OF TRANSGENDER

NATIONAL LEGAL SERVICES AUTHORITY VS UNION OF INDIA & ORS (2014)

The National Legal Services Authority submitted a Public Interest Litigation to safeguard the rights of transgender individuals. The court determined that an individual's gender should be self-identified, referencing the Right to Life Article. Consequently, all rights afforded to cisgender individuals must also be granted to transgender individuals, including access to public restrooms, medical care tailored for transgender persons, and the extension of reservation provisions under Articles 15 and 16, as they are recognized as a minority group.

RIGHT TO PRIVACY

JUSTICE K.S.PUTTASWAMY(RETD) VS UNION OF INDIA (2017)

The Supreme Court acknowledged the right to privacy as a fundamental right safeguarded by Article 21. The court determined that privacy is a crucial component of personal liberty and dignity, integral to the overall constitutional framework.

NSA ACT (1980)

A.K. ROY VS. UNION OF INDIA (1982)

The Supreme Court deliberated on the applicability of Natural Justice principles to the National Security Act. This legislation has removed several critical rights from individuals in detention, such as the right to legal representation and the right to cross-examine the authority responsible for their detention. The court concluded that while Natural Justice is significant, it is not universally applicable to all statutes. It is essential to consider the specific circumstances and the intent behind the enactment of the law. Consequently, the court affirmed the validity of the National Security Act of 1980.

RIGHT TO DIE VS. RIGHT TO DIE WITH DIGNITY

STATE VS SANJAY KUMAR BHATIA⁷

In this instance, the defendant allegedly attempted suicide on October 5, 1981, by ingesting tik twenty. The formal charge was filed on June 4, 1982. There appears to be no justification for the investigation not being concluded within six months. The defendant was apprehended on October 5, 1981, and the only necessary investigation was to determine what substance he had consumed. It is understood that tik twenty is consumed for a singular reason. There was no compelling rationale for the prosecution to extend its investigation beyond the six-month timeframe. This situation is one where, had the Magistrate been approached, permission would likely have been denied. Consequently, the investigation must be halted. The respondent has endured significant hardship, having been arrested in October 1981, with charges filed on June 4, 1982, and the testimony of Public Witness -1 recorded only on April 5, 1983. We find no reason to subject the respondent to further distress through the judicial process. He has already experienced considerable trauma, and thus, we will not overturn the trial court's decision to acquit the respondent. Therefore, this appeal will be rejected.

⁷ 1986(10)DRJ31

MARUTI SHRIPATI DUBAL VS STATE OF MAHARASHTRA⁸

In this context, it is beneficial to have a brief understanding of the attitudes, practices, and legal frameworks surrounding the issue in contemporary societies. Perspectives on suicide range from acceptance and condemnation to even admiration. Historically, some philosophers have viewed suicide as a means to achieve liberation from suffering. This raises a significant question: if attempting suicide is not deemed a crime, it logically follows that assisting someone in that attempt should also not be considered an offense. This could pave the way for euthanasia, or mercy killing, and more broadly, for those who advocate for death. As we will discuss further, this question holds little practical relevance. The Penal Code does not define suicide, which complicates the legal interpretation of both suicide attempts and the encouragement of such attempts. Thus, the issue is more theoretical than practical. We believe that the provisions of Section 309 are arbitrary and violate Article 14 of the Constitution. Given our conclusion, it is unnecessary to examine the specifics of the current case, which only highlight the unfairness of the charges against the petitioner. Therefore, the ongoing prosecution against him is hereby dismissed. Since we have declared Section 309 unconstitutional, all prosecutions initiated under this section and currently pending in any court within the state will also be dismissed.

CHENNA JAGADEESWAR AND ANR. VS STATE OF ANDHRA PRADESH⁹

If Section 309 is deemed illegal, we have serious concerns about the viability of Section 306 of the IPC. Consequently, individuals who encourage or assist others in committing suicide may escape punishment. It is indeed the case that a society that neglects to enhance the living conditions of those in distress cannot justifiably penalize them for seeking self-help or self-deliverance. However, the critical issue remains whether it is appropriate for the State to imply that those who cannot live with dignity are permitted to exit life. In this particular instance, the first appellant, after killing his four children, attempted suicide for reasons that remain unclear. The Trial Court originally sentenced him to 6 months of simple imprisonment. Given the circumstances, we find it reasonable to reduce this sentence to 3 months of simple imprisonment, to be served concurrently. With this adjustment, the appeal is dismissed.

⁸ (1986)88BOMLR589

⁹ <https://indiankanoon.org/doc/146939/>

NARESH MAROTRAO SAKHRE AND ANOTHER VS UNION OF INDIA AND OTHERS¹⁰

The act of attempting suicide is not classified as a criminal offense, whereas abetting suicide is considered a crime. A historical analysis of Section 306 of the Indian Penal Code (I.P.C.) indicates that this provision was established to combat social issues related to individuals who assisted or encouraged practices like Sati and similar offenses. Recently, there has been a rise in suicides among women, often attributed to mental distress, inadequate dowry, and other factors. In response to the increasing prevalence of such offenses, Sections 304B and 498A were introduced in the I.P.C., along with Section 113A of the Indian Evidence Act. Section 306 addresses the abetment of suicide, stipulating that anyone who aids in the act of suicide shall face punishment. The crime of abetment stands alone as an offense, making the classification of abetting suicide under Section 306 of the I.P.C. entirely warranted. The offense of abetment is considered complete when the alleged abettor has incited another individual to take their own life. Furthermore, suicide itself has never been deemed a crime under the Indian Penal Code, and the attempt to commit suicide, previously an offense under Section 309, has been removed from the law after being ruled unconstitutional and in violation of Article 21 of the Indian Constitution, thus rendering the attempt to commit suicide also non-criminal.

C.A. THOMAS MASTER V. UNION OF INDIA & ORS.¹¹

The Indian Penal Code does not define suicide. In simple terms, suicide refers to an individual who intentionally takes their own life. A basic interpretation of the concept indicates that the motivations and circumstances leading to this choice are irrelevant in assessing whether a death qualifies as suicide. However, it remains challenging to assert that a decision to voluntarily end one's life, particularly when an individual presents themselves as successful and content, does not constitute suicide.

SMT. GIAN KAUR VS. THE STATE OF PUNJAB

The court determined that the right to life does not encompass the right to end one's life, as suicide is viewed as contrary to nature. Additionally, the court sanctioned Passive Euthanasia, stating it is

¹⁰<https://indiankanoon.org/doc/1453319/#:~:text=Attempt%20to%20commit%20suicide%20which,is%20also%20not%20an%20offence.>

¹¹MANU/KE/0705/2000

encompassed within the right to die with dignity, which forms part of the broader right to live with dignity.

Article 21 grants an affirmative entitlement to life, which simultaneously includes the implicit right not to exist. In this regard, it has been established that basic rights must be interpreted in conjunction, as determined in *R. C. Cooper vs. Union of India*.

P. RATHINAM VS. UNION OF INDIA

The petitions challenging the constitutional validity of Section 309 of the Indian Penal Code. Section 309 punishes anyone who attempts to commit suicide with simple imprisonment for up to one year. The Supreme Court drew a parallel between the other fundamental rights – just as the right to freedom of speech under Article 19 gives the right to speak but also includes the right to not speak, the right to live under Article 21 includes the right to not live. Thus, Section 309 was held to be unconstitutional.¹²

Airedale (1993) decided by the House of Lords has been followed in a number of cases in U.K., and the law is now fairly well settled that in the case of incompetent patients, if the doctors act on the basis of informed medical opinion, and withdraw the artificial life support system if it is in the patient's best interest, the said act cannot be regarded as a crime.

ARUNA RAMCHANDRA SHANBAUG VS UNION OF INDIA & ORS

The emphasis on euthanasia suggests that being in a persistent vegetative state (PVS) does not provide any advantage to a patient with a terminal illness, which is unrelated to the concepts of 'sanctity of life' or the right to live with dignity. This perspective does not aid in interpreting the breadth of Article 21 concerning whether the protection of 'right to life' includes the entitlement to die. The notion of 'right to life,' along with the right to live with dignity, signifies that such a right exists until the end of one's natural lifespan. This also encompasses the right to a life that upholds dignity right up to death, including a respectful manner of passing. Consequently, this suggests that an individual nearing death also possesses the right to depart with dignity as their life comes to a close. However, the 'right to die' with dignity as life concludes should not be mistaken for or equated with the 'right to die' in an unnatural manner that shortens the natural duration of

¹² <https://www.scobserver.in/journal/right-to-die-court-in-review/>

life. Life is not mere living but living in health. Health is not the absence of illness but a glowing vitality".¹³

COMMON CAUSE (A REGISTERED SOCIETY) VS. UNION OF INDIA

The Hon'ble Supreme Court acknowledged Passive Euthanasia and the concept of Living Will. Now, the Right to Die with Dignity is classified as a Fundamental Right.

DIFFERENCE BETWEEN THE RIGHT TO DIE AND RIGHT TO DIE WITH DIGNITY

RIGHT TO DIE

This term typically refers to the right to make the decision to end one's own life, frequently associated with the legalization of euthanasia or physician-assisted suicide. It represents a wider notion that includes the autonomy to select death as a personal choice.

RIGHT TO DIE WITH DIGNITY

This idea prioritizes enhancing quality of life and empowering individuals to make informed decisions regarding end-of-life care. It underscores the entitlement to a dignified and serene death, devoid of avoidable pain, and aligned with personal preferences. This encompasses the right to decline medical interventions and to access palliative care.

ROLE OF INTERNATIONAL LAW AND EUTHANASIA

- Article 6 (1) of International Covenant on Civil and Political Rights, 1996 “ Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”¹⁴
- Article 6(1) of the Convention on the Rights of the Child, 1989 “States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.”¹⁵
- Article 10 of the Convention on the Rights of Persons with Disabilities, 2006 “States Parties reaffirm that every human being has the inherent right to life and shall take all necessary

¹³ <https://indiankanoon.org/doc/235821/>

¹⁴International Covenant on Civil and Political Rights, Dec. 16, 1966, 999 U.N.T.S. 171, art. 6(1).”

¹⁵Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3, art. 6(1).”

measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others”¹⁶

- Article 23 of the Convention on the Rights of the Child,1989 “ States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.” The Convention does not state about Right To Die but it protects the life of individuals and prohibits the provision of Euthanasia.¹⁷
- UN DOCUMENTS clearly states about The Right to Life only and does not recognise Right to Die in their Treaties and Conventions. No Treaty or Convention favour the Concept of Euthanasia or Assisted Suicide.The United Nation Organisation is focusing on the countries where the Euthanasia is becoming legal and doing this act.¹⁸
- Article 2 of the European Convention on Human Rights,1950,Art.02, No. 11 and 14,Acts of Council of Europe,1953(Europe) “Right to life Everyone’s right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.”¹⁹
- WMA Declaration on Euthanasia and Physician-Assisted Suicide,70th WMA General Assembly,Georgia, Oct. 2019, The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.²⁰

¹⁶ The Convention on the Rights of Persons with Disabilities,12 Dec.2006,2515, U.N.T.S.21,art.10

¹⁷ The Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 11, art. 23.

¹⁸ The United Nation Human Rights,[https://www.ohchr.org/en/press-releases/2021/01/disability-not-reason-sanction-medically-assisted-dying-un-experts#:~:text=GENEVA%20\(25%20January%202021\)%20%E2%80%93,a%20person%20with%20a%20disability\(Last Visited 16,May,2025\)](https://www.ohchr.org/en/press-releases/2021/01/disability-not-reason-sanction-medically-assisted-dying-un-experts#:~:text=GENEVA%20(25%20January%202021)%20%E2%80%93,a%20person%20with%20a%20disability(Last%20Visited%2016,May,2025))

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²⁰World Medical Association <https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/>(Last Visited May. 16,2025)

CONCLUSION

Euthanasia remains a deeply complex and controversial issue, balancing ethical, legal, and emotional considerations. Euthanasia is fundamentally a bioethical dilemma, pitting respect for patient autonomy and the desire to die with dignity against the moral and legal prohibition against intentionally ending a human life. Supporters argue that euthanasia can be a compassionate response to unbearable suffering in terminally ill patients, allowing them to avoid prolonged pain and loss of dignity. Opponents emphasize the inherent value of human life, concerns about potential abuse, the risk of involuntary euthanasia, and the importance of effective palliative care as alternatives to euthanasia. Legally, active voluntary euthanasia is prohibited in most jurisdictions and is often equated with murder, regardless of mitigating circumstances. The debate is influenced by individual, cultural, religious, and professional perspectives, and there is no universal agreement on its acceptability or implementation. In conclusion, euthanasia continues to be a contentious issue where the right to autonomy and dignity at the end of life must be carefully weighed against ethical, legal, and societal concerns. The need for clear guidelines and robust safeguards is widely recognized, but achieving consensus remains challenging. Euthanasia is a deeply debated topic, involving considerations of patient rights, medical ethics, and societal values.

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