



**EUTHANASIA –A CHOICE BETWEEN LIFE AND DEATH**

**Dr. Priyanka<sup>1\*</sup>, Dr. R. C. Tiwari<sup>2</sup>, Dr. Manisha Dikshit<sup>3</sup>, Dr. Anoop Kumar Singh<sup>4</sup> and  
Dr. Ved Bhushan Sharma<sup>5</sup>**

<sup>1</sup>P.G. Scholar, Dept. of Agad Tantra Rishikul PG College, Uau.

<sup>2</sup>Prof. & H.O.D, PG Deptt. of Agad Tantra.

<sup>3,4</sup>Associate Prof, PG Deptt. of Agad Tantra.

<sup>5</sup>Assistant Prof, PG Deptt. of Agad Tantra.

Uttarakhand Ayurveda University, Rishikul Campus, Haridwar, Uttarakhand, India.

**\*Corresponding Author: Dr. Priyanka**

P.G. Scholar, Dept. of Agad Tantra Rishikul PG College, Uttarakhand Ayurveda University, Rishikul Campus, Haridwar, Uttarakhand, India.

Article Received on 06/06/2020

Article Revised on 27/06/2020

Article Accepted on 17/07/2020

**ABSTRACT**

Euthanasia or mercy killing or physician-assisted suicide or Aid-in-dying refers to the infliction of a painless death on an individual suffering from hopelessly incurable and painful disease. Euthanasia mainly classified as 1)Active and Passive Euthanasia 2)Voluntary and Involuntary Euthanasia. It is always a controversial issue throughout the world a lot of ethical and medical issues are involved in it. Life is precious and no one has the right to take away the life of an individual, other than God. Medical view on euthanasia is too differ, if a person is suffering from intractable pain or debility he has the right to terminate the life. Positive and negative both concept related to euthanasia is a matter of debate to validate euthanasia legally. Netherlands was the first country to legalize passive voluntary euthanasia and assisted suicide in 2002. Some part of United state, Switzerland, Belgium, Australia, Poland and European countries have legalized euthanasia. Active euthanasia is not legal in our country. In 2018, The Supreme Court of India declared passive euthanasia as legal, and the right of a person to execute advance directive “living will” as permissible.

**KEYWORDS:** Euthanasia, mercy killing, Physician-assisted suicide, Aid-in-dying, incurable disease, ethical, legal.

**INTRODUCTION**

Euthanasia word is derived from the Greek word –eu meaning ‘good’ and thanatos meaning ‘death’, though it has undergone considerable distortion over a period of time to assume its present day meaning of “mercy killing”. As far back as 300-400BC both, Socrates and Plato accorded moral sanction to euthanasia and suggested that it was permissible in certain circumstances.<sup>[1]</sup>

Euthanasia or mercy killing or assisted suicide is a practice of granting a painless death to persons suffering from painful and incurable illness or from incapacitating physical disorder.<sup>[2]</sup>

Mercy-killing has always been a subject of debate in the field of medicine and law. It is one of the most burning issue which the world face today when it comes to the life of a patient with terminal illness and acute pain, who is in a vegetative state and cannot live life with dignity. Severely disabled or terminally ill peoples are supposed to have the right to choose between life and death.<sup>[3]</sup>

The advances in Indian medical science and technology have undoubtedly brought relief in several health issues to a great extent. This certainly has altered the pattern of human life and its value along with the upsurge of affirmation of human rights, autonomy and freedom of choice. Among these issues, one which has assumed global dimensions is the right to a dignified death and the related matter of voluntary euthanasia.<sup>[4]</sup>

**DEFINITION**

Euthanasia means producing painless death of a person suffering from hopelessly incurable and painful disease.<sup>[5]</sup>

**TYPES OF EUTHANASIA**

Depending on act of induction and willingness of the patient euthanasia is classified into following types-<sup>[6]</sup>

1-Active euthanasia-It is an act of commission and also known as a positive euthanasia. In this type of euthanasia death is induced in the patient by the direct or indirect action, e.g by giving a large dose of a drug that hastens death.

2-Passive euthanasia-It is an act of Omissions and also known as a negative euthanasia. In this type of

euthanasia death is induced in the patient by the discontinuation of life-supporting measures to prolong the life in desperate cases e.g. stopping the heart-lung machine facility for a severely defective newborn infant or severe head injury case.

3-Voluntary euthanasia-It is induced at the will of an individual by his/her request. e.g. a patient suffering from incurable disease requesting the doctor to terminate his/her life.

4-Involuntary euthanasia-It means euthanasia induced in persons who are unable to express their wishes, e.g. in person with irreversible coma or severely defective infant etc.

5-Compulsory euthanasia-In this type of euthanasia society or state can take the decision to terminate the life of a person.

6-Pediatric euthanasia-In this type of euthanasia seriously sick or deformed infants and children are mainly included.

7-Geriatric euthanasia-In this type of euthanasia mainly sick, old individuals are included.<sup>[7]</sup>

8-Battlefield euthanasia-Euthanasia administered to severely wounded or handicapped individual.<sup>[7]</sup>

#### VIEWES IN FAVOUR OF EUTHANASIA

- The possibility of maintaining “physiological life”, i.e., the continuation of body functions by artificial means, while the patient remains unconscious over a period of months or years, has introduced a new dimensions into the debate –“Quality of life.”<sup>[8]</sup>
- Patients who are suffering from an agonizing incurable disease or suffering from severe pain, euthanasia will help these patients to die with dignity.<sup>[9]</sup>
- Many activists thought that there is no moral obligation on the part of Doctor to preserve the life at expense of suffering. Now in some countries, the advanced medical directives or so called living wills have been recognized which entitles the patient to refuse treatment any time in future.<sup>[10]</sup>
- Many families are emotionally unable to handle the prolonged suffering of their loved ones. Patients and family are clear that it is not death that they are afraid of-it is the process of dying that terrifies them.<sup>[11]</sup>

#### VIEWES AGAINST EUTHANASIA

- Euthanasia is against medical ethics.<sup>[12]</sup>
- Medical science is making rapid progress; a disease which is incurable today may become curable tomorrow.
- It would not only be for people who are ‘terminally ill’, but may be used to commit murder. It could be misused by doctors coming hand in glove with relatives.
- It can become a means of health care cost containment.
- It may become non-voluntary.
- It is a rejection of the importance and value of human life.

- It is a crime against society and equivalent to legalizing murder and suicide. It will encourage people to commit suicide.<sup>[12]</sup>

#### REQUIREMENT OF EUTHANASIA

No binding guidelines are suggested till now, as each individual case must be dealt with on its own merits. However, the requirements as laid out in a judgement of the Nagoya High Court in Japan may be of some aid. Accordingly, what might be accepted ethically are.<sup>[13]</sup>

- The patient must be suffering from unbearable pain.
- The patient’s condition must be terminal with no hope of recovery.
- Euthanasia must be undertaken to relieve suffering.
- It can only be undertaken at the expressed request by the patient.
- A qualified physician must carry out the procedure.
- The method adopted must be ethically acceptable.
- High cost of the medical treatment.<sup>[14]</sup>
- Right to commit suicide.<sup>[14]</sup>
- People should not be forced to stay alive.<sup>[14]</sup>

#### STATUS OF EUTHANASIA IN INDIA-

Active Euthanasia is not permitted in India. It is illegal and a crime under Sec 302 and Sec 304 IPC. Physician assisted suicide is a crime under Sec 306 IPC (abetment of suicide).<sup>[15]</sup>

The law of India in 1994 had the first encounter on right to die by way of a petition filed by P. Rathinam directed against the constitutional validity of Section 309IPC, which deals with punishment for attempt to commit suicide. The Supreme Court ruled in favour of the petitioner, and thereby legalizes and permits suicide and rendering as unconstitutional punishment for helping of suicide. In this case a consequence was drawn between euthanasia and suicide. The judgement stated that in cases of passive euthanasia, the consent of the patient is one of the pre-requisites. This judgment came as a shot in the arm for people supporting euthanasia.<sup>[16]</sup>

All Indians have a right of “personal liberty” as guaranteed by Article-21 of the constitution which provides the freedom to die with dignity. In a terminally ill patient (Permanent Vegetative State-PVS), mercy killing does not extinguish life, but accelerates conclusion of the process of natural death that has already commenced.<sup>[17]</sup>

In India, if a person consciously and voluntarily refuses to take lifesaving medical treatment it is not a crime. As per Indian Medical Council regulations, practicing voluntary euthanasia shall constitute unethical conduct.<sup>[18]</sup>

After the Gian Kaur’s case, suicide has become illegal, but the same could not be said for euthanasia. Recently the judgment of our Supreme Court in Aruna Ramchandra Shanbaug v. Union of India legalized the passive euthanasia and observed that passive euthanasia

is permissible under supervision of law in exceptional circumstances but active euthanasia is not permitted under the law.<sup>[19]</sup>

### THE ARUNA SHANBAUG CASE

- Aruna shanbaug was a former nurse, while working as a junior nurse, she was sexually assaulted by a ward boy, Sohanlal Bhartha Walmiki and she was in a vegetative state for 4 decades after the assault. On the night of 27 November 1973, Shanbaugh was sexually assaulted by Sohanlal. He attacked her and choked her with a dog chain and sodomized her. The asphyxiation cut off oxygen supply to her brain, resulting in brain stem contusion injury and cervical cord injury apart from leaving her cortically blind. Sohanlal was caught and convicted, and served two concurrent seven-year sentences for assault and robbery, neither for rape or sexual molestation, nor for the “unnatural sexual offence” Aruna shanbaug remained in a vegetative state from 1973 until 18 May 2015 when she passed away(a period of about 42years).<sup>[20]</sup>
- In 2009, Pinki Virani, a journalist and euthanasia activist, filed a petition in supreme court to stop doctors of KEM hospital (Mumbai) from force feeding Aruna Shanbaug and allow her to finally die a signified natural death.
- On 07 March 2011, The Supreme Court of India turned down the plea of Pinki strangely, while The Supreme Court disallowed withdrawal of life support for Aruna, it laid down guidelines for passive euthanasia.
- On 10 December 2014, the Minister of State for Home Affairs stated that “it has been decided to delete Section 309 of IPC from the Statute book.”
- In a historic decision, on 09 March 2018, The Supreme Court of India declared passive euthanasia and the right of persons to execute advance directive(living will) to refuse medical treatment, permissible. A Constitution Bench, led by Chief Justice of India Dipak Misra, in three concurring opinions, upheld that the fundamental right to refuse treatment and die with dignity includes right to refuse treatment and die with dignity. The fundamental right to a “meaningful existence” includes a person’s choice to die without suffering.<sup>[21]</sup>

### INDIAN DOCTOR’S VIEW ON VOLUNTARY EUTHANASIA

Extracts from a simple survey of 200 doctors carried out by the *Society for the Right to Die with Dignity in Mumbai*, do offer some signs. Accordingly.<sup>[22, 23]</sup>

- Ninety-eight percent stated they had the topic in their mind and were concerned.
- Seventy-eight percent argued that patients should have the right to choose in case of terminal illness.
- Seventy four percent believed that artificial life supports should not be extended when death is

imminent; but only 65% stated that they would withdraw life supports.

- Forty-one percent argued that living will should be respected.
- Thirty-one percent had reservations. Considerations involved ethics, morality, law and religion in that order of importance.
- More than 70 percent were apprehensive of the abuse of the law if one was enacted to legalize voluntary euthanasia.

### CONCLUSION

Euthanasia is the method of painless killing of a person who is suffering from incurable disease, senility or a permanent damage to brain, which can’t be repaired or cured. Incurable diseases like terminal stage of cancer and AIDS, Permanent vegetative state after severe head injuries, encephalitis etc. physical conditions that affect the quality of life in these patients are unbearable pain, nausea and vomiting, difficulty in swallowing, paralysis, incontinence, and breathlessness. Psychological factors include depression, feeling a burden, fearing loss of control or dignity, or dislike of being dependent. This kind of patient has the right to choice between life and death. Voluntary euthanasia is an issue of humanism and compassion. Society have to ignore the negative points of euthanasia and have to focus on the positive point of it for the help of those patients who are suffering from endless pain.

According to Lord Edmund Davies

“Killing both pain and patient may be good morals but is far from certain that it is good law”

### REFERENCES

1. Pillay V.V, Textbook of Forensic Medicine and toxicology, 19<sup>th</sup> Edn. 2019, Paras medical publisher, page-55.
2. Vij Krishan, textbook of forensic medicine and toxicology, 5<sup>th</sup> Edn. Elsevier, a division of Reed Elsevier India Private Limited, page no-374.
3. Legal And Ethical Consideration Of Euthanasia In India: A Choice Between Life And Death, A Research article by Rouf Ahmad Bhat, Shakoor Ahmad Dar and Anita Deshpande, International Journal of Recent Scientific Research Vol. 8, Issue, 11, pp. 21383-21387, November, 2017; ISSN:0976-3031.
4. Goyal Nikhil, Spandan. Coverstoryon Euthanasia, MAMC, Newdelhi, 2000. <http://www.spandan.com/index.php>.
5. Reddy Narayan K.S and Murty O.P., The Essential of Forensic medicine & toxicology, 34<sup>th</sup> Edn.2017, The health Sciences Publisher, page-52.
6. Murkey PN, Singh K.S Ethuanasia (mercy killing).J Indian Acad forensic Med, 2008; 30: 92-5.
7. Biswas gautam, Review of Forensic medicine and toxicology-4<sup>th</sup> Edn.2019, J.P.brothers medical publishers (P) ltd. New Delhi.

8. Pillay V.V, Textbook of Forensic Medicine and toxicology, 19<sup>th</sup> Edn.2019, Paras medical publisher, page-56.
9. Prakash A.Puzzle over mercy killing. The Hitvadanewspaper, Sundayjuly 29, 2007.
10. Samuels AJP. The advance directive (or living will). Med Sci Law, 1996; 36: 2-8.
11. Mamdani B.Options at the end of life. Indian J Med Ethics, 2004; 1: 130-1.
12. Biswasgautam, Review of Forensic medicine and toxicology-4th Edn. 2019, J.P.brothers medical publishers (P) ltd. New Delhi.
13. Preston Thomas, Why Aid-in-dying is not killing: A physician speaks out, Time –L Jfr News letter of Hemlock Society, 1994.
14. Biswasgautam, Review of Forensic medicine and toxicology-4th Edn.2019, J.P.brothers medical publishers (P) ltd. New Delhi.
15. Judgement given by the Supreme Court of India in Aruna Ramchandra Shanbaug Vs Union of India and others in writ petition(criminal) no.115 of 2009.
16. BN Colabawalla.(A) Understanding voluntary euthanasia: A personal perspective, and (B) Medical Profession vis-à-vis Voluntary Euthanasia Issues in medical ethics, 1996; 4: 1.
17. Mercy killing (Euthanasia):A Burning Issue In Indian Perspective, Dr Ramesh Chandra tiwari, Dr.Ajaykumarsharma, World Journal of Pharmaceutical Research, 2015; 4(11): 741-746. ISSN 2277-7105.
18. Indian Medical Council (Professional conduct, etiquette and ethics) Regulations, 2002.
19. <https://M.Economictimes.Com/News/Politics-And-Nation/Landmark-Rulling-Supreme-Court-Says-Passive-Euthanasia-Is-Permissible-With-Riders/Articleshow/63228770>.
20. PillayV.V, Textbook of Forensic Medicine and toxicology, 19<sup>th</sup> Edn. 2019, Paras medical publisher, page-62.
21. Pillay V.V, Textbook of Forensic Medicine and toxicology, 19<sup>th</sup> Edn. 2019, Paras medical publisher, page-61.
22. Rao N.G., Forensicpathology; H.R. Publication Aid: Manipal 6<sup>th</sup> Edn. 2002.
23. Rao NageshkumarG, Textbook of Forensic medicine & toxicology, 2<sup>nd</sup> Edn.2010, Jaypee brothers medical publishers (p) ltd, page no-47.