EUTHANASIA: DEATH WITH DIGNITY

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ABSTRACT

The discourse of “Euthanasia” has been a public disagreement subject since ever its instance of commencement. ‘Euthanasia’ is originated from the Greek word, ‘Eu’ which means ‘good’ and word ‘Thanatos’ describes ‘death’, by putting these two words together it means ‘good death’. Euthanasia is described as the cause of ending the life of a patient to save him from future pain and sufferings.1 The word “euthanasia” has always been a part of controversies worldwide because of redefining the word attributed to it and various forms of present principles of practicing euthanasia. Many countries have lots of disagreements and different point of view on euthanasia. Some support that patients has right to die. And on the other side, people who don’t support the same view perceive it as a form of murder. In the present article, the researchers presented a depiction about the very topic Euthanasia and different perspectives of euthanasia in various countries worldwide. Debates on laws related to euthanasia among different religions and societies is also tinted. Emerging trends and current situation of euthanasia due to the spreading out of Covid-19 pandemic and the urgent requirements for reflection on euthanasia and assisted suicide is explicated.

Keywords: Euthanasia, Assisted Suicide, Covid-19, Palliative Care, Legality of Euthanasia

INTRODUCTION

Every people in general parlance crave for long life and want to have a painless death. But for some people it is not possible to have a peaceful and pleasant death. Sometimes they have to

1 (Kalaivani Annadurai, 2014)
go through lots of sufferings. Every human being around the world is privileged with some rights from the moment of his birth, which is described as a basic human right.²

Right to life is the most important right with having all the essentials and mean to live with dignity and it includes the right not to be killed by another human. So here the question arises that if every person has right to live, whether the person can choose right not to live i.e. whether can have right to die?

Therefore, the term ‘euthanasia’ is related to the concept of wish to suffering free death. Or a painless death without enduring much pain and to opt for good euthanasia. Everything is like two side of a coin, both pros and cons of Euthanasia is elucidated in this research paper.

ARGUMENTS FOR AND AGAINST EUTHANASIA: - Arguments in favour of mercy killing- 1. Associate finish to Suffering 2. Death with Dignity 3. Frees up funds and instrumentation 4. The liberty to choose.

Arguments against mercy killing 1. Devalues Human Lives 2. Non secular and Ethical issues 3. Corruption of the worst kind.³

TYPES OF EUTHANASIA: Active Euthanasia, Passive mercy killing, Indirect Euthanasia and self-destruction etc .Active mercy killing refers to the deliberate act of ending the lifetime of a terminally unwell or incurable patient through the administration of a legal drug or injection by the physician. Passive mercy killing is that the withdrawal or withholding of artificial life network once the patient requests to try therefore, or when prolonging of his life is termed futile. Indirect mercy killing suggests that the supply of treatment with associate aim to cut back pain and suffering, however that eventually quickens the method of death. And, self-destruction (also known as physician-assisted suicide) refers to things once the doctor by design and wittingly provides the patient with the data and/or means to commit suicide. In countries like Belgique and also the Netherlands, mercy killing has been legal since 2002. The observe of ‘Assisted Suicide’ is legal in European countries of European nation and Germany. In England, each euthanasia, moreover as power-assisted

² (Sulakshana, Human Rights and its Violation on Vulnerable: Victims of Honour Killing and it's Collision in Society, 2019)
³ (Kalal, 2018)
suicide, are illegal. In most of the U.S., euthanasia is unlawful however assisted suicide has been legalized in ten states. In India, passive mercy killing was legalized two years back.\(^4\)

**Assisted suicide vs. Euthanasia:** Self-destruction is usually known as physician-assisted suicide (PAS). PAS suggests that a doctor wittingly helps somebody finish their life. With euthanasia, a doctor is allowed to finish a person’s life by painless means. For example, associate injection of a deadly drug could also be used.

**Active Euthanasia vs. passive Euthanasia:** Once the majority consider euthanasia, people contemplate of a doctor directly ending someone’s life. This is often referred to as active euthanasia. Purposely, giving somebody a dose of a sedative is taken into account active euthanasia. Passive mercy killing is usually delineate as withholding or limiting vital treatments in order that someone passes a lot of quickly. A doctor might also dictate more and more high doses of pain-killing medication. Overtime, the doses could become toxic. This makes the excellence between passive mercy killing and palliative care blurry. Palliative care focuses on keeping folks as comfy as potential at the top of their life.

**Voluntary vs. Non-voluntary:** If somebody makes an acutely conscious call to pursue help with ending their life, it’s thought-about voluntary euthanasia. The person must offer their full consent and demonstrate that they absolutely perceive what will happen. Non-voluntary mercy killing involves some other person creating the choice to end someone’s life. This is generally done once somebody is totally unconscious or permanently incapacitated. It always involves passive euthanasia, cherish withdrawing life support from somebody who’s showing no signs of brain activity.\(^5\)

**BACKGROUND OF EUTHANASIA**

The debates on the ethics of euthanasia and doctor-assisted suicide date back to ancient Greece and Rome. After the development of ether, doctors began to advocate the use of anaesthetics to relieve death pain. The arguments for and against euthanasia in the 19th century are identical to those of the present. It arises when the doctor's authority over medical decision-making is questioned and when interim life-sustaining medical interventions

\(^4\) (Batra, 2020)  
\(^5\) (Holland, 2019)
become standard medical practice and interest develops in extending such practices to euthanasia.\textsuperscript{6}

In the main traditions there is a history of opposition to PAS / euthanasia for related but slightly different reasons. Buddhists and Hindus believe in reincarnation: a person's life and earthly suffering do not end with the death of a person. However, the death of a person ends the time when he can most fruitfully improve his karma and reduce future earthly suffering. Artificially shortening life to alleviate short-term physical suffering can therefore actually increase long-term existential suffering. Even pain relievers that numb the consciousness or induce the coma, when not prohibited, can jeopardize preparations for death. Roman Catholicism and Eastern Orthodoxy are also against PAS / euthanasia. For Catholics and Eastern Orthodox, as well as for Buddhists and Hindus, painkillers that greatly numb the patient's sensitivity can prevent you from mentally preparing yourself for death, a devaluation that, if not necessarily avoided, should at least be weighed. Recent statements by Orthodox, Conservative, and Reformed Jews emphasize that it is wrong to both hasten death and unnecessarily prolong the life of the dying. Most Jews do not believe in the resurrection or the afterlife. In general, they do not argue that PAS / euthanasia endangers a dying person's future. On the most important aspect, however, there is strong consensus that it is wrong to violate divine privilege to determine the time of one's death.

Muslims cite various Koranic texts against murder, suggesting that all suffering has a divine purpose (for example, to encourage repentance for sin), and urge doctors to make the distinction between the process of living and the process of dying to acknowledge. Pluralism and concerns about maintaining patient autonomy play a role in their arguments in support of those who are free to choose PAS or euthanasia, but both for the image of a medical institution obsessed with extending physical life, as well as for euthanasia, disinterested in matters of the mind. Significantly, the Unitarian Universalists have neither a reincarnation nor a resurrection. According to many, PAS / euthanasia has no impact on later life.\textsuperscript{7}

\textbf{LEGAL STATUS OF EUTHANASIA IN DIFFERENT COUNTRIES}

Euthanasia is unlawful beneath English regulation, however the range of nations wherein its miles approved is growing. Those in favour say that during a civilised society, human beings have to be capable of pick while they're equipped to die and have to be helped if they're not

\textsuperscript{6} (Emanuel, 1994)
\textsuperscript{7} (Traina, Spring 1998)
able to stop their lives on their personal. But a few critics take an ethical stance in opposition to euthanasia and assisted suicide, announcing existence is given through God and handiest God can only take it. Others assume that legal guidelines permitting euthanasia will be abused and those who didn’t need to die will be killed.

Under the Suicide Act 1961, each euthanasia and assisted suicide are crooked offences with inside the UK. Euthanasia can bring about a homicide charge, and assisted suicide through helping or maybe counselling someone when it comes to taking their personal existence is punishable through 14 years’ imprisonment. But there are international locations wherein euthanasia is legal, commonly beneath strict conditions. According to the survey report of Angus Thomas Reid belief, discussion on difference between euthanasia and committing suicide, between these two things committing suicide is unlawful and serving to in them is additionally fined. The Angus Reid Institute asked do you think that people who facilitate someone to kill ought to be prosecuted? The republic, democratic and independent nations hold different views and support for prosecuting and penalised the one who helps in committing suicide.

As the graph that follows indicates, 37% aforesaid affirmative as majority supports penalising person who helps in committing suicide and committing suicide isn't euthanasia and it's illegal and 34% disagrees and 28% not sure.

![Angus Reid Graph](ProCon.org, 2011)

8 (ProCon.org, 2011)

www.turkjphysiotherrehabil.org
Spain

Spain has exceeded a regulation to legalise euthanasia, turning into the fourth state in Europe to permit human beings to stop their personal existence in a few circumstances. The regulation permits adults with "critical and incurable" illnesses that cause "insufferable suffering" to pick to stop their lives. It is predicted to take impact in June. Before the legal guidelines passage, supporting someone to die in Spain become probably punishable through a prison time period of up to ten years.\(^9\)

Switzerland

Switzerland is probably the first country that comes to mind when it comes to assisted death. It allows medically assisted suicide with no minimum age, diagnosis or symptom status. Euthanasia is not legal in the country. In 2018, 221 people travelled to the Swiss clinic Dignitas for assisted suicide. 87 came from Germany, 31 from France and 24 from Great Britain. Around 1.5% of deaths in Switzerland can be traced back to assisted suicide.

Netherland

Dutch euthanasia and assisted suicide are legal in the Netherlands when someone is suffering from excruciating suffering and there is no chance of recovery. There is no such thing as an incurable disease or mandatory waiting period. Children aged 12 and under can request an assisted death, but children under the age of 16 require parental consent.

Belgium

Belgium allows euthanasia and assisted suicide for those who are in excruciating suffering and have no prospect of recovery. If the patient does not have an incurable disease, there is a one month waiting period before authentication can take place. If the king signs the law, Belgium will be the only country in the world with no age limit for euthanasia.

Luxembourg

Assisted suicide and euthanasia are legal for adults in Luxembourg. Patients must be in an incurable condition with constant and unbearable suffering and no prospect of improvement.

Canada

\(^9\) (BBC, 2021)
Canada allows euthanasia and assisted suicide for adults suffering from "serious and irreparable conditions" whose death is "reasonably foreseeable". Only euthanasia is allowed in Quebec.

Colombia

Voluntary euthanasia application in Colombia and the first such death occurred in 2015. An independent committee must approve the assisted death request.

Australia

The Australian state of Victoria passed voluntary euthanasia laws in November 2017 after 20 years and 50 failed attempts. The Australian Senate had repealed the law back in 1997 due to public countermeasures against the 1995 law that allowed it.

USA

Several states currently offer mutual legal assistance for dying. Oregon, Washington, Vermont, California, Colorado, Washington DC, Hawaii, New Jersey, Maine, and Montana have laws or court orders that allow physician-assisted suicide for terminally ill patients. - a one-day waiting period between two oral inquiries and a two-day waiting period between a final written inquiry and the fulfilment of the prescription.

Rasmussen Report (Oct. 12-13, 2015) result indicates that "Americans are nonetheless supportive of assisted suicide".
France

Palliative sedation, where someone can ask to be deeply sedated until they die, is allowed in France, but assisted death is not.

New Zealand

10 (ProCon.org, 2011)
A Bill to legalize voluntary euthanasia passed its second vote in parliament in June, 2020. A third and final reading is still required before the law comes into effect and there is no guarantee that it will be successful. Both euthanasia and assisted suicide are currently illegal.\textsuperscript{11}

**PASSIVE EUTHANASIA AND ITS LEGAL REALITY IN INDIA**

It can be argued that in a country where people's basic human rights are often not addressed, illiteracy is widespread, more than half of the population has no access to clean water, and everyday people die of infections and where medical assistance and care is limited for the few people, the issues related to euthanasia and PAS are irrelevant. However, India is a country with a variety of religious groups, educational levels, and cultures. The euthanasia debate in India is more confusing as there is also a law in this country that punishes people who even try to commit suicide.\textsuperscript{12}

On February 25, 2014, five constituted courts passed a law to provide new guidelines on euthanasia. The court responded to a petition from an NGO called Common Cause, which advocated the right to die with dignity. Right to life under article 21 of Indian Constitution cannot be suspended at the time of emergency in country. This is very well given in National Human Rights Commission, which is established under Human Rights Act 1993.\textsuperscript{13} It was pointed out that the procedure set out in the Shanbaug judgment was inconsistent with Article 21 of the Constitution, as the right to life guaranteed by the Article 21 did not include the right to die with dignity under the supreme law of the country. India legalized passive euthanasia in certain circumstances (since a procedure was established for their operation). In short, as it is today, the law in India stipulates that only passive euthanasia is legal in India and only under certain conditions if the legally prescribed procedure is followed.\textsuperscript{14}

In the case of *Gian Kaur v State of Punjab*,\textsuperscript{15} Section 309 of the Indian Criminal Code was deemed to be constitutionally valid. But it is time that Parliament should get rid of it as it has become anachronistic. Attempting suicide in depression needs help rather than punishment.

\textsuperscript{11} (Ashford, 2019)  
\textsuperscript{12} (Vinod K. Sinha, 2012)  
\textsuperscript{13} (Mehta, 2018)  
\textsuperscript{14} (Laungani, 2017)  
\textsuperscript{15} (SCC, 1996)
The Bombay Supreme Court in *Maruti Shripati Dubal v Maharashtra State*,
investigated this constitutional validity of Article 309, arguing that the article violated both Article 14 and Article 21 of the Constitution. Passive euthanasia in India very well established in the landmark case of Aruna Shanbaug, which is seen as, THE FALL OF ARUNA - A NEW DIMENSION IN THE INDIAN LEGAL CONTEXT.

This matter was brought before the Supreme Court of India in the *Aruna Ramchandra Shanbaug v Union of India* (2011) case 4 SCC 454. In this particular case, Aruna Shanbaug was working as an auxiliary nurse in the King Edward Memorial Hospital in Mumbai. She was raped by a boy from the community named Sohanlal Bhartha Walmiki. One night he attacked her in the basement of the same hospital while she was changing, then strangled her neck with a dog chain and left her in a strangulation position. He found her bleeding and passed out. Because of the strangulation, the oxygen supply did not reach her brain, which eventually damaged her brain so badly that she lost her sense. She got blind, deaf, paralyzed, and remained in a vegetative state for 37 years. After 37 years, in 2011, the famous journalist Pinki Viran applied to the Supreme Court for her euthanasia. While the Apex court denied the petition, it set the guidelines for passive euthanasia. On 9th March 2018, the Supreme Court of India only allowed passive euthanasia by withdrawing the life support system in March 2018.

**IMPACT ON EUTHANASIA WORLDWIDE BECAUSE OF CENTURY PANDEMIC, COVID-19**

The Covid-19 pandemic has shocked the Italian healthcare system, forcing doctors to set criteria for admitting or excluding patients between available intensive care units. Health resources and those deemed necessary. Simultaneously with judgment n. 242/2019 the Italian Constitutional Court excluded responsibility under certain conditions for assisted suicide, approval of laws that allow this type of practice. The idea that many people could be deprived of necessary health care due to a lack of resources urges the Italian state to discipline euthanasia and assisted suicide in order to at least protect patients.

Pandemic every day as we are witnessing how overloaded the secondary and tertiary care facilities around the world are, how many hospitals lack personal protective equipment, ventilators, medication, beds and appropriately trained staff. Difficult decisions about who

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16 (Vishven, 2008)  
17 (Roy, 2011)  
18 (Sharma, 2020)
has priority for active treatment and care and who can die because their prognosis is very poor.\textsuperscript{19} Anyone who has worked in frontline services will understand the level of responsibility involved in making such decisions and the potential implications for the people and equipment of healthcare providers. On stories from Spain and France in which doctors are tempted to euthanize and ration the use of ventilators for minors of a certain age.

Assisted euthanasia and passive euthanasia occur thousands of times a day. Requests from medical and nursing professional associations, governments around the world, and the judiciary, urgent and transparent guidance on these issues, professional and legal support to any professional faced with such decisions, and health support with clear and unrestricted mental health in post-traumatic cases stress that many of these practitioners believe the Covid 19 crisis should make an urgent change to enable assisted death and active euthanasia so that people who do not recover can die with dignity and without pain or agony.\textsuperscript{20} Covid 19 is affecting the mental health with increasing cases of depression and made us more aware of our fragile existence.

According to preliminary statistics from the end of 2020, Alzheimer's disease remained a leading cause of death, increasing nearly 10\% over the past year. A report from the Canadian Institute for Health Information found that as of May 25, 2020, 80\% of COVID-19-related deaths were people in long-term care facilities and nursing homes, many of which were imposing closings and restrictions or removals. Researchers observed that the charges of loneliness and hopelessness within the elderly extended in the course of those lockdowns, causing ‘confinement syndrome,’ which ended in extra older humans inquiring approximately Medical Assistance in Dying (MAiD). While now no longer an instantaneous purpose of extended euthanasia or assisted suicide, the lockdowns were taken into consideration an accelerant.\textsuperscript{21}

COVID-19, also known as the Novel Coronavirus, has wreaked havoc, leaving destruction, death, unemployment, economic instability, misery, insecurity, despair and fear of the new morning on its path. Above all, the question remains who will be here tomorrow. Now classified as a pandemic, this virus has caused more than 165,869,424 cases with 3,445,305 deaths worldwide.

Changing trends during the pandemic on Euthanasia

\textsuperscript{19} (Sulakshana, Impact of Covid-19 on Economy, Business, Education and Social Life, 2021)
\textsuperscript{20} (Hicken, 2020)
\textsuperscript{21} (Billauer, 2021)
1. Spain

Spain's parliament voted through a law legalising euthanasia in March 2021, becoming one of the few nations to allow terminally-ill or gravely-injured patients to end their own suffering.\(^{22}\) The legislation allows anyone with a "serious or incurable illness" or a "chronic or incapacitating" condition to request help dying, thereby avoiding "intolerable suffering". This makes Spain the fourth European nation to decriminalise assisted suicide, alongside the Netherlands, Belgium and Luxembourg.

2. Netherlands

In Netherlands the only dedicated clinic providing euthanasia and assisted suicide, suspended all euthanasia procedures in mid-March 2020. Its statement concluded: “However bitter, euthanasia care cannot be identified as a top priority in healthcare.” Although no numbers are available yet, there are signs that even euthanasia provided by regular physicians has decreased in frequency.\(^{23}\)

3. Canada

The preamble to \textit{Bill-14} notes that ‘the Parliament of Canada recognizes the autonomy of persons who have a grievous and irremediable medical condition that causes them enduring and intolerable suffering and who wish to seek medical assistance in dying’. Autonomy is thus a central consideration for legalizing MAiD. In Canada, health authorities said that MAiD (Medical Aid in Dying) is being cut back along with other “elective services.” Two areas in Ontario suspended the provision of assisted dying for the same reasons. British Columbia and Nova Scotia temporarily amended some of their MAiD rules in a bid to expose fewer health-care professionals to the risk of becoming infected with the coronavirus (Grant 2020).

4. The UK

People travelling abroad for the purpose of assisted dying will not be breaking coronavirus travel rules, the health secretary has said. New lockdown rules in England place restrictions on leaving home without a reasonable excuse. But seeking an assisted death abroad counted as a reasonable excuse.

\(^{22}\) (AFP, 2021)
\(^{23}\) (Boer, 2021)
5. Italy

The COVID-19 pandemic has shocked the Italian health system forcing physicians to define criteria for the admission or exclusion of patients to intensive care treatments, in case of a disproportion between the health resources available and those deemed necessary. At the same time with the judgment on 24/2/2019 the Italian Constitutional Court ruled out the responsibility, under specified conditions, for assisted suicide, admitting a legislation that allows this kind of practice. The thought that a high number of people could be deprived of the necessary healthcare due to lack of resources, urges the Italian State to discipline euthanasia and assisted suicide in order to offer patients - if not the protection of their right to health - at least the protection of their own dignity and freedom.

It may be too early to draw solid conclusions at this point, but the responses to the Covid-19 pandemic suggest that the need for assisted death is more abstract than practical, and more ideological than medical.

CONCLUSION & SUGGESTIONS

This research paper aims to see the impact of Covid-19 on euthanasia around the world. The purpose is not to analyse the whole impact of this pandemic. It is constructed and put the light on the situation and various circumstances of the people who need palliative care and demanding for passive euthanasia. And this pandemic exposed and crashed the overall medical sector of whole world specially a developing country like India where patients are already suffering and dying from the lack of medical efficiency and proper medical care. This is the time to measure the health crisis during this century pandemic and reasons behind encouraging the healthcare sector for supporting legalising passive or voluntarily euthanasia for the people who are already suffering from unbearable pain and hoping for peaceful and dignified death.

We should value the life but we should value the dignified and peaceful death also. The value of human life cannot be decided just by age, as it is about the quality-of-life which people deserve for fulfil the necessities of right to live. In current scenario it is important to understand the concept of euthanasia at social and economic level. It turns out to be widely

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24 (Ferrara, 2020)
applicable the right to die for the people who are suffering from the incurable physical and mental pain, waiting for the last day of their life by going through lots of pain diurnally.

The Covid-19 crisis has shown that the need for euthanasia and assisted suicide is abstract, not actual. The reality is that most people die in peace. Covid-19 brings the reality of death, the need for care and care of others into our living quarters, making reality the treasure of all life and the tragedy of all death. We perceive the human nature of the elderly and the disadvantaged. They are no longer the burden of being driven out of this world, but the victims of the terrible disease that everyone wants to conquer.²⁵ Today when writing this article, COVID-19, also known as the New Coronavirus, has wreaked havoc, leaving destruction, death, unemployment, economic instability, misery, insecurity, despair and fear of the new morning on its way along its path of worries. And perhaps most importantly, the question of who will be here if tomorrow remains. Now classified as a pandemic, this virus has caused more than 1,381,014 cases with 78,269 deaths worldwide.²⁶

The international pandemic state of affairs created with the aid of using COVID-19 leaves many questions open in regions as numerous as politics, economics, society and ethics. The shortage of fitness assets and the use that has been made of those with the aid of using a few governments increases the query of whether or not the distribution of fitness assets has been equitable, or whether or not the allocation of fitness assets trusted standards which include age. The gift work investigates whether or not the ones international locations or geographical regions wherein euthanasia is legalized, decriminalized or socially accepted, have observed selective rules proscribing get right of entry to healthcare with the aid of using the elderly, accordingly undermining what is understood as excellent of life.²⁷

²⁵ (Kevin Yuill, 2020)  
²⁶ (Davis, 2020)  
²⁷ (Mengual, 2021)