
REVISITING THE RIGHT TO DIE WITH DIGNITY: THE IMPACT OF COMMON CAUSE V. UNION OF INDIA ON EUTHANASIA LAW

Sayak Mukherjee & Saptarshi Samajder, LL.M., Amity Law School, Amity University,
Kolkata

ABSTRACT

The idea of the right to die with dignity is one of the most troubling expansions of the basic right to life enshrined in Article 21 of the Indian Constitution. The historic judgment of the Supreme Court in *Common Cause v. Union of India* (2018) was a constitutional acknowledgement of passive euthanasia and advanced medical directives, holding that the right to refuse life-sustaining medical treatment is a part of an individual's personal liberty and human dignity. This ruling revolutionized India's legal system by conjoining personal freedom and human dignity with decisions at the end of life.

Even with such recognition, the lack of specific legislation and the procedural constraints of the Court's initial guidelines narrowed practical application for passive euthanasia. Recognizing these weaknesses, the Supreme Court in 2023 reconsidered and streamlined the procedural framework, making living wills easier and medical decisions time-sensitive. Nevertheless, issues of ethical rationale, medical responsibility, and potential abuse continue to frame the debate of today.

This research critically analyzes the development of India's right to die with dignity and draws upon the constitutional, ethical, and social frameworks that shape the application of passive euthanasia. By examining the jurisprudence of precedents, comparative legal policies, and developing medical jurisprudence, the research aims to evaluate how far India has evolved towards reconciling the sanctity of life with the subject's control over death. The research eventually seeks to assess whether contemporary legal advances sufficiently protect both compassion and caution in the enforcement of this delicate right.

Keywords: Right to Die with Dignity, Passive Euthanasia, Article 21, Living Will, Advance Medical Directive, Human Dignity, Personal Liberty, Constitutional Morality, Judicial Interpretation, Medical Ethics, End-of-Life Decisions, Legal Reforms, Ethical Dilemmas, Indian Constitution.

Introduction

The constitutional right to life under Article 21 (Bakshi) of the Indian Constitution has evolved dynamically at the hands of the judiciary, from a promise of mere survival to a promise of a life of dignity and worth. Yet, the right to a "right to die with dignity" has been a subject of cudgel arguments from philosophy, ethics, and law for long. Euthanasia, and specifically passive euthanasia, is at the center of this debate, challenging the limits of state concern for saving life and personal autonomy over one's own body and pain.

The landmark verdict of the Supreme Court in *Common Cause v. Union of India* (2018) (*Common Cause (A Regd. Society) v. Union of India*) was a turning point recognizing the right to die with dignity as an intrinsic aspect of the right to life. Through authorizing passive euthanasia and confirming advanced medical directives or "living wills" under rigorous safeguards, the Court brought Indian constitutional jurisprudence into conformity with international trends in human rights stressing autonomy and dignity in dying. This forward-looking ruling filled the vacuum created by *Aruna Shanbaug v. Union of India* (2011) (*Aruna Ramachandra Shanbaug v. Union of India*), in which the Court had acknowledged passive euthanasia in principle but had not indicated on how to implement the same through legislation.

In recent times, the Supreme Court has further developed this framework so that it is more realistic and humane. In 2023, a Constitution Bench (*Common Cause (A Regd. Society) v. Union of India*, Supreme Court Constitution Bench) eased some of the procedural barriers enunciated in *Common Cause*, making it easier to attest and execute living wills and ensuring medical boards function within defined time periods. This development is an indication of the judiciary increasing awareness of the ground realities of terminal illness, medical ethics, and the desire for accessible end-of-life decision-making. The movement also reflects a wider social acknowledgment that the dignity embedded in life is to be followed through into the dying process.

In this context, the current study considers the constitutional, ethical, and socio-legal aspects of the right to die with dignity in India, with special reference to how *Common Cause* and subsequent judicial evolution have influenced the Indian response to passive euthanasia.

Background of the Study

The right to die with dignity has traditionally held a contested ground in Indian legal

imagination. Earlier judicial utterances, including *P. Rathinam v. Union of India* (1994) and *Gian Kaur v. State of Punjab* (1996), captured the judiciary's drama in acknowledging as well as denying the idea that Article 21 might include the right to die. The legal stance became firm only after the *Aruna Shanbaug* case, in which passive euthanasia was permitted subject to judicial supervision. However, the lack of statutory support made it ambiguous and uneven in its implementation.

The *Common Cause* judgment in 2018 altered this terrain by holding that a person's right to make informed decisions about his own medical care, including the withdrawal of life-sustaining treatment, constitutes a fundamental aspect of personal freedom and dignity under Article 21. The Court's norms initiated the idea of "living wills" and instituted elaborate procedural safeguards. But operational difficulties were soon evident, the process was said to be cumbersome, with several medical boards and judicial approvals creating delays.

Realizing these challenges, the Supreme Court in 2023 went back on its previous directives and streamlined the procedural framework, permitting attestation of living wills by gazetted officers or notaries instead of judicial magistrates, and stipulating time-bound orders by medical boards. This was a significant step towards making passive euthanasia an actual, not a theoretical, right in India.

Despite all this development, India continues to be devoid of the holistic law on euthanasia and end-of-life care. The judiciary's endeavors, though laudable, function in a void of statutory precision. Ethical issues, ignorance, and unequal access to healthcare continue to be stern challenges. Controversies also remain regarding the possible abuse of euthanasia in economically or socially disadvantaged situations, highlighting the necessity for a well-balanced and properly controlled legal apparatus.

Against this backdrop, this research seeks to investigate the manner in which the acknowledgment of the right to die with dignity, especially in the form of passive euthanasia, reflects the changing outlines of constitutional morality, individual autonomy, and state responsibility in contemporary India.

Statement of Problem

The legal recognition of passive euthanasia in *Common Cause v. Union of India* (2018) marked

a pivotal moment in affirming the right to die with dignity. However, its practical implementation has been limited due to procedural complexities, lack of clear statutory backing, and minimal public and institutional awareness. These challenges raise concerns about the effectiveness of the current legal framework and highlight the need for reforms to ensure ethical and accessible end-of-life care.

Significance of the Study

This study contributes to legal scholarship by critically analysing the judicial reasoning in *Common Cause v. Union of India* and evaluating its practical implications. It offers an in-depth assessment of the procedural and ethical challenges in implementing passive euthanasia in India. By identifying gaps in the current framework, the research proposes concrete legal and policy reforms. The study aims to aid lawmakers, medical professionals, and legal practitioners in strengthening the right to die with dignity and ensuring its effective, ethical, and accessible application.

Literature Review

The controversy regarding the right to die with dignity in India has traversed a chain of judicial interpretations and academic debates. Whether the right to life under Article 21 entailed the right to die first was raised for the first time in *P. Rathinam v. Union of India* (1994), in which the Supreme Court acknowledged such a right. But this was subsequently reversed in *Gian Kaur v. State of Punjab* (1996), which stated that Article 21 protects life but not the right to die, although it admitted that dying with dignity was a possibility where there was terminal illness.

The idea came to the forefront in *Aruna Ramachandra Shanbaug v. Union of India* (2011), when the Court permitted passive euthanasia subject to certain conditions and urged legislative intervention. Experts like Dasgupta (2012) noted that the ruling brought humanization to the euthanasia discourse by focusing on compassion rather than strict law.

There was a significant constitutional shift in the case of *Common Cause v. Union of India* (2018), in which the Supreme Court confirmed that the right to die with dignity is part of the right to life and acknowledged passive euthanasia and living wills. Singh (2019) interpreted this decision as a step towards an autonomy-based approach to medical ethics. Despite this, the guidelines were said to be too convoluted, requiring several medical boards and judicial

clearances (Rao & Mehta, 2020). To address these challenges, the Supreme Court in 2023 made the process simpler, relaxing attestation requirements and providing timelines for medical decisions (Indian Express, 2023).

Even with these developments, India does not yet have comprehensive euthanasia legislation. Chatterjee (2021) and Kumar (2022) stress that in the absence of statutory support, enforcement remains patchy and ethically problematic in a country where access to palliative care is poor. Comparative studies by Smith (2020) reveal that countries with well-defined legal frameworks such as the Netherlands and Belgium provide greater safeguards and accountability.

Overall, the current literature points out that although judicial protection of the right to die with dignity has improved considerably, its effective enforcement in India hinges upon legislative action, ethical control, and increased public awareness.

Judicial interpretations in the light of Euthanasia under Article 21 of the Indian Constitution.

- **Common Cause v. Union of India (2014)**- The Common Cause case in the Supreme Court of India was a significant milestone in the Indian legal systems regarding euthanasia and the right to die with dignity. Common Cause, which is an NGO, is the initiator of the case and requested the passive euthanasia to be legalized, as well as recognition of the so- called living wills or advance medical directives. The petitioners cited that according to Article 21 of the Indian Constitution, that recognizes the right to life with dignity, people also have the right to die with dignity, especially when it has to be terminal or in the irreversible coma where the continuation of life through medical intercession will be an unnecessary suffering. The ruling provides the law supporting terminally ill patients, such as the one in a Persistent Vegetative State (PVS), in developing an Advance Medical Directive, or living will, to harmonize the protection of life with personal autonomy on end-of-life decisions.

Apart from the landmark judgements of the Common Cause case there are many other judicial interpretations which talks about the Euthanasia in the light of Article 21 of the Indian Constitution.

- **Aruna Ramchandra Shanbaug v. Union of India (2011)**- Aruna Shanbaug is a nurse

at KEM Hospital in Mumbai who was brutally raped in 1973 leaving her in a persistent vegetative state since then, more than 37 years. The Court drew a difference between active euthanasia (illegal, and where the doctor intentionally seeks to terminate life) and passive euthanasia (removal of medical treatment) and permitted the latter, provided that the High Court had previously granted medical permission. This deed was a progressive interpretation of Article 21, the expansion of the concept of right to live to include a right to die with dignity, and it became the basis of subsequent acceptance of euthanasia in *Common Cause v. Union of India* (2018) in which right to die with dignity was fully realized as a fundamental right.

- **Gian Kaur v. State of Punjab (1996)**- The case was brought about by the conviction of Gian Kaur and her husband under Section 306 as individuals who were aiding in the suicide of their daughter-in-law Kulwant Kaur. The Court was categorical that neither Section 309 (attempt to commit suicide) nor Section 306 (abetment of suicide) was unconstitutional. The ruling made it clear that the right to die is not covered in the right to life guaranteed by Article 21. The right to life as understood entailed right to a dignified life until the end of nature. In addition, the Court made a distinction between 'euthanasia' and 'suicide' whereby it was not a matter of whether one was committing euthanasia (or the right to die with dignity) but rather of whether one was aiding suicide (Section 306). Thus, the police apprehended Gian Kaur and her husband were convicted, which confirmed the legal stance that attempting and abetting of suicide are offences under the Indian Penal Code.
- **Maruti Shripati Dubal v. State of Maharashtra (1986)**- The Maruti Shripati Dubal case is central to the discussion on euthanasia and the right to die in India especially as it pertained to the issue of constitutionality of the section 309 of the Indian Penal Code (IPC), which criminalized the attempt to commit suicide. The court justified that the right to life provided under Article 21 should also include the right to die or the right to commit suicide. It was arbitrary and inhuman to punish a person who attempted suicide, because of extreme mental or life distress (by Dubal, mentally ill police constable).
- **P. Rathinam v. Union of India (1994)** – The P. Rathinam was a solid case law in the Indian constitution where the Supreme Court questioned the constitutional status of Section 309 of the Indian Penal Code, which made attempted suicide a criminal offence.

The petitioners claimed that it was inhuman to punish people who were already in a state of mental distress. The court in this case declared that the right to life encompassed the right to die and hence declared that Section 309 of Indian Penal Code was unconstitutional because it infringed on the principle autonomy and dignity.

Cross- National Comparison

Euthanasia is often described as “Mercy Killing ” represents a very sensitive topic and most debated issues in contemporary legal and ethical discourse. It involves the deliberate act of ending a person's life to relieve unbearable suffering, raising profound questions about autonomy and dignity. Across the globe the nations adopted diverse approaches towards euthanasia – ranging from complete prohibition to conditional legalization under strict legal frameworks. Nations prohibiting euthanasia -:

1. United Kingdom

Deeply rooted in Christian moral tradition and court emphasize that life should not be taken intentionally.

Under the Suicide Act, 1961, Section 2(1) assisting suicide is punishable for up to 14 years of imprisonment (Suicide Act,1961). Active euthanasia is treated as Murder or Manslaughter under the Homicide Act, 1957.

The parliament has repeatedly rejected assisted Dying Bills (2006,2015,2021) (Lords, 2005). The British Medical Association historically opposed legalization of euthanasia, citing The Hippocratic Oath ^(Wales)

2. China

Traditional Chinese culture emphasizes piety and ending life intentionally viewed as Sin. Most of the citizens of China have shown strong moral hesitation towards the idea of euthanasia (Guo Liu, 2024).

The Government believes that the concept of euthanasia would conflict with socialist moral principles.

Legal position – Article 232, Criminal law of the people's republic of china (1997) states that intentional killing is homicide, regardless of motive (Criminal Law of the People's Republic of China, 1997). No legal and constitutional provisions permit euthanasia.

3. Japan

Japanese ethics emphasize harmony and non-interference with nature's course. There is no explicit statute in Japan but the concept of euthanasia can be prosecuted under Article 199, Penal Code (Homicide) (Penal Code, 1907). Some court precedents e.g., Nagoya High Court, 1962 recognized "Mercy Killing" is extremely narrow.

4. Pakistan

Life is sacred, and only Allah can decide death. Ending life intentionally is considered Haram. In Islam suffering is seen as a test of faith for the divine and interference between them is a huge Sin (Natt, 2025).

As per Pakistan legal part Section 299 – 311, Pakistan Penal Code (1860) (Pakistan Penal Code, 1860) criminalize intentional killing. Under Qisas and Diyat Law intentional killing even of oneself is punishable as murder. The Islamic Sharia Law prohibits taking life except by due legal process.

5. Ireland

Stonge Catholic traditions asserts that life is sacred from the conception to natural death. Ethical principles that intentional killing is not justifiable even to relieve suffering.

Criminal Law (Suicide) Act, 1993 – Decriminalize suicide but criminalize assistance in suicide or euthanasia (Criminal Suicide Act, 1993). Active euthanasia is considered as Murder under the law.

The Irish Medical Council's Ethical Guidelines clearly state that Physicians "must not take part in the deliberate killing of a patient". In 2002, the Dying with Dignity Bill was introduced with cross party backing; however. It failed to progress after a dail committee identified serious technical flaws safeguards to protect vulnerable individuals from the coercion (Ciaran Clarke, 2021).

Nations who Legalized Euthanasia (Countries Where Euthanasia is Legal 2025)

1. Netherlands

It is the first country to legalize euthanasia (2002). Dutch society places high value on individual self-determination and quality of life. A majority of citizens and medical professionals supported the right to die with dignity.

The termination of life on request and assisted suicide (review procedures) act, 2002 legalized both active euthanasia and physician assisted suicide (PAS) under strict conditions. To avail the right to die a patient must fulfill basic criteria –

= Patient must be suffering from unbearable pain with no scope of improvement.

= The request must be voluntary and well considered.

= At least one doctor must confirm the condition of the patient.

= Case must be reported to a regional review committee.

2. Belgium

Making euthanasia legal in the year 2002 for adults (making Belgium the 2nd country in EU after Netherlands) and in 2013 for children. Seen as compassion for those with terminal or chronic pain. Unlike many other countries Belgium also gave the right to die to the adults who are not facing imminent death, provided they are observed for one-month waiting observation. The law for children is more strict – they must have a terminal illness, in great pain and must understand what euthanasia means. Belgium is among the few countries who allow euthanasia to patients with mental or degenerative neurological conditions.

3. Switzerland

Switzerland has the most permissive law in the world. The law only forbids assistance motivated by selfish reasons, such as financial gain but otherwise permits individuals to receive help in ending their lives. Doctors prescribe lethal medications for patients to self-administer and there is no legal age restriction.

This right also extend to foreigners, giving rise to ‘Suicide Tourism’ where people from other nations travel to Switzerland to end their lives.

4. Australia

The approach to voluntary assisted dying (VAD) is shaped by each state’s own land and values. Between 2019 and 2022 all six Australian states voted to legalize euthanasia, with some laws taking in effect 2023. Although the details vary slightly, the general rules are consistent : a person must be an adult living in the state suffering from incurable illness which will cause death in 6 months or 12 months in case of neurodegenerative disease and they need reviews from two doctors at least.

5. Luxembourg

Luxembourg legalizes euthanasia in 2009, becoming the third country in the EU. Under the law, patients must be terminally ill and capable of making a voluntary decision regarding the euthanasia. The decision must be confirmed by two independent doctors and reviewed by panel of experts to ensure all legal and ethical requirements are met.

More countries like Canada, Spain , New Zealand and colombia etc also legalizes euthanasia.

Legal Perspective of India

The legal status of euthanasia in India has evolved gradually over the years, primarily through judicial interpretations. Traditionally, Indian law placed high value on the sanctity of life. Article 21 of the Constitution of India states the Right to Life and Personal Liberty, but does did includes “Right To Die” has created a major complex question, sparking both legal and ethical debates.

Under the **Bhartiya Nyaya Sanhita, 2023** suicide and any assisted suicide is criminalized. Section 103 of BNS, 2023 (Section 302 of IPC) penalize homicide, Section 105 of BNS,2023 (Section 105 of IPC) deals with Culpable Homicide not amounting to murder and Section 45 of BNS,2023 (Section 306 of IPC) makes abetment of suicide a punishable offence. Despite these strict laws the judiciary have recognised that under certain conditions individuals have right to die.

However, active euthanasia remains explicitly illegal in India only passive euthanasia is legal in India. The government has issued guidelines for euthanasia, but a clear law detailing procedures and safeguards is still lacking. The Supreme Court in its landmark judgement **Common Cause v. Union Of India 2018** has stated many guidelines for euthanasia. These guidelines were further refined in January 2023 to address practical challenges.

The living will – A person can prepare an advance directive to refuse life support in case of terminal illness or permanent coma.

Medical Boards – Two medical boards primary and secondary must review and approve the request.

Family Consent – Family members can also request withdrawal of life support if theirs is no living will

Judicial Oversight – The local magistrate must be informed before life support is withdrawn to prevent misuse.

Safeguards – the process ensures ethical checks and medical verification.

In **Aruna Ramachandra Shanbaug v. Union Of India 2011** the supreme court rejected the request of active euthanasia and permitted passive euthanasia under strict judicial supervision, allowing the life withdrawal in case of terminal illness or irreversible coma. (Singh, 2025)

In India there is no specific or comprehensive legislation governing euthanasia. As a result most of the cases relating euthanasia are guided by the landmark judgements and precedents laid by the Courts Of India.

Research Objectives

- i) To examine the jurisprudential reasoning and construction of constitution in 'Common Cause v Union of India', against the larger scope of Article 21.
- ii) To analyze critically, the procedural processes laid down by the Supreme Court on passive euthanasia and advance directives.
- iii) The ethical dilemmas and human rights principles within end-of-life decision- making: an

Australian focus.

iv) To evaluate the divide between judicially acclaimed and practically enforceable right to die with dignity in India.

v) To analyse Indian legal trends on a backdrop of the international euthanasia models to formulate best practices.

vi) To recommend legislative and policy changes to ensure that passive euthanasia is morally, medically, and legally acceptable.

Research Questions

i) Whether the juristic concept of Article 21 has developed to recognise and protect the right of dying person to die with dignity as a part of the fundamental right guaranteed under Article 21 of the Constitution?

ii) What are the legal and constitutional underpinnings of the ruling of the Supreme Court in *Common Cause v. Union Of India* (2018)?

iii) How does the judgment balance individual autonomy vis-À-vis the State's obligation of protecting life?

iv) What are the technical obstacles at procedural and institutional levels in installing passive euthanasia and advance medical directives in India?

v) What can be learned from how other comparable jurisdictions (like the Netherlands, Canada and UK) regulate euthanasia or assisted dying in India?

vi) What laws and policies should change to get that right balance between ethical protections and access to end-of-life options?

Research Gap

i) The study is restricted to passive euthanasia and advance medical directives, as accepted in the decision of *Common Cause* (2018). It is not about active euthanasia or assisted suicide because both remain illegal under Indian law.

ii) The focus of the work is constitutional and doctrinal, with a stress on legal opinion, ethical discussion, and comparative law approaches rather than medico-empirical information.

iii) The time frame is predominantly from *Aruna Shanbaug v. Union of India* (2011) to the post- Common Cause, and significant events up to 2024 were considered.

Research Methodology

Nature of Research: This study adopts a **Doctrinal Research Methodology**, focusing on an analytical and interpretative approach to existing legal materials, statutes, and judicial decisions.

Types of Research:

- **Qualitative and Analytical**, aimed at conceptual and normative understanding of legal principles.
- **Descriptive**, in analyzing judicial precedents and constitutional provisions.
- **Comparative**, in contrasting Indian jurisprudence with select foreign jurisdictions.

Recommendation

The Government of India is also advised to enact euthanasia law covering passive euthanasia and living will. This law should explicitly specify about the qualifying factors, the procedures and checks in place to prevent misuse, and at the same time safeguard some degree of autonomy and dignity for terminally suffering patients. We need to make the creation and implementation of living wills easier and more uniform in every state, less time-consuming and easier applied in practical medical situations. District and State-level independent medical/ethical committees should be set-up to monitor such cases and ensure transparency and accountability.

It is necessary to conduct public awareness and training programmes for medical personnel, lawyers, and the community, to build a greater understanding of the legal and ethical aspects of euthanasia. One obvious possibility is to enmesh euthanasia policy within palliative and hospice care attempts to deliver professional services so nobody feels compelled to opt for death because of inadequate medical support. And India must look up to countries such as the Netherlands, Belgium and Canada that have regulated euthanasia through well-constructed

laws with robust ethical and medical safeguards. These would be the first in steps that will enable India to adopt a humane, ethical and legally sound system for implementing right to die with dignity as an integral part of right to life under Article 21.

The next reader should bring to this material an open and critical attitude, thinking not only about the legal development of the right to die with dignity but also the ethical, medical and human dimensions. Even though the courts have taken laudable steps in this regard including cases such as *Common Cause v Union of India* (2018), it is for future generations to make a critical inquiry of how these principles are put into practice and whether, in fact they advance the cause of human dignity. Readers could also look at the case for legislation and international models where compassion is matched with control. This work urges the next reader to take the conversation forward to explore how law, medicine and ethics may collaborate in seeking an enabling discourse for a humane and just end-of-life decision making, particularly in India.

Conclusion:

The Indian legal position on euthanasia, including the right to die with dignity, has developed along a winding judicial path under Article 21 of the Constitution. Starting from the early cases such as *Maruti Shripati Dubal v. State of Maharashtra* (1986) and *P. Rathinam v. Union of India* (1994), which acknowledged the Right to Die, to *Gian Kaur v. State of Punjab* (1996) which struck down that very possibility and mental evolution reached a logical culmination with *Aruna Shanbaug v. Union of India* (2011) and culminated an existential reasoning in *Common Cause v. Union of India* (2018). *Common Cause* decision constitutionalized the right to die with dignity as a part of life, hence legalizing passive euthanasia and accepting advance medical directives (living will) as an instrument of individual autonomy.

But despite this judicial recognition, the lack of comprehensive legislation still constrains a meaningful realisation of this right. Procedural challenges, ethical dilemmas, access to knowledge and institutional reluctance continue to be barriers. Reforms brought about in 2023 by India's Supreme Court have removed procedural complications, yet the country lacks a comprehensive statutory framework to regulate with clarity and accountability end-of-life care.

Comparison with other countries such as the Netherlands, Belgium, and Canada. Based on a comparison between those international jurisdictions, where euthanasia is regulated in explicit legislation, it can be concluded that these formally legal rules lead to more legal certainty and

ethical review in balance with medical responsibility. Though praiseworthy, the modern Indian approach of depending on judicial guidelines is not proactive enough for uniform nationwide enforcement.

In a nutshell, though Indian jurisprudence has been successful in the elevation of the right to die with dignity as a part and parcel of Article 21 clause (e), its enforcement necessitates legislation. A separate euthanasia law should have in-built ethical safeguards, medical norms, and a clear road map. This is the only way that India can strike a balance between the sanctity of life and individual autonomy, by knowing that dignity relates not just to life itself but also to dying.

Bibliography

Aruna Ramachandra Shanbaug v. Union of India. No. W.P. (Cr.) No. 115 of 2009. SCC. 2011.

Bakshi, P.M. The Constitution of India. Universal Law Publishing Company, 2013.

Common Cause (A Regd. Society) v. Union of India. No. 215 of 2005. SCC. 2018.

Common Cause (A Regd. Society) v. Union of India, Supreme Court Constitution Bench. SCC. 2023 clarification on Common Cause.

Suicide Act, 1961. (n.d.)

<https://www.legislation.gov.uk/ukpga/Eliz2/9-10/60/section/2A>

Lords, H. o. (2005). Assisted Dying for the Terminal Ill Bill. London: the Authority of the House of Lords

<https://publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86ii.pdf>

Wales, T. V. (n.d.). What about the Hippocratic Oath?
<https://share.google/3vCc7EvxLoqgtLObP>

Guo Liu, K. L. (2024). Ethical dilemmas and legal ambiguity in China: a chain mediation model linking suicide rumination, legitimization, and acceptance among acutely-ill adults

<https://share.google/E2scqHQB1BZaDPsID>

Criminal Law of the People's Republic of China. (1997).

<https://share.google/0J0d4jEVwOS7iwglJ>

Penal Code, 1907. (n.d.).

https://sherloc.unodc.org/cld/uploads/res/document/jpn/1907/penal_code_html/Penal_Code_of_Japan.pdf

Natt, Z. E. (2025). Euthanasia: An Islamic, Ethical, and Medical Perspective.

<https://zenodo.org/records/17336284>

Pakistan Penal Code. (1860).

<https://www.wipo.int/wipolex/en/legislation/details/8573>

Criminal Suicide Act. (1993).

<https://www.irishstatutebook.ie/eli/1993/act/11/enacted/en/print.html>

Ciaran Clarke, M. C. (2021). The debate about physician assisted suicide and euthanasia in Ireland – Implications for psychiatry. *International Journal of Law and Psychiatry*.

[https://www.sciencedirect.com/science/article/pii/S0160252721000765#:~:text=Euthanasia%20is%20illegal%20in%20Ireland,courts%20\(Oireachtas%2C%202021\)](https://www.sciencedirect.com/science/article/pii/S0160252721000765#:~:text=Euthanasia%20is%20illegal%20in%20Ireland,courts%20(Oireachtas%2C%202021))

Countries Where Euthanasia is Legal 2025. (n.d.).

<https://worldpopulationreview.com/country-rankings/where-is-euthanasia-legal>

SINGH, D. R. (2025). EUTHANASIA IN INDIA-A CRITICAL EXAMINATION OF ITS LEGAL AND . *INDIAN JOURNAL OF LEGAL REVIEW*.

<https://ijlr.iledu.in/wp-content/uploads/2025/03/V5I192.pdf>