THE RIGHT TO DIE WITH DIGNITY: A JURISPRUDENTIAL ANALYSIS OF ACTIVE EUTHANASIA

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ABSTRACT

This paper advocates for the legalization of active voluntary euthanasia in India. The paper provides a comparative insight into the current legal scenario regarding euthanasia globally, focusing mainly on the Indian perspective. This includes discussion regarding global euthanasia laws, relevant cases and judgements, and ideologies of medical and legal professionals. It tries to settle the age-old debate on mercy killing drawing from the historical perspectives regarding euthanasia to the postmodern pro-euthanasia laws. After reading this paper, the reader should be able to understand the differences between euthanasia and suicide as a whole, along with the various types of euthanasia and the legal questionnaire that arise out of it. This article mainly focuses on why active voluntary euthanasia is the better option in comparison to passive euthanasia, and why, given the current medico-legal scenario, India should legalize the process of active voluntary euthanasia, providing the patient actual will over their life and death, preserving the right to die a dignified death as provided under Article 21 of the Indian Constitution.

INTRODUCTION

Euthanasia is not a modern concept; it is an age-old concept debated over and over by scholars, philosophers, medical professionals, and legal professionals alike. The word itself arises from the Greek word '*euthanatos*', where '*eu*' means 'good' and '*thanatos*' means 'death', so it literally translates to "a good death". The term *Euthanasia* was coined by the English philosopher and statesman Sir Francis Bacon in the early 17th Century.[1]According to the House of Lords Select Committee on Medical Ethics,[2] the definition of euthanasia is "a deliberate interference undertaken with the express intention of ending a life, to relieve intractable pains and agonies".

Euthanasia can be generally segregated into various categories, like Active and Passive Euthanasia, Voluntary and Involuntary Euthanasia, and Direct and Indirect Euthanasia. The concepts of suicide and assisted suicide are closely related to euthanasia.

Active Euthanasia refers to the process where a patient in suffering, voluntarily asks for medically assisted death (by means such as lethal injections, or fast-acting barbiturates) to end their life before naturally occurring death, seeking this process as a means of seeking relief from their terminal and incurable disease and suffering. Whereas Passive Euthanasia is the process where, on the request of the patient, lifesaving treatments like Cardiopulmonary Resuscitation are withheld, or necessary medical processes like nasopharyngeal feeding tubes are withdrawn, leading to the death of the patient. Currently, the legal scenario of India permits the usage of passive euthanasia under very strict guidelines, while active euthanasia is still barred from usage.

Indirect Euthanasia refers to an action that is primarily intended to relieve suffering or benefit the patient in some way, but which has the potential side effect of hastening death. A common example of indirect euthanasia is the administration of large doses of intravenous morphine injections to a terminally ill patient in unbearable pain. By contrast, direct euthanasia is an act in which the death of the patient is the primary goal. In such cases, a lethal dose of medication is provided to the patient knowingly with the intention of causing a swift and painless death.

Voluntary and Involuntary euthanasia are differentiated by the wishes and consent of the

[1]N.M. Harris, *The Euthanasia Debate*, 147 J.R. Army Med. Corps 367, 367-70 (2001).

[2]H.L., *Report of the Select Committee on Medical Ethics*, HL Paper 21 (U.K. 1994).

patient pleading for euthanasia. In the case of Involuntary Euthanasia (like infanticide, and killing of unconscious people who have not provided any consent beforehand), even when undertaken for medical purposes, keeping merciful intentions in mind to provide relief to the patient from terminal suffering, no consent from the patient is obtained. In contrast, voluntary euthanasia, the patient actively pleads for a medically assisted death as a means of escaping incurable and excruciating suffering.

Even though the processes of euthanasia and suicide both share the same goal to cause the death of an individual before their natural death, there are stark differences between the two. Euthanasia is backed by medical professionals and provided in cases where the patient is in a state of incurable and terminal suffering with no hopes of recovery; in such cases, euthanasia is provided as a sort of "merciful death" to the individual. In the case of suicide, the individual causes their own death without any underlying medical cause. Assisted suicide is the scenario where another person is involved in providing the victim with the means of suicide, or causes abetment to suicide.

India has always frowned upon the ideas of hastening death, considering life as not just mere existence, but rather a sacred entity and a gift from God. Providing euthanasia has been argued as a means of going against the divine judgment and nature, tarnishing the sanctity of human life.

But in cases like that of Vijayshankar Pandey, an impoverished farmer from Uttar Pradesh who was terminally suffering from AIDs. Despite this, he was forced to live after the President of India turned down his request for a merciful death, compelling him to continue

a life of suffering and terminal agony, alongside aggravated financial struggles due to the extreme costs of continuous treatment, forcing him to lose most of his farmlands and means of livelihood. Similarly, in 2004, K. Venkatesh, a former national chess champion battling with Duchenne's Muscular Dystrophy, an incurable, progressive genetic condition that leads to muscle degeneration, pleaded to the Andhra Pradesh High Court for medically assisted euthanasia.[3] His pleas were rejected because euthanasia or mercy killing is illegal in India.

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[3]Prafulla Das, *Venkatesh is Gone, but His Struggle Lives*, Times of India (India), Dec.17,2004, https://timesofindia.indiatimes.com/india/venkatesh-is-gone-but-his-struggle-lives/articleshow/963064.cms.

In cases cited above, if active euthanasia had been provided, it could have saved them both from terminal, incurable, and excruciating suffering. Rather, they were forced to continue living in abhorrent conditions merely on the belief that life is sacred and euthanasia goes against the ideals of divine will.

HISTORICAL PERSPECTIVE

The debate on euthanasia is not a new concept, but one that has been going on for generations. But, given the unprecedented and groundbreaking advancements in the medical fields, providing an easy and merciful death as a means of ending terminal suffering is now easier and more effective than ever. This has brought forward a new wave of challenges, aiming to stretch the boundaries of what is ethically and socially acceptable, especially regarding the treatment of terminal medical conditions.

Discussion about euthanasia has spanned throughout the panorama of human history. From tales of primitive tribes like the Inuit, who abandoned their "hopelessly ill or useless elders" on the tundra,[4] to the ancient Greek and Roman thinkers who argued against euthanasia and suicide.[5],[6] Followers of Pythagoras were unconditionally against euthanasia, while Plato modified their view to permit voluntary and direct medical killing of the incurably ill or disabled. The Stoics supported the individual's decision for rational suicide or assent to euthanasia, especially when faced with the cruelties of disease. Finally, the Oath of Hippocrates ("I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect") is clear enough on the surface, though its meaning is still the subject of scholarly debate. Later thinkers arising in the 16th century, like Sir Thomas More, advocated for a painless exit from life in his speculative work "*Utopia*".[7]

While Christian ideals continued to dominate European thought regarding euthanasia, suicide, and assisted suicide through the 19th century. In modern times, a newly awakened interest in individualism, freedom, and the power of reason gave rise to a new wave of pro-euthanasia and pro-suicide arguments and sentiments from philosophers and essayists such as Francis Bacon (16th century), John Donne (17th century), Jean Jacques Rousseau (18th century), and

[4]Derek Humphrey & Ann Wickett, *The Right to Die: Understanding Euthanasia* (Harper & Row 1986).
[5]Baruch A. Brody ed., *Suicide and Euthanasia: Historical and Contemporary Themes* 9-38 (Kluwer Academic Publishers 1989).
[6]Paul Carrick, *Medical Ethics in Antiquity* 143-48 (D. Reidel Publishing 1985).
[7] Humphrey & Wickett, *supra* note 4.

Friedrich Nietzsche (19th century).[8]

With the onset of World War II, discussions arose about the use of narcotic painkillers and anesthesia for excruciating pain and the moral obligation to use any means available for sustaining human life. The Roman Catholic Pope Pius XII gave a verdict in 1957, distinguishing the obligations to use “ordinary” and “extraordinary” means to promote life, providing permission to use medicine intended for the treatment of pain, even if the relief leads to the shortening of life.[9]

With the increased medical and technological advancements since the latter half of the 20th century, declining mortality rates and longer life expectancy, heightened awareness and commercialization of health, paired with the ever-increasing frequency of chronic and degenerative disorders, the question of the legalization of euthanasia is more relevant than in any period of history before.

OPINION OF MEDICAL ASSOCIATIONS REGARDING EUTHANASIA

Medical Associations around the world have a varied spectrum of opinions regarding the morality and legality of providing euthanasia; some organizations allow it under strict guidelines, while others are strictly against the concept of mercy killing. The oath of Asaph (7th century) is similar to the oath of Hippocrates in the opinion that a physician promises to “kill not any man”. After taking the oath, physicians stand divided on whether to abide by the words of the oath or to show compassion and humanity towards the struggles of a patient.

The opinions of various global medical associations are listed below:

The American Medical Association

A report issued by the American Medical Association’s Council on Ethical and Judicial Affairs in 1988 reaffirmed its stance on opposing intentionally caused death of a patient. The report stated:

"What is termed 'active euthanasia' is a euphemism for the intentional killing of a person; this is not part of the practice of medicine, with or without the consent of a patient. Legally, a person

[8] *Id*.
[9] Pius XII, *The Pope Speaks*, 4 The Pope Speaks 393 (1958).

who kills another person under these circumstances is guilty of homicide. A motive of mercy is not a defense."[10]

Earlier, the Council issued an opinion on withholding or withdrawing of life-prolonging medical treatment. The Council's views on passive and indirect euthanasia were:

"For humane reasons with informed consent, a physician may do what is medically necessary to alleviate severe pain or cease or omit treatment to permit a terminally ill patient whose death is imminent to die. However, he should not intentionally cause death." In addition, "the Council on Ethical and Judicial Affairs believes that the withholding or withdrawing of life-prolonging medical treatment or the alleviation of severe pain in a terminally ill or irreversibly comatose patient should not be characterized as euthanasia. The intention is to relieve the patient of the burden of treatment or suffering, not to kill the patient."[11]

After due deliberation and extensive reviews, the American Medical Association, along with the House of Delegates, in 2016-2018 asked the Council of Ethical and Judicial Affairs (CEJA) to "study the issue of aid in dying with consideration of data collected from the states that currently authorize aid-in-dying, and input from some of the physicians who have provided medical aid-in-dying to qualified patients. CEJA was further asked to consider the need to distinguish between "physician-assisted suicide" and "aid in dying."[12]

Reflecting on these issues, the CEJA recognized that thoughtful and morally admirable individuals held diverging but deeply held and well-considered perspectives about physically assisted suicide. But, CEJA interprets that existing guidance in the AMA Code of Medical

Ethics encompasses the irreducible moral tension at stake for physicians with respect to participating in assisted suicide. Thus, the AMA and CEJA held firm to their beliefs and recommended that the Code of Medical Ethics not be amended.

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[10]Council on Ethical & Judicial Affairs of the American Medical Ass'n, *Euthanasia: Report C (A-88)* 1 (AMA Council Report, Am. Medical Ass'n 1988).

[11]Council on Ethical & Judicial Affairs of the Am. Medical Ass'n, *Current Opinions: Withholding or Withdrawing Life- Prolonging Treatment* (Am. Medical Ass'n 1986).

[12] Council on Ethical & Judicial Affairs, *Appropriate Use of Direct-to-Consumer Advertising*, CEJA Report 2-A-19 (Am. Medical Ass'n 2019), https://www.ama-assn.org/system/files/2019-05/a19-ceja2.pdf (last visited Apr. 28, 2026).

The British Medical Association

The British Medical Association (BMA) addressed its opposite views on active euthanasia in the year 1988 in a report by its Working Party, which follows as:

“Patients have the right to decline treatment, but do not have the right to demand treatment which the doctor cannot in conscience provide. An active intervention by a doctor to terminate a patient's life is just such a treatment. Patients cannot and should not be able to require their doctors to collaborate in their death. If the patient does make such a request, there should be a presumption that the doctor will not agree."

"An active intervention by anybody to terminate another person's life should remain illegal. Neither doctors nor any other occupational group should be placed in a category which lessens their responsibility for their actions."

"Any doctor compelled by their conscience to intervene to end a person's life will do so prepared to face the closest scrutiny of this action that the law might wish to make and the law should not be changed—the deliberate taking of a human life should remain a crime. This rejection of a change in the law to permit doctors to intervene to end a person's life is not just a subordination of individual well-being to social policy, it is instead an affirmation of the supreme value of the individual, no matter how worthless or hopeless that individual may feel."[13]

During the annual policy-making conference (the Annual Representative Meeting (ARM)) the British Medical Association (BMA), which consists of a body of doctors and medical students from across the UK and Crown Dependencies, held a wide range of views on physician-assisted dying. The committee then voted to adopt a neutral position on whether the law should be changed to permit physician-assisted dying; this signifies their stance to neither support nor oppose any change in the law regarding physician-assisted dying.[14]

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[13]Working Party to Review the British Medical Association’s Guidance on Euthanasia, *Euthanasia* (Brit. Medical Ass’n 1988).

[14] British Medical Ass’n, *Assisted Dying Bill: Legislative Council* (Dec. 2024), https://www.bma.org.uk/media/hk2ikh2g/bma-briefing-assisted-dying-bill-leg-council-dec-2024.pdf (last visited Apr.28, 2026).

Other Medical Associations

The aforementioned BMA report of 1988 also presented the stance of various medical associations from Europe and Australasia. The majority of these associations opposed the practice of active euthanasia, while permitting the withdrawal or withholding of life-sustaining treatments to alleviate the suffering of terminally ill patients. Notably, the Dutch association stands out as the only one that sanctioned both active and passive euthanasia.[15]

Since 1973, the Royal Dutch Medical Association (KNMG) has expressed its views on euthanasia, indicating that although active euthanasia remains illegal in the Netherlands and carries a penalty of up to 12 years in prison, a physician will not face prosecution for conducting euthanasia if specific precautions are adhered to, as per verbal agreements between the Justice Department and the Medical Association.[15,16] These precautions include: the request for euthanasia must be entirely voluntary from an informed patient, meaning the decision is made freely and without coercion; both the physician and the patient must have a clear understanding of the medical situation and prognosis; discussions regarding euthanasia must occur in private to prevent any form of pressure; the request must be both explicit

persistent; the patient must provide a written request for euthanasia; the motivations for euthanasia must be thoroughly examined and should not include, depression, societal or familial pressures, or pain; the patient must be allowed time to contemplate the decision; and the physician must seek the opinions of other colleagues, who must agree with the decision to proceed with euthanasia. The KNMG underscores that euthanasia can only be conducted at the patient's request; otherwise, it constitutes homicide.

The World Health Organization

The World Health Organization has also made efforts to tackle life-and-death issues, including euthanasia. It assembled an Ethics Working Group, which presented a report containing the following neutral conclusions:

"Assisting patients in achieving a timely and dignified death should take precedence over merely prolonging life, as patients possess the right to receive and health care officials have a

[15]Royal Netherlands Society for the Promotion of Medicine and Recovery et al., *Guidelines for Euthanasia*, translated by W. Lagerwey,3 Issues L. Med.429 (1988).
[16]M.H.N. Driesse et al., *Euthanasia and the Law in the Netherlands*, 3 Issues L. Med 385 (1988).

duty to provide [adequate treatment] for pain. Nations ought to reassess their laws to remove legal barriers to the provision of adequate pain relief. Research should be conducted to evaluate the frequency [of] and identify the reasons behind patients' requests for the termination of their lives, and in light of our acknowledgment that we, as a working group, cannot endorse or oppose euthanasia, countries should form suitable task forces to examine the matter of active euthanasia."[17]

In a report published by WHO on the 5th of August, 2020, they strongly advocated for providing palliative care to terminally ill patients.[18]

ARGUMENTS SUPPORTING THE DECRIMINALIZATION OF ACTIVE EUTHANASIA IN INDIA

The current legal scenario of India puts active euthanasia under the purview of law as a criminal offence under Section 107 (Abetting suicide of a minor or mentally ill person) [19]and Section 108 (Abetting Suicide)[20] of BNS (Bharatiya Nyaya Sanhita).

Article 21: Does the right to live include the right to die?

Article 19 of the Constitution of India[21] does not just provide an individual the right to freedom of speech, but also gives them the right to withhold their words and choose not to speak. Similarly, Article 21[22] does not just guarantee the right to a dignified life but also the right to choose a dignified death.

In the case of *Maruti Shripati Dubal v. State of Maharashtra*, (1987) 1 BCR 499,[23] the Bombay High Court looked at the unconstitutionality of Section 309 of the Indian Penal Code (IPC), which classified suicide as a crime. The court upheld that the right to die is a part of the right to live under Article 21. Article 21 of the Constitution of India does not merely grant the right to life but also the right to "a dignified life"; terminally ill patients who are under extreme

[17] D.J. Roy, *Ethical Issues in the Treatment of Cancer Patients*, 67 Bulletin of the World Health Organization 341 (1989).
[18] World Health Organization, *Palliative Care* (Fact Sheet, Aug.5, 2020), https://www.who.int/news-room/fact-sheets/detail/palliative-care (last visited Apr.28,2026).
[19] Bharatiya Nyaya Sanhita § 107 (2023).
[20] Bharatiya Nyaya Sanhita § 108 (2023).
[21] The Constitution of India art.19 (1950).
[22] The Constitution of India art. 21 (1950).
[23] Maruti Shripati Dubal v. State of Maharashtra, (1987) 1 BCR 499.

suffering and are in a state of constant, and incurable pain and suffering should be allowed the right to choose active voluntary euthanasia, giving them the choice to choose a dignified and painless death over an undignified life of suffering.

In a significant ruling, *Common Cause (A Regd. Society) v. Union of India & Another,* (2018) 5 SCC 1,[24] delivered on 9th March 2018, the Supreme Court of India ruled that an individual in a persistent vegetative state has the right to choose passive euthanasia, and that a person may create a living will to decline medical treatment in the event of a terminal illness. In its ruling, the Supreme Court stated that the right to die with dignity is an inherent aspect of the right to life as per Article 21 of the Constitution of India. Article 21 recognizes dignity as its core principle, thereby granting every person the right to determine their acceptance of medical treatment in the event of a terminal condition. The entitlement to live with dignity encompasses the autonomy regarding the dying process and the choice to avoid pain and suffering.

Referring to the above judgment, it can be argued that a terminally ill person with a benchmark disability, and deemed incurable by a panel of doctors, should be given the right to choose active voluntary euthanasia, and the right to a dignified death should not be withheld from them, just based on them being conscious and not in a vegetative state. They should be given the right to choose active euthanasia in cases where removal of life support does not kill them but merely makes them survive in an inhumane way.

The right to a good death: International Purview

As per Article 1 of the Universal Declaration of Human Rights (UDHR), "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."[25] Hence, making dignity not an option but rather an indispensable fundamental right of human existence. So, it goes without saying that a person must have the right to choose a dignified and easy death over a lifetime of suffering.

Articles 7 and 18 of the International Covenant on Civil and Political Rights (ICCPR) protect the foundational human rights, giving the right to freedom from torture and the right to freedom

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[24] Common Cause (A Regd. Society) v. Union of India, (2018) 5 SCC 1.
[25] Universal Declaration of Human Rights art.1, G.A.Res.217 A (III), U.N. Doc. A/RES/217 (III) (Dec.10, 1948).

of thought, conscience, and religion, respectively. Article 7 of ICCPR accounts for the absolute prohibition from torture, guaranteeing respite from cruel, inhuman, or degrading treatment or punishment, and it also prohibits medical or scientific experimentation without free consent.[26] Thus, Article 7 advocates for an individual's right to choose active voluntary euthanasia instead of suffering from terminal and incurable illnesses.

Article 18 of ICCPR gives an individual the right to freedom of thought and conscience, [27]therefore providing them with the indispensable right to make conscious decisions over their life and death, providing the right to voluntarily choose active medical assistance in dying.

Under Article 3 of the European Convention on Human Rights (ECHR), every individual is provided an absolute right to protect them from torture, inhuman or degrading treatment or unfair punishment. This prohibition applies absolutely without any exception under any circumstances. Therefore, providing individuals the right to refuse experimental treatments to prolong their survival.[28]

Quality of life

While people may argue that human life is sacred and killing a person is morally wrong, these views are shortsighted and fail to take in consideration the complex issues which arise when a patient is irredeemably ill and would consciously choose a painless death over continuing to suffer. When a patient reaches a point where his physical abilities are limited to such an extent that it keeps them from deriving pleasure from anything around them, or to feel anything around them, or to prevent them from simply taking care of their own basic needs for survival, it becomes appropriate to evaluate a patient’s life and to decide if they have anything to gain by continuing to live and suffer. People need to accept the view that "death is not an absolute evil to be avoided at all costs and in all circumstances, and life is not an absolute good to be maintained and preserved at all costs.” ,[29] accepting this idea is the first step towards understanding and sympathizing with the feelings of a suffering, terminally ill patient who sees no value in merely surviving a painful life. "Because human life is sacred, a person should not be degraded by being required to endure prolonged, useless suffering...while waiting for

[26] International Covenant on Civil and Political Rights art.7, Dec.16,1966,999 U.N.T.S. 171.
[27] International Covenant on Civil and Political Rights art.18, Dec.16, 1966, 999 U.N.T.S. 171.
[28] Convention for the Protection of Human Rights and Fundamental Freedoms art.3, as amended, Nov.4, 1950, E.T.S. No. 005 (European Convention on Human Rights).
[29] Richard M. Gula, *What are They Saying About Euthanasia?* (Paulist Press 1986).

physiological death."[30] To preserve the sanctity of human life, a person should be given the choice to appeal for medically assisted death rather than continuing a life of suffering.

Beneficence

Beneficence is a principle that justifies active euthanasia by requiring the doctor or healthcare provider to act in ways that best promote the welfare of their patients.[31]While some may argue that beneficence requires a doctor to preserve life no matter what the cost, others assert that a patient's interests are best served by a doctor who respects the patient's autonomy and sympathizes with their pain and suffering, and is willing to take any steps necessary to alleviate the patient's suffering. In case of a terminally ill patient where death is imminent and unavoidable, the most helpful act would be to end the patient's life mercifully if the patient is suffering uncontrollable pain and is begging for an end to their life. While keeping the patient alive in these scenarios achieves nothing except prolonging the pain and suffering of the patient, the latter allows the doctor to fulfil their obligations of beneficence by making their inevitable death a little easier.

Justice

The principle of justice, can be thought of as expressing "fair, equitable, and appropriate treatment in light of what is due or owed to persons."[32] In regards to existing laws against active voluntary euthanasia, many people see it as unjust that a patient in pain is denied the chance for an easy death, and is rather made to suffer longer because of legal constraints. Laws against medically-assisted death seem unjust not just to the person suffering from the illness, but also people in their vicinity, putting financial and emotional strain on family and caregivers, and preventing doctors from performing the necessary actions who consider relieving the patient's pain as their primary duty.

ARGUMENTS AGAINST ACTIVE EUTHANASIA

While the provisions for legalizing active voluntary euthanasia might sound like a merciful verdict, making way for an easy and painless death in terminally ill patients, it gives rise to a

[30] E. Christian Kopff, *Ethical Justifications for Voluntary Active Euthanasia,* 2(2) Rich. J.L.& Pub.Int.1 (1997).
[31] Tom L. Beauchamp & James F. Childress, *Principles of Biomedical Ethics* 259 (4th ed., Oxford Univ. Press 1994).
[32] Tom L. Beauchamp & James F Childress, *Principles of Biomedical Ethics* (8th ed., Oxford Univ. Press 2019).

spectrum of moral dilemmas. As of this day, although the Indian legal scenario allows for passive euthanasia under strict conditions, active voluntary euthanasia remains barred from usage. The ethical arguments that arise are:

Potential for misuse and abuse

Even if euthanasia might be an appropriate option for certain individuals, the introduction of it on a large scale might lead to unprecedented consequences. The right to choose active voluntary euthanasia might lead to the compulsion and duty of the healthcare providers to abide by.

The scale of potential abuse remains uncharted, as in place of a means of mercy for the patient, it can be used as a means of disposing of responsibilities on behalf of the caregivers. The weakest and most vulnerable part of society (e.g., the aged, handicapped, and poor) have the most chances of being abused by the legalization of this process.

Patients lacking the capacity to provide consent would be at the "mercy" of their kin, whose judgments would lead to irreversible outcomes. Patients can also be emotionally coerced into choosing euthanasia, persuading them to feel obligated to die before time and relieve their family from financial and emotional distress.

Financial gain and malicious interests against the patient for the sake of potential gain to the living relatives might lead to people being emotionally manipulated into choosing euthanasia.

A small beginning might lead to an irreversible damage to the society.

Euthanasia cannot be an alternative to underdeveloped healthcare

In maximum cases regarding active voluntary euthanasia, the patient does not merely wish to die out of their own will but they seek it as an ultimate alternative method to alleviate their pain, due to lack of proper palliative care.

Legalization of euthanasia will be a short-term fix solution to the inability to cure. It is the easier alternative for healthcare providers than to find better ways to control pain, cure disease or explore alternative forms of supportive care. In most cases the patient can be persuaded against choosing euthanasia by providing them with proper care, communication and support

as appropriate responses to incurable diseases.

With the advancements in the field of medicine modern palliative care can provide relief, release and comfort from pain without killing the patient. The inability to provide proper healthcare should not be masked by handing out patients an option to choose death over survival as a means of seeking relief from pain.

Walsh states that "an interested, competent medical practitioner can control pain in most cancer patients using a small number of well-known drugs."[33] Levy believes that 90% to 99% of terminal cancer pain can be controlled with the use of hospice and palliative care units.[34] With the advancements in modern medicine, treatment options like keeping the patient under sedation and clouded consciousness, vigorous analgesia, or multidimensional treatment involving neurosurgical treatment might provide for a more humane approach than euthanasia.

Betrayal of the medical profession

In a country that views doctors as akin to God, patients trust that the physicians and healthcare providers are committed to providing them the best treatment possible;[35] providing euthanasia as an easy alternative to medical treatments seems like a betrayal of the trust, people have in this profession. Participation in or promotion of euthanasia as assisted suicide would put healthcare providers as technical dispensers of death rather than practitioners providing healing and service to life.

Instead of assurance, patients will begin to fear for their lives when they are hospitalized.

The legalization of active voluntary euthanasia does not just affect the patient but also affects the healthcare providers involved in this process directly or indirectly. The psychological burden of killing a patient who has trusted them could become an intolerably high price to pay for the doctors involved. On the other hand, having the license to kill a patient might lead to people growing indifferent towards the gravity of the situation and a lack of sympathy and guilt associated with harming the patients.

[33] T.D. Walsh, *Symptom Control* 329-43 (Blackwell Scientific Publications 1989).
[34] M.H. Levy, *Pain Management in Advanced Cancer*, 12(4) Seminars in Oncology 394 (1985).
[35] D. Thomasma, *The Range of Euthanasia*, 73 Bulletin of the Am. College of Surgeons 4 (1988).

A new wave of pragmatic problems

The legalization of active voluntary euthanasia will bring along a new tidal wave of pragmatic questionnaire in its wake.[36] The approval of this process will create a web of practical problems that would force a radical restructuring and rethinking of the entire medical profession.

If euthanasia is allowed to be practiced which field of medicine will it fit into? Will it be a part of medicine, nursing, or the allied healthcare professions? Will there be the birth of a new branch of study- "euthanology"? Or, in case doctors are prohibited from participating in euthanasia, or refuse to provide it out of their own conscience, will other medical professionals like pharmacists and paramedics be trained to perform euthanasia?

Apart from questions regarding the healthcare industry, questions about the overall well-being of patients and healthcare personnel should also be taken into consideration. What would happen if the wrong patient dies, or does not die quickly and effortlessly enough? Which diseases and symptoms would be given more priority for euthanasia? What will be the legal obligations and safeguards provided to the people offering these services be?

The legalization of active voluntary euthanasia will give rise to many such questions, the answers to which need to be sought out with the steady and active involvement of the government, legal, and healthcare bodies of India.

GLOBAL SCENARIO REGARDING EUTHANASIA

Given the current global scenario as of 2025 voluntary active euthanasia is legally permitted in various countries and jurisdictions, around the world which includes countries like Belgium, Canada, Colombia, Ecuador, Luxembourg, the Netherlands, New Zealand, Spain and Uruguay. While Switzerland and several states of United States of America allows for medically assisted suicide.

The views of such countries are as follows:

The Netherlands

The Netherlands was the first country to legalize active voluntary euthanasia and medically

[36] G. Scofield, *Privacy (or Liberty) and Assisted Suicide*, 6 J. Pain &Symptom Mgmt.280 (1991).

assisted suicide in 2001 under the "Termination of Life on Request and Assisted Suicide Act, 2001(Neth.)". [37]Under this law, patients experiencing unbearable suffering with no prospect of improvement can plead for active voluntary euthanasia, given they provide informed consent and the physician adheres to strict procedural safeguards. Doctors in the Netherlands are allowed to perform euthanasia without requiring court approval as long as it is legally compliant, providing the patient with ultimate autonomy over their death.

Belgium

Apart from being the 2nd country to legalize euthanasia in 2002 under the Belgian Euthanasia Act, 2002 (Belg.).[38] Belgium stands out for providing euthanasia to minors under strict conditions. The Belgian Euthanasia Act, 2002 (Belg.) permits voluntary euthanasia; Belgium grants doctors significant leeway in performing euthanasia provided that legal, ethical and medical guidelines are met.

Switzerland

In a peculiar case, active voluntary euthanasia remains illegal in Switzerland, but they provide the right to medically assisted suicide under Article 115 of the Swiss Penal Code.[39]Switzerland emphasizes an individual's right to autonomy over their death allowing terminally ill patients to seek assistance in ending their lives by the help of organizations like Dignitas.

Colombia

Colombia stands out as one of the first Latin American countries to legalize euthanasia. The Constitutional Court gave a ruling in Judgement C-239,1997 (Colom.Const.Ct.) which recognized euthanasia as a fundamental right under the right to dignity.[40] Colombia permits both active and passive euthanasia. Drawing inspiration from this, countries like Ecuador have recently followed suit,[41]others like Uruguay has legalized voluntary active euthanasia under

[37] Termination of Life on Request and Assisted Suicide (Review Procedures) Act (Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding) 2001(Neth.).
[38] Belgian Act on Euthanasia of 28 May 2002 (Loi relative à l'euthanasie / Wet betreffende de euthanasie) (Belg.).
[39] Pegasos Swiss Association, *Requirements,* https://pegasos-association.com/requirements/ (last visited May 2, 2026).
[40] Law Library of Congress, *India: Status of Personal Laws,* LLRD 2019670758 (2018), https://tile.loc.gov/storage-services/service/ll/llglrd/2019670758/2019670758.pdf.
[41] Americans United for Life, *Ecuadorian Constitutional Court Legalizes Euthanasia,* https://aul.org/2024/06/11/ecuadorian-constitutional-court-legalizes-euthanasia/ (June 11,2024).

Dignified Death Law passed in October 2025.[42]

Canada

In 2016, Canada legalized MAID (Medical Assistance in Dying) after the Supreme Court's decision in Carter v Canada (2015),[43] which made it permissible for doctors to help people with serious, incurable and unfixable medical illnesses die. The MAID framework allows doctors to take action to terminate a patient's suffering.

New Zealand

New Zealand's End of Life Choice Act enables terminally ill, mentally competent adults, in their final months of life, to request assistance from a medical professional to end their life, at a time and place of their choosing.[44] The Bill was passed through the New Zealand Parliament and was ratified by a public referendum in 2020. 65% of voters supported the change.

Luxembourg

Assisted dying was legalized in Luxembourg in February 2008 when the Luxembourg Parliament approved a Law on the Right to Die with Dignity.[45] The law allows a person who is suffering unbearably from an illness, and is mentally competent, to request medical assistance to die.

Australia

Voluntary Assisted Dying (VAD) is legal in all six states in Australia.[46] Victoria was the first state to allow assisted dying in 2017. Every state in Australia allows assisted dying for terminally ill, mentally competent adults. The Australian Capital Territory (a federal territory in the country that includes the capital, Canberra) recently passed a law that came into force in

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[42] *Uruguay Passes Law to Legalize Euthanasia,* Le Monde (Oct.16,2025), https://www.lemonde.fr/en/international/article/2025/10/16/uruguay-passes-law-to-legalize-euthanasia_6746476_4.html.

[43] Health Canada, *Medical Assistance in Dying: Overview,* https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html (last updated Aug.27,2025).

[44] End of Life Choice Act 2019 § 5 (N.Z.).

[45] Ministry of Health & Social Security (Luxembourg), *Euthanasia: Assisted Suicide,* https://santesecu.public.lu/en/espace-citoyen/departement-sante/fin-de-vie/euthanasie-soins-palliatifs/euthanasie.html (Jan.7,2026).

[46] NSW Health, *What Is Voluntary Assisted Dying and Who Is Eligible*?, https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/eligibility.aspx (last updated Nov.28,2023).

2025.

HISTORY OF THE DEVELOPMENT OF LAWS REGARDING EUTHANASIA IN INDIA

The 196th Law Commission Report

The first major decision regarding euthanasia came forward in 2006 under the 196th Law Commission Report dealing with Medical Treatment to Terminally Ill Patients.[47] It opined that euthanasia and assisted suicide should continue to remain illegal. This report accepted the practice of passive euthanasia in terminally ill patients, provided sufficient safeguards were mentioned to prevent its misuse. This report of the Law Commission has not been accepted by the Government of India.

The Euthanasia (Permission and Regulation) Bill, 2007

A bill was proposed in the Lok Sabha as "The Euthanasia (Permission and Regulation) Bill, Lok Sabha Bill No. 103 of 2007 (India)".[48] The bill stated: "a person who is completely invalid and/or bedridden or who cannot carry out his daily chores without regular assistance, can either himself or through persons authorized by him have the option to file an application for euthanasia (an instance of active euthanasia) with the civil surgeon or the Chief Medical Officer (CMO) of the district government hospital".

This Bill advocates for patients with no hope of recovery to be given active euthanasia as a better alternative to committing suicide, which was a criminal offence back then. The bill mentioned that euthanasia was to be provided only after sufficient checks and balances at institutional levels so that the system isn't misused by people with malicious intentions. Additionally, the bill gave provisions for due processes which were to be followed in case euthanasia was being provided. The bill has subsequently lapsed.

The 241st Report of Law Commission of India

In 241st Report of Law Commission of India titled "Passive Euthanasia – A Relook", it was

[47] Law Commission of India, *Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners),* Report No.196 (2006).
[48] Euthanasia (Permission and Regulation) Bill, Lok Sabha Bill No.103 of 2007(India).

proposed to legislate a law on the issue of passive euthanasia and drafted The Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill.[49]This bill was directed to the technical wing of Ministry of Health and Family Welfare (Directorate General of Health Services-Dte. GHS) for checking up in June 2014. Subsequently meetings were called and attended by various experts. And, finally on May 22, 2015 a meeting was held under the chairmanship of Secretary, Ministry of Health and Family Welfare to inspect the bill and the expert committee has proposed formulation of legislation on passive euthanasia.

Maruti Shripati Dubal v. State of Maharashtra

The first important legal decision on euthanasia was handed down in *Maruti Shripati Dubal v. State of Maharashtra*.[50] In this benchmark judgement, the Bombay High Court looked at the unconstitutionality of section 309 of the Indian Penal Code (IPC), which criminalized the attempt to commit suicide. The court gave the verdict that under Article 21, the right to die is a part of the right to live and declared Section 309 of IPC unconstitutional and stated that people who are terminally ill or in terrible pain should be allowed to terminate their lives if they wish.

Chenna Jagadeeswar v. State of Andhra Pradesh

In contrast, the Andhra Pradesh High Court released a verdict shortly after in the case of *Chenna Jagadeeswar v. State of Andhra Pradesh*.[51] The court reaffirmed that Section 309 of the IPC is not unconstitutional and the right to die is not a fundamental right within the interpretation of Article 21.

P. Rathinam v. Union of India

The debate amongst the opposing views given earlier by the High Courts was finally settled by a division bench of the Supreme Court in *P. Rathinam v. Union of India.*[52] The apex court expressed its views, agreeing with the prior judgment given in the case of *Maruti Shripati Dubal v. State of Maharashtra*, upholding the unconstitutionality of section 309 of IPC, and made it clear that it violates Article 21.

[49] Law Commission of India, *Passive Euthanasia: A Relook,* Report No.241(2012).
[50] *Maruti Shripati Dubal, supra* note 23.
[51] Chenna Jagadeeswar v. State of Andhra Pradesh, AIR 1988 AP 249.
[52] P. Rathinam v. Union of India, (1994) 3 SCC 394 (India).

Gian Kaur v. State of Punjab

In a judgment passed in 1996, a constitutional bench of the apex court overruled the *P. Rathinam* judgement, in the case of *Gian Kaur v. State of Punjab* stating that the "right to life" does not include the "right to die".[53] The petitioner contested their conviction under Section 306 of IPC for abetting suicide. They argued that since the "right to die" is a basic right anyone assisting in suicide should not be held as criminal. The Supreme Court quashed the argument stating that Article 21 does not guarantee the right to die.

Aruna Ramchandra Shanbaug v. Union of India

In an unprecedented judgement in March 2011 the Supreme Court of India allowed passive euthanasia for the first time in the case of *Aruna Ramchandra Shanbaug v. Union of India.*[54]This decision also distinguishes active and passive euthanasia, and recommends that passive euthanasia can be permitted in certain cases under strict circumstances, while active euthanasia remains banned. The Court ruled "The general legal position all over the world seems to be that while active euthanasia is illegal unless there is legislation permitting it, passive euthanasia is legal even without legislation provided certain conditions and safeguards are maintained" making it clear that pending legislation, passive euthanasia is permissible.

Common Cause Society v. Union of India

The case which set a solid guideline for cases regarding euthanasia in India was *Common Cause Society v. Union of India*.[55] The petitioner argued that the right to die with dignity should be declared a fundamental right under Article 21 of the Constitution of India. The petitioner argues that passive euthanasia should be legalized because it rescues patients from incurable conditions, in which the patient is continuously deteriorating and moving towards an untimely death, and in these situations, the individual should be capable of deciding to end their life. Thus, this judgement gave the right to individuals to give Advance Medical Directives (Living Will) in which any patient in sound mind can formally refuse treatment in case of terminal illness, made passive euthanasia absolutely legal, and gave a well-defined set of rules to be followed in case of passive euthanasia. These guidelines were further modified in 2023.

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[53] Gian Kaur v. State of Punjab, (1996) 2 SCC 648 (India).
[54] Aruna Ramchandra Shanbaug v. Union of India, (2011) 4 SCC 454 (India).
[55] *Common Cause, supra* note 24.

Harish Rana v. Union of India

The most recent case regarding euthanasia in India is that of *Harish Rana v Union of India,* [56]which is the first case to put into use the legal framework set forward by the *Common Cause v. Union of India*. The judgment provided by a 2 Judge Bench of the Apex Court, on 11th March, 2026, in a 338-page-long judgment allowed the use of passive euthanasia for a non-competent patient for the first time in India. The Court accepted that passive euthanasia was in the best interests of the petitioner. Harish Rana was a student who, after facing an unfortunate accident, was in a persistent vegetative state for over a decade and was being fed through a Percutaneous Endoscopic Gastronomy (PEG) tube. The judgment allowed the withdrawal of medical treatment in the case of Harish Rana, setting an example through the first non-voluntary passive euthanasia case in India.

ADVANCE DIRECTIVES REGARDING PASSIVE EUTHANASIA IN INDIA

The first discussion regarding the legalization of passive euthanasia and putting forward a proper codified guidelines on how to approach the process came forward in 2018 with the *Common Cause Society v. The Union of India (2018).* In this case a Constitution Bench of the Apex Court recognized the right to die with dignity as a fundamental right under Article 21 of the Indian Constitution thus legalizing passive euthanasia. The Court further stated that passive euthanasia can be carried out using "Advance Medical Directives", which was a set of instructions given to withdraw life when the patient is in a state where they cannot communicate their wishes.

In July, 2019, the Indian Society for Critical Care Medicine (ISCCM) filed an application stating these guidelines as "cumbersome" prompting a review of the 2018 guidelines by the Judicial Magistrate First Class (JMFC), who would verify that the advance directives were voluntarily signed by the patient. The ISCCM recommended an alternative route, suggesting that a notary would do the verification of an advance directive.

So, on the 24th of January, 2023, a five-judge Bench modified the 2018 guidelines to ease the process of granting passive euthanasia to terminally ill patients.

The 2023 judgement made the process of applying for passive euthanasia more streamlined

[56] Harish Rana v. Union of India, 2026 INSC 222 (India).

and easier to apply for, keeping in mind the patient-first approach, thus making the process as swift as possible to ensure minimal suffering for the patient.

What is an Advance Directive?

An Advance Directive is a document where a person with a sound mind can specify in advance their will to refuse or withdraw medical treatment in case they ever reach a terminal state of disease with no hopes of recovery.

The most prominent changes in the 2023 judgement are:

Easier Execution of the will

The Advance Directive no longer requires being countersigned by a First-Class Judicial Magistrate and can now be attested before a Notary or Gazetted Officer.

"The document should be signed by the executor in the presence of two attesting witnesses, preferably independent, and attested before a notary or Gazetted Officer."[57]

Two Board System

The execution of passive euthanasia can only be carried out after being approved by two separate medical boards.

"The hospital where the executor has been admitted for medical treatment shall then constitute a Primary Medical Board consisting of the treating physician and at least two subject experts of the concerned specialty with at least five years' experience, who, in turn, shall visit the patient in the presence of his guardian/close relative and form an opinion preferably within 48 hours of the case being referred to it whether to certify or not to certify carrying out the instructions of withdrawal or refusal of further medical treatment. This decision shall be regarded as a preliminary opinion.

In the event the Primary Medical Board certifies that the instructions contained in the Advance Directive ought to be carried out, the hospital shall then immediately constitute a Secondary Medical Board comprising one registered medical practitioner nominated by the Chief Medical

[57] Supreme Court of India, *Advance Directives* 15 (Feb.2023), https://www.palliativecare.in/wp-content/uploads/2023/02/Advance-Directives_Supreme-Court-of-India_Feb-2023.pdf.

Officer of the District and at least two subject experts with at least five years' experience of the concerned specialty who were not part of the Primary Medical Board. They shall visit the hospital where the patient is admitted, and if they concur with the initial decision of the Primary Medical Board of the hospital, they may endorse the certificate to carry out the instructions given in the Advance Directive. The Secondary Medical Board shall provide its opinion preferably within 48 hours of the case being referred to it."[58]

Shortened time frame

The boards should provide their opinion within 48 hours of being consulted to ensure minimal suffering on the part of the patient.

Role of the "Next Friend"

The person can list anyone as the "Next Friend" in their advance directive, and the said person shall act as the consent provider in case the patient is incapable of taking decisions or develops mentally impaired decision-making capacity.

"In the event the executor is incapable of taking decision or develops impaired decision-making capacity, then the consent of the person or persons nominated by the executor in the Advance Directive should be obtained regarding refusal or withdrawal of medical treatment to the executor to the extent of and consistent with the clear instructions given in the Advance Directive."[59]

Judicial Oversight

If the hospital boards refuse to act on the advance directive, the family or the "Next Friend" can approach the High Court for a final decision.

"If permission to withdraw medical treatment is refused by the Secondary Medical Board, it would be open to the person or persons named in the Advance Directive or even the treating doctor or the hospital staff to approach the High Court by way of writ petition under Article 226 of the Constitution. If such application is filed before the High Court, the Chief Justice of the said High Court shall constitute a Division Bench to decide upon grant of approval or to

[58] *Id*. at 20–23.
[59] *Id*. at 24.

refuse the same. The High Court will be free to constitute an independent committee consisting of three doctors from the fields of general medicine, cardiology, neurology, nephrology, psychiatry or oncology with experience in critical care and with overall standing in the medical profession of at least twenty years."[60]

SUGGESTIVE GUIDELINES FOR THE LEGALIZATION OF ACTIVE EUTHANASIA IN INDIA

Similar to the advance directive, if active euthanasia is legalized it calls for a set of rules and regulations which must be followed to ensure there is no misuse of this legal provision.

We can draw inspiration from countries which have long legalized euthanasia and have a thriving legal framework for the same.

Below are a set of potential legal guidelines for the legalization of euthanasia:

- Patient should be provided the autonomy to choose to end their life, in case of a terminal, incurable, or permanently debilitating disease or disorder, letting them choose between active or passive euthanasia.

- Psychological evaluation and counselling should be a must for patients seeking active euthanasia, where they will be informed about the seriousness of their decision and given the chance to think properly before making an irreversible decision.

- In case a minor is suffering from an incurable and terminal disease, they should be allowed euthanasia provided that any of the parent(s) or the legal guardian provides their consent to procedure in case the child is unable to make a decision, though the demand of the child should be given the greater priority.

- Psychological evaluation of the patient should be done to make sure the absence of any foul-play, or coercion which pushes them to make such a decision.

- The patient must be evaluated by a panel of experienced doctors, specializing in that case, including the doctor(s) who was treating the patient, to make sure the condition is

[60] *Id*. at 25–27.

incurable and irreversible, and keeping the patient alive does more harm than good.

- Every step in the procedure should be reported to and examined by a medico-legal team which guarantees the absence of any sort of problems in executing euthanasia. Every file must be submitted to designated authorities who keep check on the cases ensuring no foul-play is done.

- Doctors should be given the choice to refuse from performing active euthanasia, or medical assistance in dying citing moral concerns, in which case the opinion of the doctor should be reported to designated authorities and another doctor should be appointed to carry out the procedure.

- Any healthcare professional providing active euthanasia or medical assistance in dying should be given absolute immunity and safeguard from conviction under abetment to suicide, or any other equivalent act.

CONCLUSION

Since India has already legalized passive euthanasia, it seems unfair to keep active voluntary euthanasia banned. The sole difference between them is the procedure for providing death, in which regard, active euthanasia is definitely the better option.

Drawing from the provisions for advance directive, where a person is given the right to refuse treatment, it is only just if a person should be given the direct right to hasten their inevitable untimely death, and bypass the process of suffering by refusal of treatment.

Where a patient suffering from a terminal, incurable disease refuses treatment, he is forced to wait for his end while suffering excruciating pain. Active euthanasia provides the right to the patient to hasten the process and put a merciful and dignified end to their suffering.

In the United States alone, cancer is responsible for more than 450,000 deaths every year. The best estimate is that more than two-thirds of these patients suffer significant pain in the advanced stages of their disease.[61] A WHO study estimates that 25% of terminally ill patients

[61] K.M. Foley, *Cancer Pain Syndromes*,2 J. Pain Symptom Mgmt.13 (1987).

die with unrelieved pain.[62]

A benchmark example of the failure of passive euthanasia is the case of Tony Nicklinson.[63] Tony, who had a stroke in 2005 and was left completely paralyzed, was able to move only his head and eyes, leaving him at the mercy of others for accomplishing even the most basic tasks of life. He appealed to the High Court multiple times pleading to end his life. When, his pleas were turned down over and over he retorted to passive euthanasia by refusing food and water, ultimately dying of pneumonia. Had he be given the right to end his life, it would have saved him from years of torturous suffering, merely existing instead of actually living. So was the case of Paul Lamb, who after an accident in 1991 could move nothing except his right hand, passive euthanasia won't be of any use in this case as he continues to suffer a life of agony waiting for death.

In lieu to these cases, stands the astounding case of Brittany Maynard.[64] When faced with terminal brain tumor in 2014 she decided to move to Oregon, since there were no laws legalizing euthanasia in California. Facing significant financial and emotional turmoil, she uprooted her life from California and moved to Oregon simply to use the Oregon Death with Dignity Act, which let her die a peaceful death on her own terms. If only there had been provisions for euthanasia in her state she would not have faced such hardships in her final moments. Before her death she asked her mom to do her best in legalizing euthanasia in California. Acting on the promise made to her daughter, Brittany's mother went ahead to fight a long legal battle finally legalizing End of Life Option Act in California, in October 2015, under which the patient is provided an option of assisted dying in case of terminal illness.

Drawing from the judgements of *Common Cause* and *Harish Rana,* the right to die with dignity is a fundamental right under Article 21 of the Constitution of India. It's only fair to back up this fundamental right with the "right to choose" the terms and conditions of their death.

Given the unprecedented advancements in medical treatments, providing active euthanasia is easier than ever. Active euthanasia is definitely the more humane option here providing the quickest relief from the terminal suffering of the patient instead of merely stopping treatment

[62] K.M. Foley, *The Treatment of Cancer Pain*, 313 JAMA 84,95 (1985).
[63] *Tony Nicklinson*, *(Dignity in Dying),*https://www.dignityindying.org.uk/assisted-dying/the-law-on-assisted-dying/tony-nicklinson/ (last visited May 9, 2026).
[64] *Brittany Maynard's Legacy, Five Years On, Death with Dignity* (Nov.1, 2019), https://deathwithdignity.org/news/2019/11/brittany-maynards-legacy-five-years-on/(last visited May 9, 2026).

and waiting for death to occur. The Indian legislature has come a long way in the discussion regarding the provisions of euthanasia, so it would be justified to draw inspiration from countries like the Netherlands, Belgium, Luxembourg, and Canada, and move ahead to make active voluntary euthanasia legal under strict guidelines.

India has always been the trendsetter for groundbreaking achievements in Asia, and similarly it’s due time we set the precedent as the pioneer country to legalize active euthanasia.