
ENDING SUFFERING WITH DIGNITY

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INTRODUCTION

"Who should decide when a life is no longer worth living—the individual or society?"

The right to die is a human rights principle that argues for an individual's ability to choose death when life becomes burdensome due to terminal disease, chronic suffering, or incurable medical issues. It emphasizes the notion that just as individuals have the right to live with dignity¹, they should also have the right to die with dignity, free of protracted suffering. This concept is called Euthanasia which is commonly referred to as "mercy killing," is the voluntary decision to end a person's life to relieve unbearable pain and suffering.

Euthanasia is often utilized for those who are terminally sick or handicapped and do not want to suffer any longer. Individuals with profound disabilities or terminal illnesses require the ability to decide between life and death. Euthanasia is a contentious problem that challenges our society's morality, values, and beliefs.² Euthanasia can be classified into:

- Active euthanasia: It involves direct action, such as giving a deadly injection.
- Passive euthanasia: It involves withholding or removing essential therapies, enabling the individual to die spontaneously.

Euthanasia laws and practices have been a source of dispute globally since the second half of the 20th century. Suicide and euthanasia cases occur in several nations like the Netherlands, Australia, the United States, Canada, Belgium, and Switzerland.³

Legal Perspective of Euthanasia in India

In India, euthanasia or mercy killing is illegal. If the doctor intends to kill the patient, it falls under Section 300 of the Indian Penal Code, 1860⁴. However, if the deceased has given their consent, Exception 5 applies, and the doctor or mercy killer is punished under Section 304 of

¹ India Const. art. 21

² Caesar Roy, *Position Of Euthanasia In India - An Analytical Study*, 37 (2011),

³ Skand Shekhar & Ashish Goel, *Euthanasia: India's Position in the Global Scenario*, 30 AM. J. HOSP. PALLIAT. MED. 628 (2013),

⁴ The Indian Penal Code, 1860, §300

the Indian Penal Code 1860⁵ for culpable homicide. The right to life is a fundamental right under the Indian Constitution. Article 21⁶ protects the right to life in India. It is contended that the right to life guaranteed by Article 21⁷ includes the right to die. As a result, a person has the legal right to a humane death.

Following the ruling of a five-judge panel of the Supreme Court in **Gian Kaur v. State of Punjab (1969)**⁸, it is widely accepted that the "right to life" guaranteed by Article 21⁹ does not involve the "right to die". The Court ruled that Article 21¹⁰ A clause guaranteeing the "protection of life and personal liberty" cannot be interpreted as guaranteeing the destruction of life.¹¹

Euthanasia should be legalized under support of personal liberty because a person has the right to decide upon a pain-relieving death when he or she is suffering from a terminal illness or unbearable suffering and therefore seems aligned with the principle of bodily integrity when people are supposed to take decisions vital to their lives. However, it remains controversial because sections 300¹² and section 304¹³ of the Indian Penal Code defines murder and culpable homicide. These laws protect the sanctity of life and criminalize intentional killing, hence creating a legal contradiction to euthanasia. Thus, by the legalization of euthanasia, these sections would have to be redefined to recognize a compassionate death from that of unlawful killing.

SELF ANALYSIS

Euthanasia refers to ending a person's life if they are suffering from a fatal illness that causes agony and misery, or if their existence is no longer worthwhile. However, the challenge is determining if life is still worthwhile. The phrase euthanasia is too imprecise. The Supreme Court's decision in **Aruna Ramchandra Shanbaug v. Union of India, (2011)**¹⁴ allowed for the legalization of passive euthanasia which offered a pathway for further revisions to euthanasia legislation.

⁵ The Indian Penal Code, 1860, §304 (5)

⁶ Indian Const. art. 21

⁷ Id. at 5th citation

⁸ Gian Kaur v. State of Punjab (1969) AIR 946, 1996 SCC (2) 648

⁹ Id. at 5th citation

¹⁰ Id. at 5th citation

¹¹ Id. at 1st citation

¹² Id. at 3rd citation

¹³ Indian Penal Code, 1860, §304

¹⁴ Aruna Ramchandra Shanbaug vs Union Of India & Ors ,2011(3) SCALE 298: MANU/SC/0176/2011

The issue stems from a clash between societal and individual interests. Despite all the debates we should remember the fact that the life of a person is been taken away by his consent. Being a supporter of Euthanasia I feel that the decision of the patient should be the top priority and the patient's decision should be accepted, if a person has the right to live then they should also have a right to die as well. When weighing societal ideals against individual interests, it is evident that the individual's interest takes precedence over the society. Society focuses on the interests of the individuals, rather than the objective of ensuring a decent and pleasant existence for everybody.

The judgment in **Common Cause v. Union of India, (2018)**¹⁵ opened up the scope of Article 21¹⁶ and further recognized the right to die with dignity, which is part and parcel of the fundamental right to life. The Court held that there is permission for passive euthanasia and persons have a right to make a "living will" or advance directive indicating their wishes in such instances where a patient is terminally ill or handicapped. This judgment maintained the right to live with dignity under Article 21¹⁷, which also envisages the right to die with dignity where life is prolonged in torment. Euthanasia relieves the gravest pain and suffering of individuals. It saves terminally ill persons from a slow death. It helps to alleviate both physical and mental sufferings that affect the patients as well as their family and friends. The aim is humanitarian and beneficial and consequently leads to a pain-free death of persons afflicted with such terminal and terrible diseases. So, the intention behind this is helping rather than harming.

Our Constitution's Article 21¹⁸ plainly states that we have the right to live with dignity. Individuals have the right to a dignified life, and if this requirement is not met, they should have the option to end their lives. In my opinion, since passive euthanasia is legal, active euthanasia should also be authorized. A patient may choose to terminate their life only in extreme misery, preferring a painless death to a horrible existence filled with agony and suffering.

Legalization of euthanasia can impact organ donation as it will significantly enhance the effectiveness overall of transplant systems. In most instances, terminally ill people who decide to end their lives can do so knowing that their organs shall be donated to save or better the lives of other human beings. This alignment of decisions at the end of life with organ donation has

¹⁵ Common Cause vs Union of India (2018) 5 SCC 1, AIR 2018 SC 1665

¹⁶ Id. at 5th citation

¹⁷ Id. at 5th citation

¹⁸ Id. at 5th citation

the potential to improve the availability of usable organs, thus directly addressing the critical shortfall transplant programs currently face. Second, persons who choose euthanasia are even more likely to declare their wishes regarding organ donation publicly, thus leading to better-informed choices and consent procedures. The ability to prepare for organ donation simultaneously with euthanasia can also provide purpose and meaning for persons who are suffering unbearably and turn their death into a potentially life-saving event for others. In short, legalizing euthanasia may promote a more ethical and humane approach in matters of organ donation where people can leave a testament after giving relief to their suffering. The legalization of euthanasia can greatly increase organ donation by matching choices concerning death with the potential to save lives. Terminally sick patients who choose euthanasia may gladly give their organs, solving a major scarcity in transplant procedures. This dual option encourages informed approval, deliberate preparation, and the opportunity to turn individual suffering into a life-threatening legacy, thus fostering a more humanitarian and moral way of approaching organ donation.

Euthanasia draws attention to the extravagance of medical facilities for persons who would eventually die. Our responsibility extends to patients and their next-of-kin who rely on morale-building and wise judgment to prevent extreme psychological and economic suffering through us. It is ethically correct for an incurable patient to take his or her own life to eliminate unnecessary misery, just as it is to save others. One who has a terminal sickness and has no duties may choose to terminate his life to avoid suffering and to relieve others of the burden of caring for such an individual.

CONCLUSION

The Writ of Euthanasia would mark a watershed moment in recognizing a person's freedom to die with dignity by integrating individual liberty with legal safeguards. In an age when medical knowledge has the potential to prolong life indefinitely, our work would enable those facing incurable diseases or severe pain to make sensible choices about their deaths, avoiding unneeded pain and ensuring a humane conclusion.

This statutory structure would give people greater control over their end-of-life decisions by legalizing euthanasia in highly controlled contexts. It would provide an efficient and empathetic method to guarantee that euthanasia demands are voluntary, updated, and not coerced, as well as a statutory monitoring mechanism to safeguard the vulnerable aged and disabled from misuse. The writ would strike a balance between self-reliance, honor, and

fairness, while also guaranteeing that any individual's choice to seek euthanasia would be safeguarded as one of his rights. This is a major legal development in light of today's moral standards, in which the right to a dignified death is an extension of the right to a life of dignity. Finally, the Writ of Euthanasia would bridge the gap between medical advancement and constitutional safeguards, aiming to make end-of-life treatment more humane.