

Assisted Suicide and its Legal Implications

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Abstract:

Assisted suicide, also known as **assisted dying** or **medical aid in dying**, is suicide undertaken with the aid of another person. The term usually refers to **physician-assisted suicide (PAS)**, which is suicide that is assisted by a physician or other healthcare provider. The physician's aid is typically restricted to writing a prescription for a fatal quantity of medications after it is established that the person's condition qualifies under the physician-assisted suicide regulations in that region. Physician-assisted suicide (PAS) is a divisive subject that has recently piqued the interest of the media, the general public, lawmakers, and the medical community. Despite the fact that active euthanasia and PAS are illegal in most countries, with the exception of Switzerland and the Netherlands, there is pressure from certain politicians and patient advocacy groups to legalise the practise in and around Europe, which might have a global impact. The Indian Penal Code, which deals with both active and passive euthanasia, as well as PAS, determines the legal position of PAS and euthanasia in India. The distinction between euthanasia and physician-assisted death is who provides the deadly dosage; in euthanasia, a doctor or a third party administers the lethal dose, but in physician-assisted death, the patient administers it themselves. The effects of various faiths on suicide, PAS, and euthanasia are addressed. People claim that hospitals do not listen to patients' desires, especially when they are terminally sick, crippled, or unable to react to medical treatment. This is likely to change as a result of the new legislation that may be enacted if PAS is allowed. Psychiatrists are increasingly concerned about this issue since they must deal with mental ability concerns on a regular basis.

Keywords: *Culture, passive euthanasia, India, physician-assisted suicide.*

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Terminology:

Suicide is the act of killing oneself. *Assisted suicide* is when another person materially helps an individual person die by suicide, such as providing tools or equipment, while *Physician-assisted suicide* involves a physician (doctor) "knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide, including counselling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs".

Assisted suicide is contrasted to *Euthanasia*, sometimes referred to as *mercy killing*, where the person dying does not directly bring about their own death, but is killed in order to stop the person from experiencing further suffering. Euthanasia can occur with or without consent, and can be classified as voluntary, non-voluntary or involuntary. Killing a person who is suffering and who consents is called *voluntary euthanasia*. This is currently legal in some regions. If the person is unable to provide consent it is referred to as *non-voluntary euthanasia*. Killing a person who does not want to die, or who is capable of giving consent and whose consent has not been solicited, is the crime of *involuntary euthanasia*, and is regarded as murder.

Right to die is the belief that people have a right to die, either through various forms of suicide, euthanasia, or refusing life-saving medical treatment.

I. INTRODUCTION:

Definition of euthanasia is slightly different in different countries; however, it is generally defined as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering." PAS is the practice of providing a competent patient with a prescription for medication for the patient to use with the primary intention of ending his or her own life; the patient would have to self-administer the medication, directly or through a machine.

Inadequate attention has been given to the cultural, religious, and socioeconomic backgrounds underlying the different views on assisted suicide held by various sections of the society. Current literature shows that cultural differences may account for some inequalities related to assisted suicide.

In passive euthanasia, there is withdrawal of medical treatment of terminally ill patients, whereas, in active euthanasia, injections or overdose of medicines is given to hasten their death, which is illegal in India. Passive euthanasia is considered morally superior to active euthanasia since it means allowing the patient to die and not killing him.

In 2005, an NGO, Common Cause had approached the Supreme Court praying for a declaration that the 'fundamental right to live with dignity' under Article 21 of the Constitution is inclusive of the 'right to die with dignity' and directions for adoption of suitable procedure for executing 'Living Wills', in which a person, when in sound mind and good health, may record his wish that he should not be kept alive with the help of ventilators, if doctors, at any stage of his life, opine that he cannot be kept alive without life support system. The judgment has paved the way for the terminally ill patients to seek death through the passive euthanasia under a "living will".

On the 9th March, 2018, the Supreme Court gave a landmark verdict making the way for passive euthanasia, which is also described as Physician Assisted Suicide (PAS). The Court reiterated that the right to die with dignity is a fundamental right, as already held by its constitutional bench in Gian Kaur case earlier, and declared that an adult human being, having mental capacity, to take an informed decision, has right to refuse medical treatment including withdrawal from life saving devices. Giving its verdict in the civil no. 215 of 2005 - Common Cause vs. Union of India and others, the Apex Court concluded that a person of competent mental faculty is entitled to execute an advance medical directive.

The 538 page judgment was delivered by the five-judges' constitutional bench comprising the Chief Justice of India, Mr. Justice Dipak Misra, Mr. Justice, A.K. Sikri, Mr. Justice A.M. Khanwilkar, Mr. Justice D.Y. Chandrachud and Mr. Justice Ashok Bhushan.

Right to Life or Death

Article 21 of the Indian Constitution which deals with protection of life and personal liberty has gone through successive interpretations by the Courts of law in important landmark judgements. Each of these interpretations has widened the ambit of Article 21 to include such facets of life which provides meaning, purpose and dignity to existence. Article 21 specifically says that no person shall be deprived of their life or personal liberty except according to procedure established by law. The word liberty is the sense and realization of choice of the attributes associated with the said choice and the term life is the aspiration to possess the same in a dignified manner.

The two are intrinsically interlinked. Liberty allows an individual the space to think and act without restriction and life without liberty would be a meaningless survival. Thus, Article 21 in its own unique way has combined the concept of life and liberty and has also linked it through a legal procedure for its deprivation. It was because of this interpretation, right to die was never interpreted in successive judgements to be an integral part of right to life and personal liberty under Article 21.

However, Supreme Court in a landmark judgement the case of Common Cause v. Union of India and Another in March 2018, has laid down broad legal framework to protect the dignity of a terminally ill patient or those in Persistent Vegetative State (PVS) with no hope of cure or recovery and in the process has allowed

1. Passive Euthanasia

2. Right to give Advance Medical Directives or a valid '**Living Wills**' to smoothen the dying process as a part of fundamental right to live with dignity.

The case of passive euthanasia was earlier recognised by a Two Judge Bench in the case of Aruna Shanbaug in 2011. Now the Constitution Bench in Common Cause case has expanded the scope of euthanasia by adding to it the principle of a 'living will', or an advance directive, a practice where a person while in a competent state of mind, leaves written instructions on the sort of medical treatment that may or may not be administered in the event of them reaching a stage of terminal illness.

Euthanasia and its kinds Oxford dictionary meaning of euthanasia is painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma. Euthanasia is also referred as mercy killing or Physician Assisted Suicide (PAS) and it can be described as bringing about of the gentle death of a patient suffering from painful, chronic and incurable disease. There is a distinction between euthanasia and physician assisted suicide. The difference lies in the fact as to who administers the lethal medication.

It has been observed that in euthanasia, a physician or third party administers it while in physician assisted suicide, it is the patient who does it though on the advice of the doctor. Euthanasia is basically an intentional premature termination of another person's life either by direct intervention (active euthanasia) or by withholding life prolonging measures and resources (passive euthanasia). This can be done by express or implied request of the person concerned (voluntary euthanasia) or in the absence of such approval or consent of the person concerned (non-voluntary euthanasia).

Active euthanasia also referred as positive or aggressive euthanasia, occurs when death is brought about through a positive act or affirmative action or an act of commission entailing the use of lethal substances or forces to cause the intentional death of a person by direct intervention (lethal injection given to a person with terminal cancer who is in terrible agony). Passive euthanasia, on the other hand, also called negative or non-aggressive euthanasia, entails withdrawing of life support measures or withholding of medical treatment for continuance of life.

Eg. Withholding of antibiotics in case of a patient where death is likely to occur as a result of not giving the said antibiotics or removal of the heart lung machine from a patient in coma. Passive Euthanasia is further categorized into voluntary passive euthanasia and non-voluntary passive euthanasia. Voluntary passive euthanasia is a situation where a person who is capable of deciding for himself decides that he would prefer to die because of various reasons whereas non voluntary passive euthanasia has been described to mean where a person is not in a position to decide for himself (when they are in coma or in Persistent Vegetative State) Supreme Courts across the world including Canada, United States of America, United Kingdom, Netherlands, Switzerland, Belgium, Spain, Austria, Italy, Germany and France has viewed distinction between active and passive euthanasia through the prism of intention where such an act leads to hastening of death.

Thus, the jurisprudence evolved on passive euthanasia throughout the world has common thread and has gained moral and legal sanctity for its acceptance in some form or the other. However, same cannot be said about active euthanasia and there remains uncertainty about granting legal sanction for its approval.

Let us understand the concept of right to life, right to die, suicide and euthanasia through successive judgements of Supreme Court of India.

P. Rathinam v. Union of India & Another (1994)

In India attempts have been made to include right to die within the concept of right to life and personal liberty which is one of the most interpreted Fundamental Right in the Constitution. In P. Rathinam v. Union of India & Another, many constitutional issues were raised including questions pertaining to constitutional validity of attempt to suicide (section 309 of Indian Penal Code) and right to die. While referring the question whether right to die can be included as an integral part of Article 21, the Court relied on the case of Maruti Shripati Dubal v. State of Maharashtra, where Bombay High Court held that fundamental rights have their positive as well as negative aspects.

Citing an example, it had stated, “freedom of speech and expression includes freedom not to speak and similarly, the freedom of association and movement includes freedom not to join any association or move anywhere and accordingly, it stated that logically it must follow that the right to live would include the right not to live, i.e., right to die or to terminate one’s life.”

Thus, the Supreme Court in P. Rathinam v. Union of India & Another ruled that right to life embodied in Article 21 also embodied in it a right not to live a forced life, to his detriment, disadvantage or disliking. Supreme Court further declared Section 309 IPC (criminalises attempt to suicide) ultra vires as it violated Article 21. The Court emphasised that attempt to suicide required medical help and not punishment and held that it deserved to be removed from the statute book to humanize the penal laws in India.

Gian Kaur vs. State of Punjab (1996)

The ruling of P. Rathinam v. Union of India & Another was challenged in the case of Gian Kaur vs. State of Punjab. The question arose that if attempt to commit suicide was declared void and unconstitutional, then how can abetment to commit suicide (section 306 IPC) could be considered as a punishable offence. A five Judge Constitutional Bench held that the "right to life" is inherently inconsistent with the "right to die" as is "death" with "life". In furtherance, the right to life, which includes right to live with human dignity, would mean the existence of such a right up to the natural end of life.

The Court further said that right to life is a natural right embodied under Article 21 but suicide is an unnatural termination or extinguishing of life and is therefore incompatible and inconsistent with the concept of right to life. The Court therefore held Section 306 (abetment of suicide) and 309 (attempt to suicide) of IPC to be valid and constitutional. Thus, Gian Kaur vs. State of Punjab effectively overruled the previous judgment of P. Rathinam v. Union of India and declared that right to die does not form part of Article 21.

In Gian Kaur, Supreme Court further distinguished between euthanasia and attempt to suicide. The Court observed that right to life including the right to live with human dignity would mean the existence of such a right up to the end of natural life. Whereas euthanasia is termination of life of a person who is terminally ill or in PVS. Thus, euthanasia is not a case of “extinguishing life” but only of accelerating the process of natural death which has already commenced. However, the Court held that permitting termination of life in such cases to reduce the period of suffering during the process of certain natural death cannot be included under Article 21 as it amounts to curtailing natural span of life. Thus, the Court held that the "right to live with human dignity" cannot be construed to include within its ambit the right to terminate natural life, at least before the

commencement of the process of certain natural death. Thus, the Court did not allow passive euthanasia as it terminated natural life.

Aruna Shanbaug (2011)

The controversy related to attempt to suicide and abetment of suicide was decided but the issue of euthanasia still remained. Aruna Shanbaug suffered brain stem and cervical cord injury and remained in Persistent Vegetative State for the rest of her life since 1973 till her death in 2015. In 2009, a writ petition was filed under Article 32 before the Supreme Court of India, seeking passive euthanasia for Shanbaug. The Court appointed a team of three very distinguished doctors to examine the petitioner thoroughly and to submit a report about her physical and mental condition. The team submitted a joint report. In a landmark judgment in 2011, the Court held, “there is no right to die under Article 21 of the Constitution and the right to life includes the right to live with human dignity but in the case of a dying person who is terminally ill or in permanent vegetative state, he may be allowed a premature extinction of his life and it would not amount to a crime.” Supreme Court allowed doctors at the KEM Hospital in Mumbai to stop force-feeding Shanbaug and withdraw life support to deliberately end her life, on the discretion of the doctors. Thus, Supreme Court allowed withdrawal of life-sustaining treatment from patients not in a position to make informed decision.

This was the first time after Gian Kaur case, when Supreme Court had allowed passive euthanasia under strict guidelines and conditions. However, Supreme Court did not allow active euthanasia and held that ending life through use of lethal substance' is not permitted in any circumstance.

Common Cause v. Union of India and Another (2018)

Supreme Court in common cause case has held that fundamental right to life and dignity under Article 21 includes right to die with dignity. Dignity is lost if a person is allowed or forced to undergo pain and suffering because of unwarranted medical support.

To deprive a person of dignity at the end of life is to deprive him of a meaningful existence. Meaningful existence includes a person's right to self-determination and autonomy to decide their medical treatment. The respect for an individual human being and in particular for his right to choose how he should live his own life is individual autonomy or the right of self-determination. It is the right against non-interference by others, which gives a competent person who has come of age the right to make decisions concerning his or her own life and body without any control or interference of others.

In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent they are willing to submit themselves to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per their own understanding, is in consonance with their own individual aspirations and values. The Court also agreed that right to a dignified life includes a “dignified procedure of death.”

SC distinguished passive euthanasia from suicide and active euthanasia and drew a judicial line between the two as it called passive euthanasia as a “mere acceleration of the inevitable conclusion” whereas it declared active euthanasia as unlawful and illegal. Suicide involves “overt acts” which culminates in an unnatural death. Supreme Court has invoked its inherent power under Article 142 to grant legal status to its advance directives until Parliament enacts legislation on the matter. This is a landmark judgment as it departs from previous judgements on the concept of including right to die with dignity within the larger ambit of Right to live under Article 21.

In 4 separate but concurring opinions, the 5-judge Constitution Bench of Dipak Misra, CJ and AK Sikri, AM Khanwilkar, Dr. DY Chandrachud and Ashok Bhushan, JJ held that the right to die with dignity is a fundamental right as held in *Gian Kaur v. State of Punjab*. (1996) 2 SCC 648 and that ‘passive euthanasia’, both, voluntary and involuntary, is permissible.

The Court said:

“The right to live with dignity also includes the smoothening of the process of dying in case of a terminally ill patient or a person in PVS with no hope of recovery. A failure to legally recognize advance medical directives may amount to non-facilitation of the right to smoothen the dying process and the right to live with dignity.”

CJI, for himself and Khanwilkar, J:

Explaining why only passive euthanasia is permissible and not active euthanasia, CJI, writing for himself and Khanwilkar, J, said that there is an inherent difference between active euthanasia and passive euthanasia as the former entails a positive affirmative act, while the latter relates to withdrawal of life support measures or withholding of medical treatment meant for artificially prolonging life. Withdrawal of treatment in an irreversible situation is different from not treating or attending to a patient and that once passive euthanasia is

recognized in law regard being had to the right to die with dignity when life is ebbing out and when the prolongation is done sans purpose, neither the social morality nor the doctor's dilemma or fear will have any place.

Living Will versus Advance Medical Directive:

The Court also refrained from using the term 'living will' and said that the concept 'advance medical directive' should be applied in our country. To understand both the concepts, the Court also provided with the definitions:

The Black's Law Dictionary defines an **Advance Medical Directive** as,

"A legal document explaining one's wishes about medical treatment if one becomes incompetent or unable to communicate."

A **Living Will**, on the other hand, is

"A document prescribing a person's wishes regarding the medical treatment the person would want if he was unable to share his wishes with the health care provider."

Advance Medical Directive:

Laying down detailed safeguards and directions with respect to Advance Medical Directive, the Court that:

- The said document can be executed by an adult who is of a sound and healthy state of mind and in a position to communicate, relate and comprehend the purpose and consequences of executing the document. However, it should be voluntarily executed and without any coercion or inducement or compulsion and after having full knowledge or information and must have characteristics of an informed consent given without any undue influence or constraint.
- The said document shall be in writing clearly stating as to when medical treatment may be withdrawn, or no specific medical treatment shall be given which will only have the effect of delaying the process of death that may otherwise cause him/her pain, anguish and suffering and further put him/her in a state of indignity.
- It should be signed by the executor in the presence of two attesting witnesses, preferably independent, and countersigned by 173 the jurisdictional Judicial Magistrate of First Class (JMFC) so designated by the concerned District Judge.
- **If permission to withdraw medical treatment is refused by the Medical Board**, it would be open to the executor of the Advance Directive or his family members 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.
- Also, **an individual may withdraw or alter the Advance Directive at any time when he/she has the capacity to do so** and by following the same procedure as provided for recording of Advance Directive. Withdrawal or revocation of an Advance Directive must be in writing.

Absence of Advance Medical Directive:

- In cases where the patient is terminally ill and undergoing prolonged treatment in respect of ailment which is incurable or where there is no hope of being cured, the physician may inform the hospital which, in turn, shall constitute a Hospital Medical Board (HMB).
- HMB, after discussing with the family physician and the family members of the patient, may form a preliminary opinion on whether or not to withdraw the treatment. The final decision, however, will be endorsed by JMFC after it has visited the patient, verified the medical reports, examined the condition of the patient and discussed with the family members of the patient.

Sikri, J:

It is an undisputed that Doctors' primary duty is to provide treatment and save life but not in the case when a person has already expressed his desire of not being subjected to any kind of treatment. It is a common law right of people, of any civilized country, to refuse unwanted medical treatment and no person can force him/her to take any medical treatment which the person does not desire to continue with.

Chandrachud, J:

While upholding the legality of passive euthanasia (voluntary and non-voluntary) and in recognising the importance of advance directives, the present judgment draws sustenance from the constitutional values of liberty, dignity, autonomy and privacy. In order to lend assurance to a decision taken by the treating doctor in good faith, this judgment has mandated the setting up of committees to exercise a supervisory role and function. Besides lending assurance to the decision of the treating doctors, the setting up of such committees and the processing of a proposed decision through the committee will protect the ultimate decision that is taken from an imputation of a lack of bona fides.

Bhushan, J:

In cases of incompetent patients who are unable to take an informed decision, "the best interests principle" be applied and such decision be taken by specified competent medical experts and be implemented after providing a cooling period to enable aggrieved person to approach the court of law.

Comparative Analysis of INDIA with UNITED KINGDOM and UNITED STATES with context to Euthanasia and Assisted Suicide:

India and United Kingdom: - The beginnings of British thoughts for the active euthanasia can be discovered in the writings of Thomas More as well as Francis Bacon. In the early seventeenth century, Bacon talked about euthanasia as a fairly, lenient passage. Commencing in the lately nineteenth century, mercy killing once again appeared on the philosophic approach of United Kingdom. And argument was intemperately regulated through the spirit of the time, i.e., through individualism, freethinking as well as laissez-faire economic science. In *Re J (A Minor) (Wardship: Medical Treatment)*, Remarked that there's zero responsibility to afford treatment i.e. Fruitless as well as onerous. Whether a especial discourse would be more onerous than advantageous as well as appraisals of the expected quality of liveliness for the patient with or without the peculiar therapy are wherever patients decline definite medical therapy on spiritual cause, it's gentle to imagine a state of affairs that doesn't inevitably postulate a terminus as well as incurable sickness as well as implies very beneficial aspects of retrieval.

It is true that, the public debate nowadays is very much based in conventional liberal intellection. In United Kingdom, euthanasia is outlawed as well as penal under criminal jurisprudence. In that respect are zero exceptions in English practice of law to 'mercy killings', though a relative of an agonizing mortal can bring up a defence to abridge the accusation from murder to culpable homicide not amounting to murder. This inflexible mental attitude towards intentional homicide reflects the reality that traditionally in United Kingdom's practices of law defending social order supervenes upon individual liberty. The pedigree of this rigorous position to the inviolability of liveliness can be ascertained in the distant past of the development of common law of Britain. In Republic of India, On 9th March 2018, Apex court in writ petition Common Cause (A Regd. Society) Versus Union of India and Another's, Writ Petition (Civil) No. 215 of 2005, Judges himself Dipak Misra, CJI as well as A.M. Khanwilkar, J. laid down the new well developed concept of euthanasia and mercy killing. This writ petition was filed under Art 32 of Constitution by petitioner, a registered society, for seeking from this court Right to die with dignity as Fundamental right under Art 21 of Indian Constitution as well as issuing directions for Living will in relation to terminally sick patients.

Right to Die with Dignity is Fundamental Right

In this case Supreme court reiterated the judgement of Gian kaur case and held that "right to life: including right to live with human dignity" would stand for the existence of this cardinal right up to the termination of natural lifespan of human beings, which likewise admits the right to a dignified life till an individual pass away comprising a self-respecting process of demise. Thus above right was adjudged to be persona of fundamental right enshrined under Art 21.

India and United States of America: - Supreme Court of India on 18th April, 2011 passed the following order and lay down the law of passive euthanasia in India:

(i) An individual who's in a permanent vegetative state, ought to permit withholding or withdrawal of life supporting therapies for example artificial nourishment tube, ventilator and allowing it will not amount to be unlawful.

(ii) Parent or the husband or wife of patient or other close relatives or in case if they are not available or apply then this decision could be taken by even an individual or body of persons working as a next friend of that poor soul. It can also be taken by physicians' in charge of patient. Notwithstanding, the conclusion must be taken in good faith in which welfare of patient is paramount consideration.

(iii) Therefore, even whenever a decision is adopted through the near congregators or medicos or next friend to draw off life-support system, this decision necessitates prior approval by the High Court of concerned territory according to procedure laid down in *Airedale's* case.

(iv) In opinion of their lordships, in instance of an incapable individual who's not able to hold a decision whether to withdraw life-support system or not, it's the Court solely, as a "parens patriae", that is in the end must take this decision, although, without doubt, the opinions of the near relations, next friend as well as medicos must be afforded appropriate worth.

But at US it was earlier when, the case of Terri Schiavo was a landmark case regarding euthanasia from year 1990 to 2005. Facts of that case are followings Theresa Marie "Terri" Schiavo was a woman in an irrevocable persistent vegetative condition. Terri's married man as well as legal guardian contended that Terri wouldn't have desired protracted artificial life supporting system without the aspect of recovery, as well as chosen to withdraw her nourishing tube. Terri's parents challenged her husband's statements as well as challenged Terri's medical diagnosing, contending in favour of going forward with artificial nourishment as well as hydration. Thence extremely publicized as well as lengthened series of judicial challenges represented through her parents, that in

the final analysis demanded state as well as federal political leaders up to the grade of President George W. Bush, made a 7 years postponement prior to Schiavo's nourishing tube was in the end withdrew.

II. CONCLUSION:

In the contemporary modern time right to euthanasia is being vastly debated in several countries well as sturdy approaches are emerging in favour of euthanasia. Numerous persons in various parts of the world are presently living in a "persistent vegetative state". Medical technology has brought about conditions wherein these terminally ill patients continue to remain suspended near death but not allowed to cross the threshold. In such cases passive as well as active euthanasia is being forcefully advocated. Here lies the biggest threat of the right being misused, which is the foremost in opposing the right. Then again the menace and terror of abuse & misuse could be prevented with appropriate precautions and detailed guiding principles.

In Republic of India the right to have personal life ended at will is dependent to social, moral, as well as legal stenosis. And query that should mercy killing, active & passive euthanasia be legalised isn't an objective query. It's a subjective one that reckons more upon the events as well as contexts. Whenever the action of natural demise has commenced, we can solely assist in that action on natural demise. And individual ought to be in a Permanent Vegetative State, or in comatoseness, or existing with a dead brain. Besides consent to stopping life-support system of the patient ought to be must? Whenever the patient isn't in a condition to afford his consent, then in that event a choice has to be taken either through the parents or better half or other close relations or when no person before this available than such kinda decision can be made by the next friend of suffering patient. It may as well be taken by the medicos assisting the patient. 362 Nevertheless, the decisiveness has to be made bona fide in the utmost interest of the patient. Whenever a human who's neither any relative available nor whatsoever close friends besides he isn't in a state to giving his consent, then therein event the judicature would command the skilled medicos to put forward a medical report of that individual as well as court would look over it as well.

Summary to the above context:

- 1) Right to refuse medical treatment and informed consent form the base of legalizing euthanasia.
- 2) The human rights law and other provision have two interpretations that favour both protagonist and antagonists. However, the importance to human dignity should be considered and the humanitarian and utilitarian approach should be taken.
- 3) The quality of life should be upheld in order to protect dignity of the patients.
- 4) Life should be protected but it should not be imposed.
- 5) The principles of autonomy and beneficence should be respected.
- 6) Change in the rules of medical ethics is the need of an hour.
- 7) Judiciary should interpret the laws in order to provide justice to terminally patients.
- 8) Law allows abortion under certain circumstance in the same way death with dignity should be allowed.
- 9) Laws should be made in keeping with the global legislations in mind.
- 10) Active euthanasia and physician-assisted suicide should be allowed in exceptional circumstances. The stringent procedure should be followed to avoid misuse.

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