

 <p>ISSN NO. 2320-5407</p>	<p>Journal Homepage: <a href="http://www.journalijar.com">-www.journalijar.com</a></p> <h2>INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)</h2> <p>Article DOI: 10.21474/IJAR01/11645 DOI URL: <a href="http://dx.doi.org/10.21474/IJAR01/11645">http://dx.doi.org/10.21474/IJAR01/11645</a></p>	
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### RESEARCH ARTICLE

#### “EUTHANASIA: A STUDY INTO THE ETHICAL AND LEGAL DIMENSIONS”

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#### Manuscript Info

##### Manuscript History

Received: 05 July 2020

Final Accepted: 10 August 2020

Published: September 2020

#### Abstract

Euthanasia, or physician-assisted suicide, raises several questions regarding legality and ethics. On one hand, patients should have the right to control their demise- (the right to die with dignity is an intrinsic facet of the right to life under Article 21), whereas terminal illness which brings not only an enormous amount of pain but also emotional suffering and psychological agony, questions the worth of such a life- shouldn't patients have the option to avoid this trauma? Consequently, is individual will to die more significant than the state's restrictions on the same? On the other hand, practices such as active euthanasia raise legal concerns as a policy, since legalizing euthanasia gives surrogate decision-makers the ability to decide in case of incompetent patients based on nebulous tests, while power structures threaten the patients too. As a result of promoting euthanasia in a society as complex and diverse as India's, will patients from vulnerable communities such as women, Dalits, girl children be subjected to 'discriminatory' or 'forced' euthanasia? Does the 'Slippery Slope Argument' (which predicts the same that legalizing euthanasia will lead on to more number of nonvoluntary cases of euthanasia) hold?. Previous studies on euthanasia have evaluated the effects of it as a public policy, as well as, its necessity as an individual right. Further, studies have also been conducted on active and passive euthanasia, the philosophy behind euthanasia, and the problems raised by this practice. Through my study, I aim to contribute to these areas of research by focusing on the need for euthanasia, its various types, its effects on the individual in question, as well as, society as a whole. With the fulfillment of this research, I would like to answer some of the questions I have raised, and reach conclusions regarding the morality of euthanasia, and whether it should or should not be legalized. The goal of this research project is to evaluate euthanasia as a legal, ethical, and personal practice, taking into consideration the history of such cases, the legal status of the concept in various countries, and a comparative analysis of the same with India. Moreover, through this research, I hope to address legal, as well as, ethical and moral issues, raised by euthanasia, analyze them, and, combine them into one line of thought. In this regard, the innovative use of a unique questionnaire designed for various categories of stakeholders, as well as, completed a literature review of the research that has taken place so far have enabled this research. As a result, the results have been analyzed and comprehended in an interesting yet simple language for the study to reach maximum

readers. Moreover, the research is an attempt to break down multiple facets of euthanasia, and question the ethicality of euthanasia, the certain harms it poses to society as a public policy and regulation that would be required to legalize active euthanasia. Furthermore, should alternatives such as hospice care and palliative care should be considered before opting for euthanasia? Thus I will first analyze the ethicality or ethical portion regarding euthanasia, followed by its possible impacts, benefits, and fallouts in society, supported by appropriate logical reasoning. This will help understand the two dimensions of both passive as well as active forms of euthanasia. I will proceed to compare and contrast euthanasia with other alternatives, such as palliative care and conclude with the help of my understanding and views on the matter.

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### Introduction:-

Euthanasia has been a matter of much debate and discussion in India, especially since March 2018, when [passive euthanasia](#) was legalized by a verdict of the Supreme Court under strict guidelines. "The decision was made as part of the verdict in a case involving [Aruna Shanbaug](#), who had been in a Persistent / Permanent Vegetative State (PVS) until she died in 2015. Aruna Shanbaug was a nurse working at the [King Edward Memorial Hospital, Parel, Mumbai](#). On 27 November 1973, she was strangled and sodomized by Sohanlal Walmiki, a sweeper. During the attack, she was strangled with a chain, and the deprivation of oxygen had left her in a vegetative state ever since. She was treated at KEM since the incident and was kept alive through the use of a feeding tube. On behalf of Aruna, her friend [Pinki Virani](#), a social activist, filed a petition in the Supreme Court arguing that the "continued existence of Aruna violates her right to live in dignity". The Supreme Court made its decision on 7 March 2011. The court rejected the plea to discontinue Aruna's life support and this decision was based on the fact that the hospital staff who treated and took care of her did not support euthanizing her. She died of pneumonia on 18 May 2015, after being in a coma for 42 years. The court, however, did issue a set of broad guidelines legalizing passive euthanasia in India".(2) According to these guidelines, patients must consent through a [living will](#), and must be either terminally ill or in a vegetative state as a prerequisite for granting (passive) euthanasia.

However, along with the legal aspects, euthanasia extends into deeper ethical and moral realms. Should an individual have the right to euthanasia, and thus a right to choose their death? Patients with terminal or chronic illnesses have to experience immense amounts of pain. This constant pain can cause psychological and emotional hardships for the patient as well as for his/her loved ones such as feelings of helplessness, depression, and consistent fear of dying. Is it ethical then, to put such patients through harsh living conditions? Should they have a choice in such situations?

Often these moral and legal prospects clash, leading to consideration of multiple facets, such as the effectiveness of euthanasia as an individual right, vis a vis, euthanasia as a public policy, or its effect on society as a whole. For example, 'right to life' is a natural right embodied in Article 21, but suicide is an unnatural termination, or extinction of life, and, therefore, incompatible and inconsistent with the concept of 'right to life'. It is the duty of the State to protect life and the physician's duty to provide care and not to harm patients. (1) The complexity regarding euthanasia is the very distinction from other related terminologies, such as murder, suicide, physician-assisted suicide, and assisted suicide. Although euthanasia can be used synonymously with these terms depending on how the law views euthanasia in different countries, a clear understanding is required for an accurate analysis. Murder refers to the unlawful killing of a human being, and in most Islamic countries, euthanasia is equated to murder. Placing euthanasia under legislation that punishes murder also attaches the malicious intent of murder to the concept of euthanasia, which is inherently problematic, as the intention of euthanasia in health care is the very opposite. Suicide refers to the intentional act of taking one's own life. Physician-assisted suicide, or assisted suicide, is providing someone with means to end their own life. In euthanasia, however, there is more involvement of physicians, and requires physicians to administer drugs and even take decisions at times.

By analyzing euthanasia, its ethical and legal aspects, and thus determining whether it is a justified practice or not, it would help settle the right to life vs right to autonomy, the forefront debate regarding euthanasia. Those who support

the right to life consider the dignity and purpose that life offers of utmost importance, which should not be wasted as such. “Article 21 of the Indian Constitution which deals with the protection of life and personal liberty has gone through successive interpretations by the Courts of law in important landmark judgments. 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. Right to Life supporters believe that since euthanasia curtails the process of dying, it should not be included under article 21. On the other hand, those who support individual autonomy, believe that 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.” (3)

### **Glossary of Key Terms**

#### **Euthanasia:**

Euthanasia, also known as mercy killing, is an act, or practice of painlessly putting to death, people suffering from painful and incurable diseases, or incapacitating physical disorders such as being in a permanent vegetative state. This act allows them to die by withholding treatment, or withdrawing artificial life-support measures. This also involves the administration of lethal drugs, to end an incurably or terminally ill patient’s life.

#### **Types of Euthanasia**

##### **Active Euthanasia:**

Active Euthanasia refers to the deliberate act of physician, usually through the administration of lethal drugs, to end an incurably, or terminally ill patient’s life.

##### **Passive Euthanasia:**

Passive Euthanasia refers to withholding or withdrawing treatment which is necessary for maintaining life.

##### **Hospice care:**

Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced life-limiting illness so that they may live as fully and comfortably as possible.

##### **Substituted-Judgment Doctrine:**

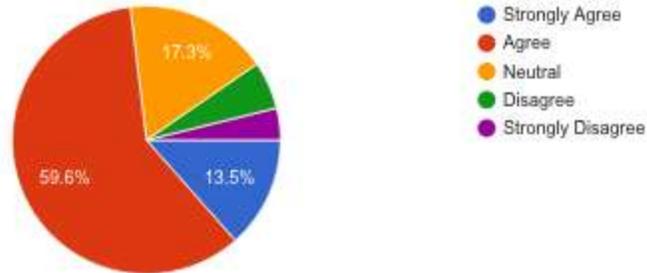
Substituted-Judgement Doctrine is a principle that allows a surrogate decision-maker to attempt and establish, with as much accuracy as possible, what decision an incompetent patient would make if he or she were competent to do so.

##### **Ethics of Euthanasia**

The complexity and magnanimous effect of practicing euthanasia, and its irreversible consequences for the practitioner, have led to an endless series of intellectual arguments debating its ethical foundation. As the main purpose of the availability of euthanasia as a medical practice, is for a patient afflicted with incurable and painful medical diseases to have the option, or liberty to end their suffering, it further debated the nature and purpose of life and death of the person concerned. In this regard, one can not dismiss the fact that cases of the patient being in a permanent vegetative state, patients as well as their families and friends are subjected to immense emotional and psychological hardships, other than the physical pain endured by the patient. These adversities may be in the form of fear of uncertainty of death, feelings of helplessness, or depression. The few countries which have legalized active euthanasia such as Belgium and Netherlands, also make selective usage of the practice by only opting for euthanasia as a last resort, which is when the condition of the patient cannot be facilitated by any possible medical means. In such scenarios, euthanasia provides the patient an option to cease these difficulties, and shorten the duration of suffering. The recently conducted survey of 52 recipients showed that as many as 73.1 % subjects agreed to the statement “ euthanasia reduces the psychological and emotional toll on the patients, as well as their families”, while only 9.6% subjects disagreed to this statement.

Q7. Do you believe Euthanasia reduces the psychological and emotional toll on the patients, as well as their families? 

52 responses



However, euthanasia has often received backlash on ethical grounds, primarily due to the intense ending of life associated with it, which in turn becomes a reflection of unnatural human interference with the ways of nature. Life, as a concept, is viewed as sublime and sacred, which is respected immensely across civilizations and various religions irrespective of geography and beliefs. Many religious groups also tend to believe that life, which one has been endowed with, must be honoured, and thus euthanasia is not a moral practice or right of an individual. “Thus, opponents of the legalization of active euthanasia, as a primary argument, emphasize upon the holiness of life at all costs (which is supported primarily with arguments in Islamic and Christian religion, which prohibit any form of suicide), while its supporters believe that the moral obligation of doctors is to end the life of a terminally ill patient who is suffering, but they also highlight the strong individual autonomy in the matters of life and death.”(4) Thus the ethicality of euthanasia can be both supported and opposed keeping in mind the welfare for the patient, his/her liberty, and the fundamentals of life.

### Impact of Euthanasia on Society

The impact of euthanasia on society as a whole is colossal. Not only does it directly affect the patient undergoing euthanasia, but also every family member, friend, and acquaintance. It affects the role of physicians and the general view and perception of death itself.

The legalization of euthanasia has commenced in the past few decades. One of the factors responsible for euthanasia is, no doubt, the increasing importance given to individualism in society. “There seems to be either a total lack of consciousness or a denial that this kind of individualism can undermine the intangible infrastructure on which society rests, the communal and cultural fabric. Individualism untempered by at least concern and perhaps the duty to protect and promote community will inevitably destroy the community. Thus, although legalizing euthanasia is a result of unbridled individualism, the latter would also promote it, at least in terms of the balance between the individual and the community.” (5)

“Eventually, society will not be able to defend the most vulnerable from abuse, and doctors will become death dealers instead of healers.”(6) The dehumanization of doctors will cause a change in perception of doctors, and thus the doctor-patient relationship and the trust and morality in the bond.

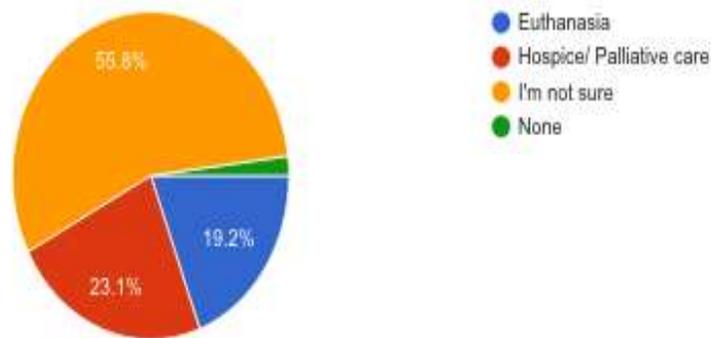
Furthermore, euthanasia has a great impact on our perception of death itself. The concept of euthanasia displays death as a solution to human suffering. When death becomes the answer, we as human beings have lost the opportunity to go beyond our limitations, try harder, and offer hope to these people. Agreeing with assisted suicide is an affirmation that, depending on the circumstances, some lives are not worth living and need to be terminated. While euthanasia may “relieve” a patient if his/her suffering, it portrays a dark and gloomy picture for the rest of society. Death being a solution, is inherently problematic because, for people suffering from trauma, depression, or other mental disorders, death and suicide become an option even when it is not required. The illicit nature of suicide will not be able to curb and bring change in this mindset.

### An Alternative to Euthanasia: Palliative/ Hospice Care

“Palliative care can offer much to patients and their families, involving the physical, psychosocial, and spiritual aspects of care for both the patient and family. Most requests for assisted dying can be resolved with good communication, understanding, and symptom control. There may still be a small number of people who find the fears, or reality of indignity too much and who may then ask for assisted dying.” (7) However, palliative care unlike euthanasia has not been opposed, and is legal in all countries as it aims to provide terminally ill and dying patients with optimum personalized care, including pain relief and symptomatic treatment, so that they may live as fully and comfortably as possible before death naturally occurring for them. The hospice philosophy accepts death as the final stage of life: it affirms life but does not try to hasten, or postpone death. Hospice care treats the person and symptoms of the disease, rather than treating the disease itself. In this regard, the survey on euthanasia conducted by me also revealed that an approximately equal number of people believe palliative care is more ethical than euthanasia as compared to the number of people who believed euthanasia is more ethical. Approximately half the subjects believed that the answer to this question would depend from case to case, however, similar responses rose from those who chose euthanasia or palliative care specifically. However, the very financial cost of palliative care is so high, and thus the economically weaker sections simply can't afford palliative care. Among the ICU related deaths in India, 25% of patients died at home following discharge against medical advice from the Indian ICUs due to non-affordability of intensive care treatment. (I suggest you include economic limitations of people in choosing the option of palliative care in low-income communities). Some sections, which support euthanasia also believed that while euthanasia can terminate suffering, palliative care results in elongation of the duration of pain till death. Meanwhile, several arguments in favor of palliative care believe that as a medical practice it cannot be used for unethical purposes, and is a natural way for the patient to spend the last days of their life.

Q5. Euthanasia gives the patient control of process of their death. However, alternatives such as hospice care, or palliative care, which focus on improving life quality of patients until their death is also available to them. Which treatment would you feel is more ethical?

52 responses



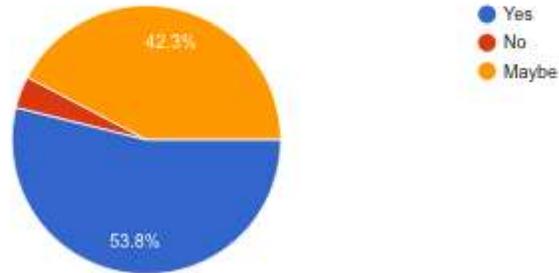
### Legality of Euthanasia

Euthanasia was first legalized in Netherlands in 2001. As of present times, euthanasia is legal in Netherlands, Belgium, Luxembourg, and Canada. In most countries, active euthanasia remains an illicit activity, while passive euthanasia is generally accepted worldwide. Physician-assisted suicide, on the other hand, has been decriminalized in many countries such as Switzerland, Oregon, Washington, and Montana.

The absence of euthanasia as a public policy has also been justified in several ways. Firstly, if euthanasia is legalized, it will be based on nebulous tests in most countries, which will function on a ‘burdens vs. benefits’ basis. Another possible basis of this policy will be that of substituted judgment, in which the surrogate decision-maker has the power to euthanize patients that they deem incompetent. This system would be based on an examination of the patient’s values which may be inaccurate in some scenarios. Furthermore, such ambiguous and indefinite practices can be misused to target individuals of certain groups, which is known as discriminatory euthanasia. The results of my survey further support this statement. Over half the subjects, who were a part of the survey, believe that the legalization of euthanasia can lead to discrimination.

Q8. If euthanasia is legalized, do you think "discriminatory euthanasia", pressurizing, or forcing individuals from certain groups is a concern?

52 responses



“Many activists against euthanasia feel that legalizing it will lead to the ‘slippery slope’ phenomenon which determines that more number of Nonvoluntary Euthanasia” (8). Thus to prevent the misuse of Euthanasia, it can only stand as a public policy only if many effective and reliable restrictions are placed on the usage of the practice. For example, “Under current Dutch law, Euthanasia by doctors is only legal in cases of "hopeless and unbearable" suffering. In practice, this means that it is limited to those suffering from serious medical conditions

According to the law, euthanasia is permitted upon the meeting of the following requirements:

1. The request originates from the patient, and is given free and voluntary;
2. The patient suffers intolerable pain, which cannot be facilitated;
3. Patient is aware of his medical condition and perspectives;
4. Euthanasia is the last sanctuary for patients, because there is no other alternative;
5. The doctor, who has to perform euthanasia, consulted a colleague who has experience in this field, and which has examined a patient and agreed that all conditions are met for euthanasia or assisted suicide, and euthanasia, or assisted suicide is performed with the necessary care” (4).

Thus, the legality of euthanasia must be considered from multiple points of view- its effect on society, and different social and religious groups, as a public policy, and as an individual right. This requires the consideration of the ethics and morality concerning euthanasia- whether a terminally ill patient should have the right to euthanasia and physician-assisted suicide.

### Legality of Euthanasia in India

“Euthanasia is still new to India and there are no special provisions regarding this either in law or legislation. In recent years, few medical cases signify the necessity of euthanasia in India. In the absence of legal euthanasia in India, patients are deprived of receiving organs from a donor. Venkatesh, a boy, died in his sleep on December 17, 2004, and his plea to donate his organs before his death was not accepted by the Andhra Pradesh High Court. The hospital stated on the question of donation of organ, in the very case, it amounted to euthanasia or mercy killing, which is illegal in India. High Court judges Devender Gupta and Narayan Reddy said "the existing law has no such provision and the request cannot be conceded." His mother, K. Sujatha, was not ready to give up. She had vowed to fight it out in the court, to make mercy killing legal in India.” (9)

This incident was followed by many other cases, which did not directly bring about any change, but were considered by the Supreme Court and noted down thereafter. Until 2011, the major incidents included were-

**“May 11, 2005:** SC takes note of PIL of NGO 'Common Cause' seeking nod to allow terminally-ill persons to execute a living will for passive euthanasia. It seeks the Centre's response on the plea which seeks a declaration of 'right to die with dignity' as a Fundamental Right under Article 21 (right to life) of the Constitution.

**Jan 16, 2006:** SC allows Delhi Medical Council (DMC) to intervene and asks it to file documents on passive euthanasia.

**Apr 28:** Law Commission suggests a draft bill on passive euthanasia and says such pleas be made to HCs which should decide after taking experts' views.” (10)

In 2006, the 196th report of the Law Commission of India brought out The Medical Treatment of terminally ill Patients Bill 2006. However, no laws on euthanasia were made by the Health Ministry. The first step towards legalizing euthanasia came on 23rd December 2014, following the Aruna Shanbaug case in 2011. The Supreme Court, for the first time, laid down guidelines to process pleas for passive euthanasia. These guidelines were-

“1.A decision has to be taken to discontinue life support either by the parents or the spouse or other close relatives, or in the absence of any of them, such a decision can be taken even by a person or a body of persons acting as a next friend. It can also be taken by the doctors attending the patient. However, the decision should be taken bona fide in the best interest of the patient.

2. Even if a decision is taken by the near relatives or doctors or next friend to withdraw life support, such a decision requires the presence of two witnesses and countersigned by a first class judicial magistrate, and should also be approved by a medical board set up by the hospital.” (2)

Finally, on 9 March 2018, the Supreme Court of India passed a historic judgment-law permitting Passive Euthanasia in the country under the Constitutional provision of “Next Friend”. It is a law that places the power of choice in the hands of the individual, over the government, medical or religious control. The Supreme Court specified two conditions to permit Passive Euthanasia Law in its 2011 Law:

(I) The brain-dead for whom the ventilator can be switched off.

(II) Those in a Persistent Vegetative State (PVS) for whom the feed can be tapered out and pain-managing palliatives be added, according to laid-down international specifications.

**Survey Results:-**

Q1. How familiar are you with the concept of euthanasia?  
52 responses



Q3. Since March 2018, passive euthanasia is legal in India under strict guidelines. Passive euthanasia refers to withholding, or withdrawing treatment which is necessary for maintaining life. What do you think about the legal status of Euthanasia in India?  
52 responses



Your reasons for choosing the above answer  
52 responses

I don't think its actually followed well in the country.

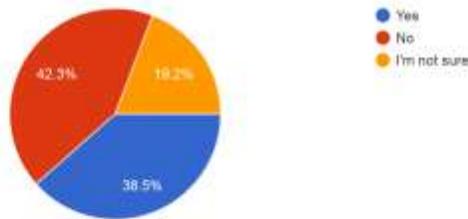
Active euthanasia should also be legalised, provided the patient can provide consent, and is mentally fit to do so.

Where a person is brain dead / in vegetative state and there is no possibility of recovery and this is confirmed by due process, then if the family approves and there is no legal issue involved then it would also be good for the individual also that life support is withheld or withdrawn.

Q4. Involuntary euthanasia involves euthanasia when the patient is not in a position to give consent- due to unfit mental state or due to any te... think involuntary euthanasia should be legalized?  
52 responses



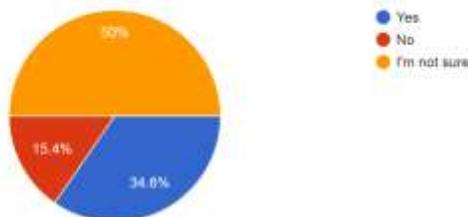
Q6. Euthanasia requires physicians to interfere in matters of death. Their evaluation of the patient affects the decision to opt for euthanasia. Will thi...ffect the public trust and confidence in physicians?  
52 responses



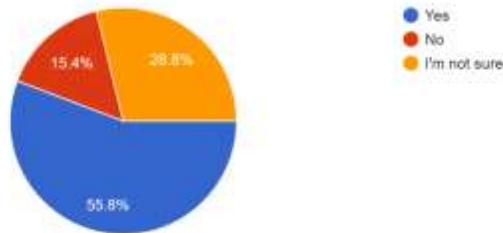
Q9. Substituted-Judgment Doctrine is a principle that that allows a surrogate decision-maker to attempt to establish, with as much accuracy as pos...result in a decision that the patients would make?  
52 responses



Q10. According to the 'Slippery Slope Argument', some believe that the availability of euthanasia as a legal choice will lead to less acceptable forms of euthanasia being carried out. Do you agree?  
52 responses



Q11. Euthanasia has been legalized for highly disabled or ill infants in a few countries. Do you think that this is moral?  
52 responses:



Results from the survey revealed that most of the recipients (86.5%) were familiar with the concept of euthanasia. Furthermore, almost two-thirds of the recipients (61.5%) believed that euthanasia is moral. Interestingly two-thirds of the recipients (61.5%) believed that the legal status of euthanasia in India is apt. Some subjects responded to the question with support for passive euthanasia, while others believe that the law should include active euthanasia as well. However, a quarter of the subjects believe that the law needs alternate perspectives. For the fourth question, approximately three-fifths of the recipients (59.6%) supported the legalization of involuntary euthanasia, provided an assigned surrogate- decision-maker decides on behalf of the patient. A majority of the participants supported the concept of involuntary euthanasia with the condition that the surrogate-decision maker was a family member. Those who opposed the legalization of involuntary euthanasia believed that a written signed consent should be required from the patients themselves. Although almost all participants agreed that the stake of physicians in society would increase in importance, the participants were almost equally divided over the subject of whether or not the legalization of euthanasia will affect the trust the public has in them. Those who believed that physician trust would not be affected claimed that euthanasia would be similar to other treatments carried out by physicians. On the other hand, those who believed that euthanasia would have an impact on physician trust claimed that even when physicians would not directly make the decision or administer the drugs, their evaluation of the patient's health would play a key role in the final decision. This may clash with the opinions or desires of family members and thus have a certain impact. One-third (34.6%) of the participants believed that surrogate decision-makers would make a decision accurate concerning the decision that the patient himself/herself would make if they were in a state to think clearly, only if the surrogate decision-maker was a close family member. With regard to the "Slippery Slope" argument, exactly half of the participants were unsure whether legalisation of euthanasia would lead to less acceptable forms of euthanasia being carried out. Two thirds of the rest of the participants felt that the slippery slope argument is true(69.2%). In the 11th question, Approximately half (55.8%) of the recipients believed that euthanising highly disabled/ill infants is moral, while a quarter of the participants were unsure about its morality. Those who supported legalisation of euthanasia for infants believed that even if the infant would survive, he/she would have to undergo a lot of pain, treatment, and surgical procedures. They believed that it would be moral to relieve the infant of the pain. Those who opposed infant euthanasia either opposed euthanasia in general, or felt that the decision cannot be made by the infant itself, and so is unethical.

### Conclusion:-

I personally believe that passive euthanasia should be legalised and protected by the law. However, the legalization of euthanasia must be accompanied with a number of definite and specific restrictions, which must be well thought out after a consideration of its effects as a public policy, as well as an individual right. Furthermore, only voluntary euthanasia as a form of active euthanasia should be legalised. A document should be signed by the patients themselves stating that they wish to receive euthanasia. However, nonvoluntary euthanasia, which is delivered when the patient is an unfit state to make the decision themselves, and involuntary euthanasia, or euthanasia without patient consent, should remain as illicit activities. This framework would prevent discrimination and misuse of euthanasia. Euthanasia should only be opted for as a last resort, after an evaluation of both physicians as well as psychiatrists when required. Finally, alternatives such as palliative Care should be encouraged and considered before opting for euthanasia.

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