

## EUTHENESIA – A PASSIVE KILLING

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Aarya Kumar Jha<sup>1</sup>

### INTRODUCTION

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Not considering the significance of esteemed human lives and disregarding The Hippocratic Oath, the ancient Greeks and Romans introduced the concept of Euthanasia around the 5<sup>th</sup> century B.C. Since then, several other jurisdictions around the world have recognized and legalized Euthanasia. However, the concept is adopted with a view, in contrast to the fundamental beliefs of Greeks. Euthanasia, in the contemporary world, has been decriminalized for the sole reason that the essence of human life, which includes for an individual to live a life without discomforts or physical sufferings, is acknowledged in the event that a man had a wiped out constitution and unnecessary propensities, his life merited nothing to himself or any other person; medication was not implied for such individuals and they ought not to be dealt with, however, they may be more extravagant than Midas. Conflictingly, affirming the privilege to a benevolent passing for people raises numerous significant good, social and legitimate inquiries.

Euthanasia, conventionally meaning 'Good Death' is a method, which is carried out when a patient slips into an irreversible coma or Persistent Vegetative State (PVS). The act induces death painlessly, putting an end to the suffering endured by the patient. Euthanasia is carried out when a patient has no likelihood of surviving or when he reaches the stage of 'no cure'. The words 'no cure' pass on that the patient remaining parts in a similar condition of agony and enduring or the withering interaction is deferred through taking response to present-day clinical innovation.<sup>2</sup> It can be further classified into active euthanasia, where medical professionals purposely give the suffering patient a fatal injection and the other is passive euthanasia which allows the withdrawal of life support to a patient if he/she slips into somatic death. Active euthanasia is impermissible in most countries as it poses great social and moral liabilities. However, passive euthanasia is consented by the same on the ground that it brings death to a patient by either withholding or withdrawing treatment and hence should be accepted morally. Anyhow, it is arguable here that how can an act (withholding/withdrawing

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<sup>1</sup> BBA LLB, THIRD YEAR, ICAFI LAW SCHOOL, HYDERABAD.

<sup>2</sup> Common Cause vs. UOI.

life-prolonging measures in passive euthanasia) which puts the patient in despair in the last moments of life is considered more morally appropriate than ending his/her life in seconds (by giving lethal injections in active euthanasia) which would in true sense grant him a dignified exit. Thus, the process of being allowed to die' can be comparably more slow and painful than injecting him with fatal drugs.

## QUALITY OF LIVES AND PRINCIPLE OF LIBERATION

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Euthanasia is a constitutional challenge if questions regarding the dissimilar views of society are taken into account. Their opinions on life, the value of life, and quality of life are distinctive.

Whatsoever, the decision rests with them. An individual, who has decision-making capacity, has the right to decide what happens to their body. The law should perceive the rule of individual independence and self-assurance which is the privilege of each person to settle on choices with respect to his own body and have these choices regarded. With the advancement in medical technologies, the limits of what can be done to human life have reached heights. Where one patient may feel it better to be bed-ridden in case he falls into Persistent Vegetative State and thus contended with living a biological life, others may refuse life-sustaining treatment to relieve suffering as they believe that life without the ability to engage in worldly adventures which even includes participating in fundamental human activities, is not a life worthy enough to accept regardless, in light of the fact that there might be a few people restricting willful extermination for themselves regardless of how miserable their condition is, that can't be the motivation to deny others the option to pick killing when life is no longer of significant worth.

In *Natanson v.s Kline*,<sup>3</sup> the Court observed that relying on the principle of self-determination, each man is to be considered a master of his own body if he is of sound mind. By the principle of self-determination, a doctor is not legally permitted to substitute his judgment for that of the patient by any form of artificial treatment, life-saving surgery, or any other medical treatment.

Whether one views life on a foundation of quality or quantity is a question that is close regarding the subject matter of euthanasia as euthanasia is a method to exterminate life. The

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<sup>3</sup> 187, Kan. 186 (1960).

World Health Organization has defined “Quality of life” as “the condition of life resulting from the combination of effects of the complete range of factors such as those determining health, happiness, education, social and intellectual attainments, freedom of action, justice, and freedom of expression”. Believers in quality of life support living with dignity and thus are negative towards receiving treatment in a terminally ill state. Contrarily, believers in the quantity of life presuppose the universal significance of life and the moral and religious aspects combined with the meaning of life.

### **EUTHANASIA: A DEAD STOP OF ETHICS AND SANCTITY OF LIFE**

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Is it humane to let someone die or is it ethical to put others to death, let alone the process of physician-assisted suicide in which a patient puts an end to his own life? The Medical Ethics Manual of the World Medical Association states that “Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient’s request or at the request of the patient’s close relative, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness”. Thus, the ethical conduct which has to be carried out by the physicians and patients has to be determined. Also, the moral and ethical beliefs of the physician govern the decision regarding the life of another human. Where voluntary euthanasia can be considered morally equitable as the decision to end one’s life in a terminally ill state is made by the patient himself, involuntary and non-voluntary euthanasia slaps the morality of the physician and the people involved in putting a patient’s life to death. Customarily, the targets of medication were to fix, care, and ease the patient's torment, the interior profound quality of medication would be addressed if its major objectives were changed in a manner not viable with the security of human nobilities, for example, stopping the patient's life.

The fact from which the principle of human worth is a generalization belongs to the commonplaces of morality. It is still undiscovered and will always be, whether a person in the state of somatic death and unbearable suffering wanted the physician to put an end to their life, which again questions the moral beliefs of people involved. However, euthanasia can be carried out in the right sense of its use when the decision-making process is conducted accordingly.

The patient’s views regarding meaning, value, and quality of life, not to mention his views about an end to life, opinion of relatives as the decision has to be shared, should be taken into account to decide what is ethically correct.

In *Airedale NHS Trust vs. Anthony Bland*,<sup>4</sup> Lord Goff thought that the appropriate framing of the question was the main. The inquiry isn't whether the specialist should take a course that will slaughter his patient, or even take a course that has the impact of quickening passing. The inquiry is whether the specialist ought to or ought not to keep on giving his patient clinical treatment which, whenever proceeded, will just delay his patient's life. The question to prove over here is “whether it is in the best interests of the patient that his life should be prolonged by the continuance of this form of medical care or treatment”

### **IS RIGHT TO DIE A FUNDAMENTAL RIGHT? (EUTHANASIA IN INDIA)**

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On account of *Aruna Ramchandra Shanbaug versus Union of India*,<sup>16</sup> detached killings were first perceived in Quite a while. Be that as it may, the equivalent was not completed for her situation administering the chance of recuperation from Persistent Vegetative State (PVS). Beforehand, on account of *Gian Kaur versus Province of Punjab*, the Supreme Court expressed that Article 21 ensuring the privilege to life did exclude the option to bite the dust or the option to be slaughtered and said that an unnatural end of life was contrary with the essential thought of the privilege to life. It overruled the judgment given in *P. Rathinam versus Union of India*, which held that the option to live, under Article 21 of the Constitution of India incorporates the privilege not to live.

Eventually, on account of *Common Cause versus Union of India*, India got one of only a handful few nations on the planet to perceive uninvolved willful extermination and held that the Right to life under Article 21 of the Constitution incorporates the 'Option to pass on with respect'. Court additionally set down rules to forestall the abuse of training that involves a human's existence.

### **ARTICLE 21 OF THE CONSTITUTION OF INDIA**

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The Universal Declaration of Human Rights states that “Everyone has the right to a standard of living adequate for the health and well being of himself and his family, including food, clothing, housing, and medical care”. The right to life and health is the most fundamental human right and no other right can exist without the guarantee of this right.

The right as enshrined in Article-21 of the Constitution of India states that “No person shall be deprived of his life or personal liberty except according to the procedure established by

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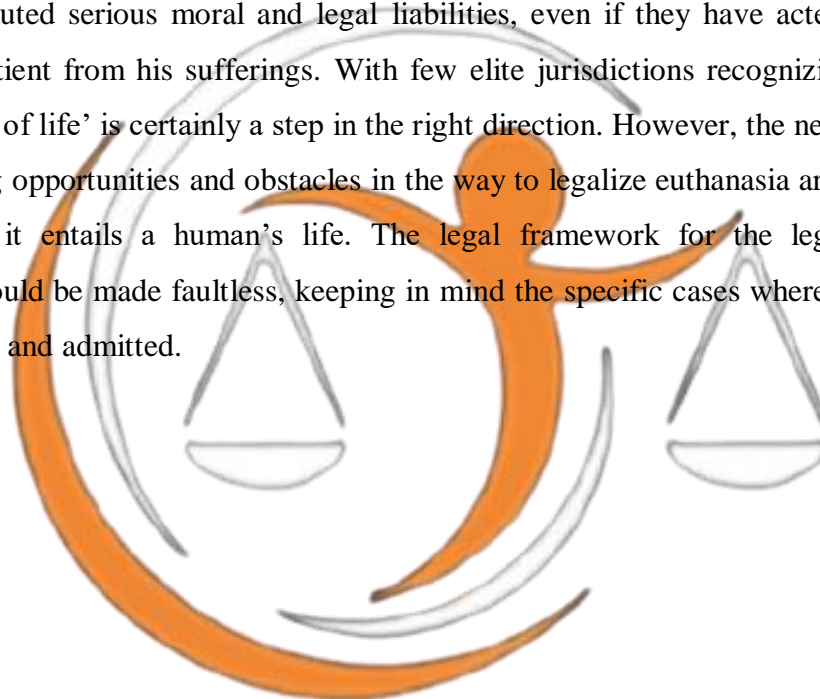
<sup>4</sup> *Airedale National Health Service Trust v Bland*, [1993] 1 All ER 821

law". In *Maruti Shripati Dubal v. State of Maharashtra*,<sup>5</sup> the question of whether Article 21 includes the right to die or not was first questioned.

## CONCLUSION

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It can be said that, even in the contemporary world, the distinctive visions with which humans view the idea of interrupting the longevity of life and thus putting an end to it, is extensive. With every individual possessing exclusive religious beliefs regarding the sanctity of life and those religious beliefs combined with their moral and ethical opinions, it is unlikely that humans will ever come down to one conclusion about this subject matter. So far, pulling the life-prolonging measures by the family or the physician in case of a terminally ill patient constituted serious moral and legal liabilities, even if they have acted bona fide to relieve the patient from his sufferings. With few elite jurisdictions recognizing the right of 'dignified end of life' is certainly a step in the right direction. However, the need for practical debate voicing opportunities and obstacles in the way to legalize euthanasia around the world is crucial as it entails a human's life. The legal framework for the legitimacy of euthanasia should be made faultless, keeping in mind the specific cases where such a right is acknowledged and admitted.



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<sup>5</sup> On 25 September, 1986.