5. Introduction

India has been known for its unique characteristic of diversity. This diversity in India prevails because of its secular nature. The state respects all the different religions, communities, their culture and dialects. This plays a vital impact on the thought process of an individual in India. However it not just the religion that influences once approach towards the subject but even the educational qualifications, his exposure to the outside world matter a lot. On this background, euthanasia in India can be discussed from various angles.

5.1 Traditional View

Indians are of the view that life is God-given and precious it is “sacred’ and cannot be put to an end. ‘Karma Siddhanta’ are the principles of Indian culture. Good deeds endeavor good result and bad deeds lead to malefic results. It is believed that re- birth depends on our past actions. And if we have to achieve liberation, as one has to resolve accounts of their past deeds.. It is believed to be ones destiny to endure all the sufferings. The concept prevalent in India states that if sin is committed by the individual in his life he has to pay for it in the same life there is no run away. The process of rebirth does not cease till you attain “moksha” Thus if a person is suffering with some incurable disease the sufferings he/she undergoes are accredited to his earlier period sick actions. It is believed that the enduring is purely the process of repentance. Karma the good and bad deeds, influence a person’s life, and decides the nature of the next life. Based on this theory committing suicide is considered a sin. The fundamental principle of existence thus opposes suicide. It is held that one is taking away divinely appointed opportunity of purification in case they are thinking of ending their life. The Indian tradition of moral wisdom is thus in favor of preservation of life.
5.1.1 Hinduism

The traditional view states that deliberate extermination of an naive person is erroneous and immoral. The traditions of moral wisdoms begin with a strong predisposition favoring preservation of life. Further, these traditions strongly believe that administering euthanasia interferes with killed souls movement towards liberation. If a person pre pones his death through mercy killing, he or she remains on the earth as a bad spirit, wanders aimlessly as they neither go to hell nor heaven. It is assumed that the almighty decides each one’s life span, which they have to abide. If this is not done the being is not relieved. He/ She is sent to hell, they do not get solace till they finish their incomplete deeds “karma” They are reverted back to the earth to comply them.

These convictions vary from tradition to tradition, but almost all believe in Karma (the good and bad deeds in a person’s life) which decides the nature of the next life. The accumulation of bad karma prevents “moksa”, or liberation from the cycle of rebirth. It affects the soul’s spiritual progress, and it is believed that the soul has to face dire consequences. Euthanasia is a form of killing. Killing in any form hinders the liberation of the soul. Not only so, it is believed that it brings bad karma to the killer that is a person who assists euthanasia, this is because he obstructs the natural progress of liberation. The other body which the soul reincarnates also has to endure till the earlier karma is not wiped out. It has not attained “moksha” because death is hastened by euthanasia. Hinduism thus highly criticizes deliberate taking of one’s life for self-interested means. In turn euthanasia is also highly condemned .As the timings of future birth are drastically affected.

At the same time, Hindus accept the practice of “prayopavesa” that is fasting to death. “Prayopavesa” is not regarded as suicide. When spiritually advanced people under specified circumstances adopt it. The decision of “prayopavesa” needs to be publicly declared and the action is to be committed under community regulations. It has thus been observed that respected enlighten respected community often indulged in acts such as dying by starving, killing oneself as sacrifice and sinking at holy place. All these acts were performed by them willingly; they were given the privilege of making a decision of their
end. But unfortunately such bereavement was never associated with the popular notion of suicide. They also have always eulogized “Mahaparasthana” of the Pandavas, the great journey of pilgrimage through their Himalayan sojourn, to survive on air and water until death. Being hippocratic at the same time submitted that untimely intentional death augments complexity in the after lives to come. Thus, it seems to be a misnomer to the concept of euthanasia.

The religious proponents justify “Prayopavesa” they correlated it to calmness and purity. They state that “Prayopavesa” is for those individuals who had discharged all their responsibility towards life and are contended. On the other hand frustrations, depressions, anguish, pain, sufferings or annoyance are the reasons connected with intentional killing.

The other strong rejection to the concept of euthanasia is the fundamental principle of Ahimsa, which is the basis of Hindu dharma. Ahimsa denotes nonviolence, non-injury or non-killing. Ahimsa is a paramount virtue amongst all Hindu paths, especially, Jain and Buddhist. Concept of ahimsa extends to all living beings. It states that a performing actions that lead to aggression in any form by expression, action or contemplation towards others are offensive. Existing humans are reflection of themselves so there can be no violence at all towards anybody. The ahimsa teachings are contrary to concept of euthanasia. It is as sinful act as committing murder. It is violation of ahimsa code. It has been stated that funeral rites are also not to be performed of a individual who commits suicide by his sapinda’s (blood relatives). As it is an act of “Abhisasta” (man accused of mortal sin

The traditional view thus categorically forbids euthanasia, holds it, a wrong to intentionally kill an innocent human being. The aforesaid traditional outlook persists among all the major religions practiced in India. However it is said that during the ancient period the state of Tamil Nadu had the practice of mercy killing for the terminally ill patients. They used to bathe the patient with oil massage early in the morning and subsequently give coconut water. This led to high fever and convulsions for the patients and later death. However, apart from this state no other Indian state has witnessed such deaths.

Whether this custom still prevails or not is also not known.


5.1.2 Christianity

5.1.2.2 Catholics

The Roman Catholic Church's official document condemns euthanasia as a "crime against God “and a “crime against life”. Euthanasia is a serious sin. Life is God's belongings and a gift to this world, and so Catholics believe that the individual himself or anyone else has no right to destroy life. According to them life has been bequeathed to us by the almighty and so we donot have any right on us as we all are his belongings. Our life is an endowment to this planet.

Churches emphasize that one should not interfere ordinary progression towards passing away as its already decided by god.. It is God who has created the life processes, birth and death therefore we should respect them. Human beings are created by God for a unique providence to share his life.. Catholics believe that humans are stewards of their lives and not owners. They are considered as images of god and therefore valuable. Thus, no authority lies with an individual to terminate his own life himself or with assistance of other even if he/she desires so. Further, they believe that interference towards end of the life journey means disrupting the soul who has started to depart this earth and move towards the almighty for its final journey. They also state that even if an individual is in vegetative state his/her significance in life and innate self-respect persists..Their life is always valuable and hence unjust to think for them otherwise. With these beliefs it is difficult for the community to accept euthanasia as a just ruling. They strongly believe that individuals never have a right to put a person to death, no matter how ill he may be and if done it is a sin. However their thinking is unlike the Hindus. The Hindus feel that if euthanized salvation is not attained. But for them that is not the cause for revolt as they believe that if church prays for such persons it provides them an opportunity for salutary repentance.

5.1.2.3 Criticism

The church morally accepts, to refuse extraordinary and forceful medical resources to preserve life then why do they condemn euthanasia, as passive
euthanasia means withdrawal of life supporting system to refrain preservation of life.
A number of Christians do support euthanasia. They say that, keeping someone in pain and misery is not love, and God is love, so euthanasia is not a sin. They believe that Jesus was born to give quality life to the populace in general. He was there so that people can enjoy this gifted life to the fullest. God therefore gave humans free will and with this free will humans can decide when their lives should end. A Roman catholic saint, Thomas More has also expressed his views favoring euthanasia in his book named Utopia. He expressed that people wish to give away life as they desire respite from the existing torturous life they are forced to lead.

5.1.2.3 Protestants

The Protestants view towards the concept of euthanasia or PAS differs a lot. Unlike the Evangelical churches the Protestants have a liberal move towards euthanasia. Protestant activists support limited forms of euthanasia. One of the most acceptable form is passive euthanasia. They also consider life to be valuable. They therefore believe that it is the duty of each one to preserve it. They need to take all the essential care to aid these people to relieve them from sufferings. But this definitely does not include performance of any kind of act that would accelerate demise. It can be observed that their preaching’s also do not permit euthanasia. However it has been observed that they forbid prolonging the life journey by mechanical equipments, if there is definitely no recourse for the patient from his miserable situation and death is definite in the prevailing situation. Thus they acknowledge passive euthanasia. Euthanasia is thus not acceptable to all the worshippers of Christ. If they are the believers of the thought that life is gifted then it is only he who has a right to take it away for them, euthanasia is not the right path. But for those who are agnostic or who believe in individual rights too along with religion justify that God is loving, forbearing, and does not wish to see his subjects in agony. They further believe that God is not vengeful and therefore cannot refuse to accept those who have terminated their life to escape unbearable agony, in heaven.
5.1.3 Jewish view
In India now Jewish community is barely present but still let’s discus their view about euthanasia. Judaism teaches one to struggle till last breath, rejoice and live and be thankful to the creator. Euthanasia is therefore forbidden by them. They regard life, as sacred and forbid people from shortening life. It is considered as murder. They say that nothing should be done that shall postpone the end of the person. But at the same time desist postponing death of the sick by artificial means, if death is certain. Judaism generally disapproves euthanasia. They teach individuals to fight the disease till the end as life is to enjoy and live. They also preach to thank the almighty who has bequeathed them this life. But at the same time there can be exceptions to it if circumstances so require.

5.1.4 Islam
The Koran, states that our existence is consecrated. Our living is at his mercy. It is therefore for him to decide how long an individual has to live. It does not recognize a person’s right to die voluntarily. Islam does not recognize euthanasia in any of its forms. Measures adopted to assist another to terminate living are also forbidden. It forbids a Muslim to plan, his own death, hasten it or delay it. It is considered as sin. The corpse of a being executing suicide or accelerating death himself or by assistance is not sanctified by the priest. The freedom of free will, concept of autonomy does not exist in Islam. Humans are therefore not allowed to interfere in it. Further, it mentions that any act executed by the doctors to pre pone demise or terminate it amounts to a crime of assassination. Murdering a person is a serious sin for which there lies no repentance. It is forbidden by Islam as well as the law of the land.

5.1.5 Sikhism
The Sikh Code of Conduct known “Rehat Maryada” and there scripture, “Guru Granth Sahib,” is based on the same lines of any other religion prevalent in the state. They disapprove suicide and also euthanasia. They do not accept it for the same reasons as the Muslim, Hindu or Christians
condemn it. They too believe that it interferes the almighty’s decided graph of
life. According to them one should admit pain and agony to be a part of their
life as this misery faced is due to their past deeds which have to be settled in
this existing life only and cannot be carried forward by hastening life. The
Sikhs gurus believe that nobody has the right to take or give life. It is the
almighty or the creator who decides it and therefore euthanasia or P A S is not
recognized by Sikhism. The Gurus believe in palliative care and providing
medical relief for lessening pain so that individual rebuts from the thought of
administering euthanasia.

5.1.6 Buddhist
Among the Buddhists, suicide is a negative form of action, as it preaches to
abstain from the destruction of life. But a self sacrifice is appropriate or
considered an exception. “Arhat” a religious person attaining enlightenment
was permitted to do so. However for the general Buddhist followers
intentionally killing someone and bringing premature bereavement of an
individual, was believed to be defeat of mankind.

Further, reducing life interferes and alters the karmic balance as the karma of
a person decides his rebirth to a new life. At the same time it has been stated
that Buddhism teaches compassion and therefore they acknowledge passive
euthanasia.

But it cannot be a rule as compassion for the sick does not necessarily mean
hastening the patient’s death. As one would have to research to check the
general opinion formulated by the populace in general.

5.1.7 Jainism
Jainism is the only religion, which permits suicide with stipulations. The
“Acharyas” (dharma gurus) are known to starve themselves to death.
Scriptures speak about “Sutra krtraanga” i.e. ending life in a dignified manner
or dying a religious death. “Sutra krtraanga” basically means fasting till the
human passes away. This kind of premature death does not amt to negative
death. The soul of the pious is assumed to be relieved and considers it as a
death in normal course that is “sallekhanaa”. This kind of end is supposed to be the most dignified end of the being. Thus the performance of self killing in this manner according to the Jainism is not suicide.
5.1.8 Zoroastrians view

Zoroastrianism is one of the oldest religions of Persia. But today it is only prevalent in remote areas of Persia. Moreover in comparison to Persia it is more prosperously practiced in India. They are Persian immigrants which preserve the Parsism religion in India. They are comparatively orthodox and believe life to be given by god. Hence, they are against it being taken away by humans. They are against abortion, suicide or euthanasia. Those who commit suicide are not allowed funeral in their regular towers as they take life against the creator. Abortion is considered as murder and the same principal is applied to euthanasia. Thus they are very conservative in approach and do not support euthanasia in any of its form.

Thus, it is observed from the above discussion that the holiness of living is positioned on the uppermost platform by almost all the major religions in India. None of the religions accept euthanasia. All most all religions believe in the disturbance that would be caused in the karmic balance if administered. While others; believe that life is god given and therefore not to be interfered. Therefore it has been and further shall be a difficult task in enacting any specific law pertaining to the subject. The consensus of divergent religious groups on the subject seems to very challenging for the proponents of euthanasia. In India it has been observed that each religion fights to maintain its religious supremacy propagating their religious ethics, culture and values this attitude further dims the acceptance of euthanasia by the religious conserves.

5.2 Medical perspective

The history of medical ethics depicts that euthanasia was considered for those enduring people waiting for their death to come. They were considered to be relieved from the agony they went through. But this approach has changed. The advancement in medical science, technology, recognition of human rights, independence granted to the individual to exercise his preference has a significant impact on medical professionals. The analgesic cure to smoothen the life of the irretrievable patient and guarantee him/her life of excellence has become utmost important for the medical field. This is important for ontological
patients and those affected with AIDS whose sufferings are intolerable and always desire an early death.

Passive euthanasia is now generally accepted by the medical professionals. It means withdrawal of treatment that prolongs life. The doctors are thus ready to practice it only as a legitimate response to patient's request. They believe that patient has every right to decline treatment. The doctors are therefore willing to practice passive euthanasia and honor the competent patient’s request. But at the same time medical fraternity disapproves legalizing euthanasia. It believes that it shall affect the conventional connection that exists between the patient and his/her physician. The physicians are basically to assist the patients to relieve them from the agony they go through. The Hippocratic Oath taken by doctors defies them from killing a patient intentional or voluntary. If they are doing so, they infringe the fundamental principles of their vocation. This may also create psychological pressure on the doctors administering euthanasia, as they would be required to withdraw life support and go against moral obligation. The string of therapeutic discipline to mitigate patients from agony misery and rehabilitate them would definitely suffer a setback. Euthanasia is also not accepted by most of the physicians. However, physicians that approve and believe in the concept only supports passive euthanasia. They believe that it is to be implemented for patients requesting euthanasia. It is usually observed that patients suffering from psychological strain, believing themselves to be a trouble to their near ones, having fewer social supports, and ailing with depression are more prone to euthanasia. It is usually these patients who are suffering from the aforesaid trauma are influenced by the practice of euthanasia. The doctors are therefore many times hesitant. The professionals find it difficult to find the accurate wish of the patient and regret their decision to be involved. They fear the undiagnosed depression, possibility of social coercion would further pose a question for the action taken by them and attract criticism.

The view expressed by the Medical Council of India in 2008 also states that immoral behavior amongst the physicians may increase if euthanasia is put into practice. There is a possibility of transgression. Commercialized practitioners would implement in cases of no profit ie lack of insurance cover or individual capacity of the patient to pay them. But in certain cases
withholding sustenance measures is advisable for individual in vegetative state. In such a situation a panel of physicians should take the decision. Ideally it is suggested that the panel should comprise of the physician treating the sick aspirant of euthanasia. The head physician of the hospital where it is to be administered and doctor assigned by him for his assistance.

When we talk about hospital staff obviously we cannot forget the nurses who are an integral part health care. Nurse’s opinion thus cannot be overlooked. Nurse’s views are also mixed some feel that each patient has the right to life and therefore nothing should be done to hasten their death while others opine that it is not in the interest of the patient to prolong death when they suffer from life-threatening illness with no cure, and where death is inevitable. They believe that resources can be put to better use for those who have a better chance of survival. Nurses are qualified and skilled to offer holistic care to their patients; their approach is to look after the physical, spiritual and social well being of the patients. They assist the patients in maintaining good health or to have peaceful death. Thus they respect patient’s autonomy, work in their best interest, avoid harm, and promote fairness. Euthanasia is thus against the principles of nursing. The nurses who assist in mercy killing thus experience emotional exhaustion as it conflicts with the values and ethics of nursing principle. At the same time, proponents deny this view and upheld that the principles of respect for the patient, following their best interest and evading harm involves heading to the patients demand for euthanasia. It has been examined that medical fraternity and nurses both do not whole heartedly support euthanasia. It remains a debatable subject. They favor euthanasia it only in extraordinary circumstances where there is no recourse for the patient from his/ her ailment. They have also preferred a panel of doctors to verify and certify the decision taken before it can be administered. They believe in the medical oath taken and apprehend divergence from it which may lead to slippery slope if euthanasia allowed. Detecting the willingness of the patient would also be a big challenged faced by them because of the lack of support devices required for its detection. On the contrary commercialized medical practitioners prefer to get rid of long term patient who are short of insurance funding.
Thus it has been observed that the medical fraternity stands divided on the issue. Few of them apprehend misuse because of the diminishing ethics and values in the society or may be the poor economic conditions prevalent. They feel that it can also be looked by our society as a remedy to avoid care of the patient. While the proponents feel that if guidelines are set buy the legislators it would be easy for them to respect the wish of the patient. This shall also restrain patients being used as guinea pigs when a new drug comes to the market. The suitability of it shall not be tested on such irretrievable patients. Further they feel that it is appropriate and essential to respect the vulnerable preference which at times may be refusal of treatment. The only obligation on them is to verify whether executed would it be in the paramount interest of the patient. Though this seems to be true in absence of legislation the physicians can land in trouble for themselves. They may face prosecution because of the prevalent laws in our country. Doing well to others may cost them for their lives.

However, now the hospitals have been allowing patients and their care takers to declare and sign a form of negative consent, wherein they mention the kind of treatment they do not wish to undergo. This leads to death of the individual subsequently it just similar to voluntary passive euthanasia. However it is not defined so as it can attract legal complications that the doctors avoid to face. Many of the times the physicians are aware of consequences in case of a terminally ill but still hesitate to withdraw treatment and continue it hopelessly for want of legislation. In most of the cases the patient who is resuscitated does not survive. This increases the agony further for the patient and financial burden on the family that is avoidable.

As always there are contrary views but what is best for the society is to be thought by all without selfish motives behind the act.

5.3 Psychological Perspective

Euthanasia though considered illegal, organizations like “death with dignity” foundation advocate PAS and euthanasia with strict guidelines for implementing it. This has influenced the Indian proponents. Indians are now considering it as a relief measure to pain. Stipulation and conditions are inevitable if it has to be implemented. Observing any guidelines without the
psychiatrist is impossible. They are involved in practice to ensure patient autonomy of decision making, assessment of competence, careful study of mental status, evaluation of state of mind, frame of mind, of the patient, and an accurate assessment of the mentioned causes of their requisition.

Assessment or evaluation of the patient’s psychological condition agreeing to PAS thus plays an important role. Evaluation of the mental status includes diagnosis of psychopathology and, presence of cognitive capability for making the choice of death. Psychiatrists are entrusted with a huge responsibility. Decisions to end life are multifaceted with ethical, religious, moral, and legal implications. It is the psychiatrists only who are in the key position to decide about the competency of the terminally ill to take a decision and estimate the underlying reasons behind his decision. To make a reasoned consistent decision it is essential that they have the capacity to think rationally with one’s values, and ability to act freely without undue influence from others.

Majority of terminally ill patients with depressive syndrome express momentary desire for death. Diagnosis of the thinking capacity, desire of the patient, by the psychiatrists becomes mandatory. Psychiatrists conduct mental state examination (MSE) to ensure the decision. They also have to play therapeutic role of treating psychological depressed suffering from a fleeting desire. The Psychiatrists role is thus inevitable in administration of euthanasia. In order to eliminate the possibility of an error of decision and to safeguard the patients and the society interests, evaluation should include complete history of the patient listening to his experiences of life, illness, fears and expectations. In spite of this fact the psychiatric evaluation is questionable.

Psychiatrist believes that the attitude of an individual towards euthanasia depends on the beliefs, norms of behavior, culture, religion and economic situation. They have opined that many a time it is also influenced by the political atmosphere in the state that affects their approach. Hence it is the task of the psychiatric to consider all these factors before evaluating the patient’s desire. Psychiatric believe, if evaluation properly done of one’s desire, euthanasia should be administered only in non-retrievable cases. They also emphasize that palliative care has to be improved so that implementation shall be restricted only to rare cases.
Mahatma Gandhi has also expressed views on the subject and highlighted the importance of nursing and care as a substitute to euthanasia. But if the same care is unable to relieve a patient from the distress, pain and agony then in rare cases it would be advisable to terminate life of the patient.

5.4 Humanistic Perspective

Humanists are non-religious people who believe and abide to the moral principles based on, respect for others, reason, non submission to doctrinaire or inflexible rules. They strongly believe that it is only once that we have a life and therefore one should strive to promote happiness and fulfillment in the life received. Humanist emphasize that the universe is a natural phenomenon with no supernatural powers, and therefore one should lead a principled, disciplined and fulfilling life on the basis of reason and humanity. They have faith in the scientific method, evidence, and reason to ascertain truths about the universe. They have placed human welfare that is sympathy and concern for others, (humans or animals) and happiness at the centre of their ethical decision making. Thus it can be observed that humanist are those who share the aforesaid beliefs, values and take actions to give their own lives meaning by looking for happiness in this life and also assisting others to do the same. The attitude they have towards life or their approach to life is known as humanism.

There prominence is on personal autonomy and quality of life. They think that each individual has a right to select an easy, trouble-free and dignified end. Thus if an individual has chosen to end life, knowing the fact that their life is of no value, the living will of the person should be respected. This should be allowed to patients suffering from terminal illness who are in extreme pain, suffering and have full knowledge that their retrieval from the said sickness is impossible. Humanist thus support euthanasia and consider it a moral act to relieve a sufferer from his agonizing journey to death.

Humanists do not believe that death is for the almighty to decide. According to them interference in death is acceptable to them. The humanistic, consider individual as autonomous. They respect quality life, personal autonomy and therefore regard euthanasia as a right course. They believe in a right to
choose a painless and dignified end. Persons should be allowed to choose their end as they have a right to decide on such personal matters for themselves. Thus if a individual feels life is not worth living because of extreme pain and suffering, people must be conferred with the authority to select dignified death. Their wishes should be respected so far as they do not result in harm to others. Humanist thus upholds euthanasia, but accept it with certain safeguards. They suggest counseling to be mandatory for the patient and his dear ones before it is administered. They state that there should be, clear witnessed instructions from the terminally ill patients. They believe that there has to be set criteria which shall make doctor’s involvement mandatory. Further there should not be any rational hope of recovery of the patient. No recourse measures available to the sick before its implementation. Apart from this, they believe that all these need to be verified before administration to avoid its misuse. Thus it can be observed that this set of people usually strongly favor and recommend voluntary and passive euthanasia, where the patient decides end of life for himself with omissions of acts which cause death. Few humanists also accept active euthanasia as they feel that it is faster and comparatively a kind act for everyone involved. Further they state that if active euthanasia is termed as morally wrong it would be difficult for doctors to perform it, who are just assisting in terminating life of those who desire to take their assistance. Humanists also believe that it is wrong to consider it as suicide, as death of the patient is a merciful release for the sick and the loved ones. Unlike suicide, where it relieves only the person committing suicide and not for those who are left behind.

Humanists claim that authority to take a decision on death is a basic human right which should be exercised if need be so. The right to live according to them includes the right to die and hence it should not be difficult to have legislation on euthanasia.

5.5 Socialistic Perspective
Sociologists study the morality of human behavior. They analyze the correct method and nonstandard opinions which are prevalent on the issue. They also examine the society approach towards euthanasia from the moral angle. They
echo the society’s leading assessments and attitude regarding existence and bereavement. They ensure that the measures connected with dying are attuned with universal and ethical customs acknowledged by the society as a norm. They construct a code of pragmatic solution, to deal with deaths in the modern days. This enables to make generalizations as to what can be considered as good quality end. It helps in formulating opinions of people. It has changed the outlook of people towards death, and accepts it as an option where care is not easy. They feel that it is the interpretation of words used for euthanasia and their meanings play a vital role in social movements, than the debate over euthanasia. The euthanasia supporters alter words and terminology identifies reality to their ends. They are of an opinion that terminal illness has been used as a reason to euthanize. The comfort and care that ought to be given to such patients has been defined as the means of inducing death. According to them it is the words used which effectively annihilate the discrimination between what is acceptable and what is reprehensible. As it is through these words, that patterns of thought and concepts are build. They believe that if the social movement concurs with the terminology, the principles laid by it, the ethics it describes, the values, ideas it expresses by the language, it shall often result in success. Sociologist state that this is what the proponents of the right to die movement precisely do. Killing and suicide have negative implication and therefore they replace it by slanted expressions like gentle death, good death chosen death or death with dignity. Therefore, if society wants to advance in an augmented acceptance of terminating life the definitions and terms ought to be understood accurately. Further they opine that majority of the community learns to survive with their situation, but there are few who at a certain point, would prefer to die. The hospice care with terminally ill thus have gained impetus. They assert that their care is so ideal that there is utterly no need for anybody to think about euthanasia. The opponents feel that it is not so as each one would not want a prolonged, slow death, which the hospice provides. The terminally ill may utilize the comfort of hospice care and still prefer to euthanize when suffering becomes too much. Thus, the hospice care programs are good but cannot claim perfection. As there may be individuals, for whom personal quality of life is important. For them pain can be eliminated with the refined use of medication but can these medicines in real sense improve quality life. They also state that when a
patient’s body is deteriorated to an extent where living is not worthy or may be that the patient is drugged into oblivion, euthanasia should be considered. Many a time’s patients do not wish to live in that condition.

It has been observed that some portion of the society does have a progressive view. Organizations working for euthanasia are preparing living will of the populace. In a living will the individual expresses his desire to execute what is stated in case he suffers from terminal illness of any kind. There are no hopes of revival from the ailment but just extension of life with drugs. Hence we can say that when a dignified life is lost by the individual living will has to be executed. However even this concept is not recognized in our nation. It has no legal validity. But still efforts have been made for its recognition. This shall definitely guarantee a person a right to live with dignity which has been reflected and assured by the constitution. Considering this aspect, it is essential to respect a patient’s desire of death peacefully and painlessly. It seems to be quite strange and illogical for the proponents to accept the fact that in the country where the wish of the dead is definitely performed hesitate to execute a will of a living person to end life. It is not respected.

The sociologist feels that in a thoughtful, considerate, compassionate society, there must be exceptions, to a rule. They opine that when suicide is legal, why all forms of euthanasia should be outlawed. When euthanasia is administered, with a clear moral noble intent of doing well to the others why one cannot think of its legalization?

Many citizens feel supporting aiding termination of life is just another form of murder and should be a considered offence, a crime, if committed. However, this logic cannot be applied when the person is acting under total consent, of the patient. This style of thinking must be changed.

5.6 Libertarians Approach
Libertarians support euthanasia and work for it. Libertarian asserts autonomy, freedom of choice and primacy of individual judgment. There principal objective is liberty. They always support liberties of all humans and consider these rights as natural and logical as the law of gravity. They support the utmost standards of life and freedoms for all. The Personal liberties include
our lives until death and hence encompass the ability to choose death. They believe that right to euthanasia is a right of noninterference, to wit, and that all others should be morally barred from interfering with it. The right to take life is natural corollary of the right to life that is what they strongly, believe in. For them the basis of it is that humans own their own bodies and therefore have a right of noninterference, which is a general right to decide matters intimately connected with our well-being and conditions of our deaths. This right prevails as long as humans while exercising this right do not harm or imperil others. Euthanasia is thus morally permitted by them.

5.7 Legal Perspective
Though there is a growing support to the radical view there are no statutory provisions in our country to support individuals who wish to withdraw life support as they suffer from incurable illness or are in a PVS. Terminally ill cannot be precisely defined but any disease that curtails life or a disease due to which death occurs in a relatively short time may be termed as terminally ill. It is only the High Court, which has been conferred with the jurisdiction to approve withholding and withdrawing life sustenance to a irretrievable patient if he desires so and the court feels appropriate so. This authority has been conferred by Article 226 of the Indian Constitution.

Passive euthanasia has been legalized in India by the landmark judgment pronounced by the Supreme Court of India. On 7 March 2011 in “Aruna Shanbags” case. The verdict of the Supreme Court of India approves withholding techniques for patients who are clinically alive but as good as dead to the common populace.

The verdict delivered has to be considered a precedent and rule to be followed till the legislature enacts appropriate act. It has come as a ray of hope for the proponents of euthanasia.

Active euthanasia, but still remains illegal in India, that is to give fatal drugs to terminate life of the incurable patient who proposes his desire to end life. It is considered unlawful in the state, like most countries of the world. There is no explicit enactment in India on the subject, in spite of the fact that it is essential
to have one. The terminally ill who are not capable of cure, cannot be forcefully kept alive with all the pains and sufferings. This would amount to infringement of the right of life conferred under Article 21 of the Indian Constitution guarantying a life with dignity and respect.

The authority conferred to live is no doubt an inalienable and inherent power of all the citizens. But at the same time there are arguments in India which say that this power conferred does not incorporated in the authority to terminate life. According to the Indian Criminal law, effort to commit suicide is an offence punishable under Section 309 of Indian Penal Code and abetment of the same is also an offence punishable under Section 306 Indian Penal Code. Euthanasia means intentionally taking one’s life whether voluntary or not this killing of the individual for any reason whatsoever it may be is an offence in this country and considered unlawful in India.

In India the concept of Euthanasia is highly contested. Whether it should be legalized or not, whether aid should be provided to end their life or not is a issue of controversy. The argument has gained impetus when the Supreme Court legalized passive euthanasia in “Aruna Shanbaugs” case.

Euthanasia in India depends on the beliefs of each individual. The educational level, sex, age and marital status shall also influence the decision of the individual. Higher the educational level more shall be the chances of support. Males who have not married are supposed to be less sentimental and are likely to indulge in practical decisions of supporting euthanasia. Similarly, the young generation also seems to be in favor euthanasia. The medical fraternity also awaits a law as they are aware that after a point of time there is no rescue for the patient through drugs. In such cases euthanasia becomes inevitable but the doctors are not able to enforce because of the criminal law prevalent that punishes such act. Legalizing euthanasia will enable the doctors to evaluate the benefits against the burden easily without fear and hesitation.
5.8 Modern perspective

5.8.1 Law commission of India

Law commission of India is in consensus with the opinion of the Supreme Court in having legislation on passive euthanasia with specific security measures. This approach of the commission is based on humanitarian ground and also to protect the physicians who are assisting in performing the act in for the welfare of the patient. However they disagree with the Supreme Court in establishing a panel of doctors who would support the decision. According to the Protection of patients and medical practitioners bill, 2006 this necessary safeguard has to be taken by the physician who would act on the patient’s request. This is well supported by the Supreme Court which has opined that if an individual voluntary refuses to take treatment or desires to withdraw life supporting systems it should not be held a crime. The law commission also has appreciated the Supreme Court’s opinion to make it mandatory to approach the high court for its permission before its administration. This permission can be sought by the patient’s relations, His care taker, or physician treating them or sanatorium executives.

5.8.2 Society on the Right to Live and Die with Dignity

This society which is working for legislation on euthanasia conducted a discussion of eminent personalities from different fields to assess their approach towards the topic. It was observed that all unanimously accepted the concept of voluntary passive euthanasia and stood by the concept of death with dignity. They also showed their inclination on law being amended to the effect. They also have stressed that before a legislation to come through there has to be public debates so that the issue can be placed before the society. It is also opined that the promotion of the concept should come from non- medical fragment of the society. Thus, it is observed that they expect that the decision of having legislation for euthanasia should come from public at large.
5.8.3 Voluntary Health Association of India.

This association of India is also of the opinion that euthanasia should be legalized with strict parameters so that likely misuse can be avoided. They opine that India is a state with illiteracy rate on the higher side and along with it the unbridled medical practice makes it necessary to have these safeguards.

The modern society is thus in favor of legislation on euthanasia. The social organizations are working on those lines and motivating people to be their members and take active part in the decision making process.

5.9 Conclusion

Thus roughly speaking, there are two major views, the traditional view and the radical view, which is more recent, and accepts euthanasia. This view permits to withhold or withdraw treatment and allows a patient to die. Whereas the traditional view vehemently denies the concept of euthanasia. They believe it is just in opposition of the commandment of the almighty. The sacred populace believes that individual does not have the power to finish themselves or to any act that would take away their life which has been gifted by the divine force. It is wrong to do so, as it is believed that free will given by god would be misused. These sects of people opine that all creatures are formations of the almighty. We therefore do not posses any exclusive right over ourselves we are at his mercy and have to abide with the regulations levied by him. We cannot do things which opposes his regulations. To end our living ourselves or take assistance to do so is defying his mandate. It is assumed that he is the only one who decides the life span of the person and the manner in which the person has to pass away. If we practice euthanasia then we again try to infringe his rule. If done so it is believed that no pious gain is obscured by the individual and does not attain “moksha”. Proponing the end of life does not associate the people with spiritual benefits. It is said that in real sense it does not endure pain as you again have to take birth to comply your incomplete deeds..

The differences in religiosity and educational attainment greatly influence the decision. But it has been observed that people who are more spiritual
definitely are rebellious to the concept of euthanasia more than the educated ones.

The exceptional progress observed in therapeutic discipline and modern machinery plays an important role in formation of views on the subject in our Indian society. The faith of the people in medication has increased, the palliative care offered also desists a person from such a decision. This cannot be every time as palliative care offered in our society is restrictive. Only few people from this huge population in India are able to have access to this and are able to have a good death. However in any case we need to improve and establish more palliative care units as it is essential to assist patient even if his treatment is withdrawn. The pain that they shall suffer after withdrawal has to be eased out otherwise in real sense again it could not be called as a dignified life.

But at the same time the altered pattern of human living and societal values. The increase in assertion of human rights, independence, and liberty to decide and exercise ones wish, has compelled the Indian society to reconsider the age old notions of medicinal principles, civilization and their value schemes.

Numerous researches are performed to understand the approach toward euthanasia or PAS. These surveys have been conducted between the common man, professionals from all the fields, and the terminally sick patients. These reviews established a favorable trend towards legislation on the subject with proposed guidelines. In most of these surveys, it has been recommended that psychiatric assessment should be significant part of evaluation of the sick person’s requisition.

This growing support has emerged due to the bodily and psychosomatic worries of the patient that has enhanced the yearning for accelerating the term of living to the shortest possible time limit. Apart from this, the problem that has gained pragmatic support due to the intolerance prevalent to sustain agony, melancholy, dejection, cognitive dysfunction and social support. Further, the economic pressure on an Indian, the unaffordable medical treatment for the common man also seems to be the factor influencing support to euthanasia. The WHO report states that in India about 87% of total health
expenditure is from private spending, out of this, 84.6% is out-of-pocket expenditure\(^1\)

The World Bank in its annual report in the year 2002 came up with some other startling observations about 50% of the patients hospitalized in India are forced to have a loan to meet the monetary aspect or get rid of their lifelong earned assets to meet the expenses of wellbeing. These expenses include physician fees, medication hospitalization etc. It has been revealed from the surveys conducted by World Bank that Indians expend about two third of their entire yearly expenses on medical care\(^2\)

It appears that time has come when we really need to think about legislation on euthanasia.

End Note

1. Thejaswi HT. Kumar A. Gupta SK, PRESENT STATUS OF EUTHANASIA IN INDIA FROM MEDICO-LEGAL PERSPECTIVE;2014, J Punjab Acad Forensic Med Toxicol 2014;14(1),pg59-64, Print ISSN : 09725687. Online ISSN : 0974-083X.