Chapter VI

EVALUATION OF EUTHANASIA IN INDIA

6.1 Introduction

The classical Indian contexts describe life as, ‘hundred years or till the end of the natural lifespan of an individual’. Thus, they believed in natural death, but at same time they also recognized voluntary death or self-willed death. It may be so as great saints, sages, and seers of India from ancient time have been following the religious philosophy of meeting death at will in the later part of their ascetic lives to attain eternal peace and “moksha”. Many of them were also blessed with “ichcha mrityu” which was commanding death at will. These saints were worshipped as gods as they were blessed with the greatest human virtue.

Sympathy was expressed for euthanasia as it gave freedom to an individual who was suffering from apparent incurable disease or by one facing distressing old age.

The self-willed death in those days was not viewed as mercy killing of another person. It was observed as helping oneself from unbearable traumas of life and implementing ones choice. It was then mandatory for those who intended to perform self-willed death, to make a formal public declaration of their intention. Thus to accept euthanasia it was essential for an individual to exercise his choice. Thus, classical period believed in attainment of moksha by a self-willed death.

Although there was positive evaluation of euthanasia in classical Hinduism, different historical periods had very different understandings of euthanasia.

The 10th century CE, witnessed abuse with self-willed death, though attempts were made to define parameters. Euthanasia was thus condemned. It was not
only amongst the Hindus but many other religions prohibit euthanasia. They are Islam, Christianity, Sikhism. They all believe in not attaining “moksha” or spiritual liberation. Further they also believe it breaks the tenets of ahimsa. While Jain acharya who are proponents of euthanasia have stated seventeen types of death viz. avic i-imarana, avadhimarana, atyantikamarana, Vasahartamarana, Valanamarana, Antahsalyamarana, Tadhavamarana, Balamarana, or Akamamarana, Panditamarana, or Sakamamarana, Balpandita-marana, Chadmastha-marana. These are categorized into two Akama Marana and Sakama Marana that is those who do not wish to die but die when life is over and the other who are those who admit bereavement of life readily as they are not scared of it. Therefore, Jain Acharyas support passive euthanasia and believe that withdrawal of life-supporting equipment does not break the social engineering of the society. It tried to associate self willed death with sanctity of life principle. The Buddhist along with the Jains favored euthanasia. Thus in India there are conflicting mixed opinions favoring and not favoring mercy killing.

In Indian, the classical history depicts euthanasia as self-willed death and has remained confined to it. In the later years, it has been considered as suicide. Suicide, because it is similar to it, in both the cases there is a deliberate action by an individual with expressed desire to end life. Further, both are premature terminations of life. But it will not be proper to denote all cases of suicide as euthanasia. As suicide may be for many different reasons, for example killing yourself because you hate yourself, this would be a suicide but cannot be considered as "euthanasia. The reason why euthanasia is administered essentially is to end suffering of life and not otherwise. Euthanasia is medically terminating life in terminally ill cases and suicide is the self taking of life for mental or emotional reasons, so in strict sense, euthanasia cannot be considered suicide. Thus, the two can be the same sometimes only.

In India, since euthanasia was considered as suicide, euthanasia is also denoted as a crime. Suicide is punishable in India below section 309 of the Indian Penal Code which punishes a person who tries to give up their life by suicide. Similarly section 306 of the IPC punished an individual who
encouraged suicide. Active euthanasia in India is also punishable. It attracts punishment for murder below section 302 or below section 304 for culpable homicide not amounting to murder, according to Indian Penal Code 1860.). There is no law in India pertaining to euthanasia, therefore any person desirous of administering euthanasia have to move the requisition to the Indian courts. However, there are various pro organizations who are in favor and working for a legislation on euthanasia. The prominent amongst them being the Society for the Right to Die with Dignity, and Voluntary Health Association of India. Both these organizations are combating the issue of euthanasia. They are emphasizing the power that a person posses to decide his end. They focus on the autonomy of a person. They feel that if that is recognized it would not be to late to have a legislation on euthanasia. However, it is not very easy to make people accept this fact. As it has been observed that the judicial system of our country has given verdicts stating that the authority to live which is conferred by our constitution does not incorporate the liberty to terminate life. Therefore power to a decision about ending life is not an inherent right as interpreted by many proponents.

In spite of the aforesaid situation prevalent in 2011 a major developments took place in the perspective of euthanasia in India. The apex court of the state delivered a verdict which has laid a milestone on the issue of euthanasia. The judges allowed passive euthanasia in this case. They permitted it for “Aruna Shaunbag” a nurse who was in vegetative state for years together.. While deciding the matter the bench of the apex court certain guidelines for legalizing passive euthanasia. The Supreme Court has directed that if to be administered a requisition will have to be made to the respective high courts of the state. This application can be filed only by the parents of the aspirant, his/her partner or the near relations who have been taking care of that patient day in and out. The apex court has also given directions to all the high courts. It states that high courts are bound to form a bench to resolve the issue. No single judge can decide the matter /requisition of the dear ones whether to be allowed or not.
Now a day’s euthanasia has become compassionate death or mercy killing when emphasis was given on active intrusion, intervention. The intervention was in the form of omission or commission of the act, depending on the same it was recognized as mercy death or mercy killing. One begs for mercy death when life becomes death. Proponents argue that it is justifiable as an individual is a master of his destiny. When a person feels about the undignified living he refuses his biological existence.

In India the concept of euthanasia even today is connected with human dilemmas of old age and terminal sickness. In many cases the patients prefer death to dependency, and loss of dignity. These individuals believe in autonomy. This belief of self sufficiency entrusts them with the feeling of having exclusive authority to decide about themselves even in respect to death. They think if they are not permitted to decide the end of their journey as they wish it is gross negligence of human rights which have been the right of all the individuals. It means taking away their autonomy which a state cannot do. Further they state that, if people are indulged in religious observances their life may be prolonged according to their desires. However if not, it is usually beneficial to allow termination of life if the wish so. They also believe that doing so will enable us to preserve resources which can be used to help others doing spiritual practice and also help the society in general rather than concentrating on those whose end is definite and just a matter of time.

6.1.2 The Indian realism for euthanasia

In India, there is no law for euthanasia and the land punishes who even try to commit suicide. Indians have to struggle for their basic human rights and therefore seldom speak about issues related to euthanasia and PAS. But the Supreme Courts, landmark judgment delivered, on 7 March 2011 allowing passive euthanasia brought a change. Debate on euthanasia in India sprung. It has been stated that permitting to end lives, would lead to a state where the terminally ill, severely disabled patients or the elderly members would be euthanized as a tenet. The right to kill shall lead to a slippery slope of involuntary euthanasia. The large powers given to the doctors would undermine their decisions about when life is not worthy living. The doctors
may be in a dilemma because of the Hippocratic Oath and would have to make compromises.

At the same time a lot is spoken about the individual’s human rights. It is assumed that they confer the power of terminating life so that life with dignity can be ensured. Proponents quality of life, which means to embrace death peacefully comfortably without being a burden on others to preserves ones privacy and self respect. Further assisting the terminally ill in reducing their pain and suffering bestows blessings of god and leads the assistant in doing a good karma. It is also believed that it saves our precious medical resources that our scarce and can be put to use in patients who require them and there is a possibility of cure. The proponents also believe that it reduces the economic burden of the family members and at the same time relieves them from the agony of seeing their dear ones in pain.

It is thus difficult to agree or to disagree about acceptance of euthanasia as a type of medical care intervention. It is also cannot be forgotten that state where illiteracy is still a rampant issue, basic problems of the citizens like right to potable water is unbridled, rest of the human rights are uninhibited, there are deaths each day due to infections, medical assistance and care is questionable, issues related to euthanasia are irrelevant. However, it has been observed that over the years a number of petitions have been filled to allow euthanasia. The society for the right to die with Dignity, the Voluntary Health Association of India, The Law Commission of India also advocates for euthanasia. It is therefore essential; to find the possibility to have legislation for euthanasia. This would definitely reduce the burden of the Indian courts.

In view of the above a survey was conducted among the graduates to assess, evaluate the possibility of euthanasia in our country.

6.2 Research Methodology

Objective
1) The primary objective of the researcher is to understand euthanasia and penetration of the topic in the society.
2) The study attempts to understand and identify whether the concept of euthanasia should be considered a crime.

3) The study makes an effort to evaluate the possibility of its implementation as a law in the Indian society.

4) The study also enables to investigate society’s perception of euthanasia with respect to its application in general or in exceptional situations.

5) It also enables to explore whether the society’s perception of euthanasia differs according to gender hypothesis.

6) The study endeavors to locate whether parameters of incurable sickness have to be considered while administering euthanasia hypothesis. 7) To understand whether these parameters of incurable sickness are to be decided and aided by the Doctors or not.

8) The study also helps to understand and verify whether euthanasia can be a solution to relieve a person from torments of dying hypothesis.

6.3 Data Collection

Primary data is collected through a structured questionnaire. It was distributed to graduate individuals from different educational backgrounds. These Respondents included men and women of different age groups coming from various strata viz. economic educational (only graduates of all faculty and social) of the society. The questionnaire contained close ended questions to identify whether the concept of euthanasia is known in the society and analyze the respondents view on the subject from a large data. The questionnaire consisted of 9 questions. The Respondents being littoral filed their questionnaire themselves.

Sample Size:

The sample size consisted of 71 (large sample) interviewers. They came from the educated class. The minimum qualification restricted for the interviewers
was graduation. This stipulation was done so that accurate analysis of the educated masses can be derived. The population interviewed came from varied economical strata of the society. This formed a large sample with applicability of common situation. Research Design: Entire data selected was analyzed. Question analysis was done and tabulated. This was done to analyze the hypothesis of the researcher, verify them and arrive to a conclusion for the thesis.

The researcher observed that most of the interviewers were aware and knew about euthanasia. The interviewers understood the concept. Collection of data from such a population was hence not a problem. All the questions posed to the interviewers were answered after a careful application of mind. Hence the data that is collected is profound. The researcher after collection of the data analyzed it in a tabular form as under. The researcher has recorded the opinions of the male and female interviewers separately for correct interpretations of both the genders and their attitude towards the subject. of the data

6.4 Findings of the study

Data interpretation

<table>
<thead>
<tr>
<th>EUTHANASIA</th>
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<tr>
<td>AWARENCE IN OUR SOCIETY</td>
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<tr>
<td>AWARE</td>
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<td>MALE</td>
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Data interpretation:

The table above indicates column I awareness of euthanasia in the society which has been further bifurcated in 2 columns (a) (b) viz. aware and not aware respectively. Column II divided into 2 (c) (d) indicates euthanasia as a crime and not as a crime respectively. Column III (e), (F) indicate the view whether euthanasia has to be legalized or not. Column IV (g), (h) mentions about how euthanasia can be implemented if legislation arrives. It states about the data that speaks for euthanasia to be addressed in rarest of rare case and generally respectively. Column V indicates the view of the populace who believe that euthanasia is to be administered only in case of sick persons whose ailments are terminal and there are no hopes of recourse in their cases. But amongst them there are people of divergent opinions Column V (i) who say that it can be administered with the assistance of a doctor and Column V (j) who believe that doctors aid is not a necessity. The last Column VI of the tables attempts to find whether euthanasia is the only solution to the ailing or not. The views of the respondents for and against have been categorized in Column VI in (k) and (l) respectively. From the above data collected the researcher tests the following.

Following hypothesis developed from the above analysis.

6.5 Hypothesis testing

6.5.1 Hypothesis: The concept of euthanasia is generally known in our society.

The researcher opines that if we are speaking about the possibility of legislation. It is essential that the masses of the state are aware about the
concept. If not so it becomes the primary duty to first spread awareness among the masses and then carry the research further. To find out the awareness let us interpret the data.
Data interpretation:

It was been observed from the above table column I (a) that 40 male respondents and 28 female respondents are aware about the subject. When column I (b) is observed it indicates that 0 male and 3 females are not aware of the concept.

Amongst the 40 male respondents there is 100% awareness as there is not a single educated male who is not aware about euthanasia.

Among the 31 female respondents it has been observed that only 3 i.e. 10% of the females are not aware of the concept of euthanasia.

This indicates that euthanasia is known to everybody generally. The table and graph above shows that 100% of the male and 90% of the females are aware about the concept of euthanasia. If we have to compare between the two it can be observed that only 10% of the females are not aware of the concept of euthanasia.

To conclude from the above given data it can be held that all the population in general is aware about the subject. The concept of euthanasia is known in the educated class. A further research can be carried on this data base.

Thus a conclusion can be drawn from the above data that concept euthanasia is generally known to both males and females in our society. The researcher admits the null hypothesis “The concept of euthanasia is generally known in our society.”

6.5.2 Hypothesis: The concept of euthanasia is not considered a crime.

Euthanasia means taking life or ending life of a human before his natural death. This concept of fastening life by any method that is by the patient himself or by the assistance of others is an offence under the criminal law. A person may be prosecuted for attempt to suicide or abetment of suicide. Hence if euthanasia is to be allowed criminal law also will have to be
amended. The researcher therefore feels it essential to analyze this hypothesis.

Euthanasia considered as crime.

Data interpretation

From the aforesaid table Column II (c) indicate the data of the population who consider euthanasia as crime. From the above table Column II (c) it can be observed that only 11 male respondents and 9 female respondents of the total population feel that euthanasia is a crime.

Amongst the total 40 male respondents only 28% of them consider it a crime. Amongst the total 31 female respondents only 29% of them consider it a crime. It is observed that more or less the percentage of both the genders condemning it is the same. Thus it can be held that generally 29 % of the total population is against the concept of euthanasia. They assume it to be a crime.
Column II (d) indicate the data of the population who consider euthanasia as not a crime. Column II (d) and the graph above shows those 29 male respondents and 22 female respondents who sense euthanasia is not a crime.

Amongst the total 40 male respondents 73% of them state it is not a crime. Amongst the total 31 female respondents 71% of them state it is not a crime. Again from the data derived it can be observed that there is marginal difference of opinion amongst both the genders. It can be inferred that both the genders strongly believe that euthanasia is not a crime. Considering the whole population it has been observed that 72% of them view it as not a crime.

Thus a conclusion can be drawn from the existing data that most of the people feel it is not a crime. The researcher agrees to the null hypothesis.

6.5.3 Hypothesis: The concept of euthanasia should be legalized

Or

The Government should resort to measures for legalizing Euthanasia

Euthanasia is the burning topic. It is constantly in discussion of the masses. This may due to the recent 2011 Supreme Court judgment, awareness prevalent about the subject economic reasons, humanitarian views or recognition given to the autonomy etc. It is been observed that these discussions occur as we do not have any legislation on the subject. We always had to take up this issue to court to justify the death of the terminally ill patient till 2011. It was in 2011 that these arguments were bought at rest to some extent because of the land mark judgment on to rely on euthanasia. The researcher therefore believes that it is essential for us to consider about the legalization of euthanasia. Hence, the above stated null hypothesis is been drawn by the researcher.

Euthanasia to be legalized
Data interpretation

Column III (e) of the aforesaid table indicates the statistics of the populace examined who are for legislation on euthanasia.

It is observed from the above table that 36 male and 24 female respondents are for a law on euthanasia. That is 90% of the total male population and 77% of the total female population strongly believe in legalizing euthanasia. It is been observed that percentage of male population in favor of euthanasia is more notable then the female population. The data in favor is huge and therefore quite convincing for the legislators to think about a law on the issue.

The study depicts that 85% of the total respondents are in favor of legalizing euthanasia.

Column III (f) of the table above shows the data of population who are not in favor of legislation.

The Researcher observes from the above column that only 4 male respondents and 7 female respondents believe that euthanasia should not be
legalized. That is total 11 Respondent out of total 71 Respondents feel that the concept should not be legalized. This indicates that only 15% of the total population does not believe in legislation.

Amongst the said 15% it has been observed that 4 males and 7 female respondent oppose legalization of euthanasia. It has been observed that 6% males and 9% of the female population resist the concept of legalization. It is observed that female opposition is more as compared to the male population.

Hence it can be analyzed that the percentage of population against legislation is comparatively marginal against the 85% of the total population who want an law on euthanasia.

From above data it can be concluded that, majority of the total respondents are for legalizing euthanasia. They believe that legislation for euthanasia should come up soon. The researcher agrees with the null hypothesis drawn.

6.5.4 Hypothesis: Euthanasia should be permitted in extremely rare circumstances.

Leaving the arguments of whether euthanasia has to be legalized or not. In the above research the respondents were interviewed generally to analyze the possibility of its administration. The researcher tried to locate that if euthanasia has to be administered can it be implemented generally in all cases where the patient is suffering from chronic diseases and going through immense unbearable pain or whether to be administered only in those cases where there is no recourse or the patient is in a irretrievable situation or in a permanent vegetative case. The researcher grades all the cases as rarest of rare cases if the case is of enduring person and recourse is not possible in any circumstances in their situation.

Euthanasia in rarest of rare cases.
Data interpretation

Column IV (g) of the aforesaid table indicates the data of the respondents who believe that euthanasia is to be administered in exceptional cases only.

From the Column IV (g) of the table, it has been observed that 32 male respondents out of total 40 male respondents and 23 female respondents out of total 31 female respondents are in favor of euthanasia to be implemented in rarest of rare cases. It means that 80% of the males and 74% of females agree to implement euthanasia in rarest of rare cases. From the above statistics it again can be observed that there is only a difference of 6% amongst the men and women in their consensus for euthanasia in exceptional cases. We can hence we can conclude that opinions do not differ on the basis of individuals gender.

From the above table it can be concluded that those genders who are in favor of implementing it are strongly recommending its implementation only in rare cases. i.e within the legal parameter.

Considering the total population of respondents it has been observed that 55 respondent out of total 71 respondents recommend mercy killing has to be
administered in exceptionally atypical case i.e. when they are terminally ill and probability of their recovery to normal life is nil. It indicates that out of the total population analyzed about 77% of the respondents strongly believe it to be administered to irretrievable patients.

From the Column IV (h) of the table, it is observed that 8 male respondents out of total 40 male respondents and 8 female respondents out of total 31 female respondents are in favor of euthanasia being administered generally. This shows that 20% of the male respondents and 26% of the female respondents feel that application can be generalized. The data here reveals that women are more inclined towards general application. Considering the total population It has been observed that 16 respondents that is about 23% of the total respondent population speaks about the general administration.

This clearly indicates that the educated population interviewed are in great favor for the hypothesis The researcher observes that this is because of the awareness amongst them about the possible misuse of euthanasia.. The researcher scans it as a fear of the population towards the slippery slope due to the conditions prevalent in our society. They therefore strictly prefer to allow it in rarest of rare cases. As compared to its administration generally.

Thus, from the above data it can be concluded that in unusual unique cases an individual should not be coerced to continue living. Euthanasia has to be permitted to such persons, when continuous attempts to care are not medically possible. This is the approach of majority of the respondents analyzed. The researcher therefore accepts the null hypothesis.
6.5.5 Hypothesis: Euthanasia has to be voluntary- Aided by Doctors only.

Or

6.5.6 Hypothesis: A standard or parameter of incurable sickness should be decided for administering euthanasia.

The researcher tests his null hypothesis mentioned above from the data collected and analyzed. The researcher feels that euthanasia if allowed in the state it should strictly be according to the desire of irretrievable sick people. In case the patient is not in a state of conveying his wishes it should be with the advice and aid of the doctor. The researcher observes that though the doctors are assumed to be looking after the health, care and paramount benefit of the person undergoing treatment. It is quite possible that it may be abused. To determine whether the advice of the doctor is genuine or not the researcher opines that there has to be a standard parameter of the incurable sickness should be determined. These standards shall further reduce the probability of misuse.

Is it necessary to determine standards or parameters for euthanasia?
Data from the chart and Column V (i) of the table above, depicts that that 33 male respondents out of total 40 male respondents and 25 female respondents out of total 31 female respondents respectively believes it to be administered within the known prescribed stipulation and with Doctors assistance only. It indicates that 83% of the male population and 81% of the female population respectively live with the hypothesis. Thus if we look at the total population of the respondents, it is observed that 58 respondents of the total population i.e. 82% of the total respondents feel that euthanasia is to be suggested in case of incurable disease only and it has to be aided by Doctor with known parameters.

From Column V (j) of the table above it is observed that 7 males out of total 40 male respondents and 6 female out of total 31 female respondents feel that euthanasia should not be aided by Doctors and should be administered without any parameters. This represents that 18% of the male population and 19% of the total female population opine that euthanasia should not be aided. As reflected in the above hypothesis, again we here observe that both the genders almost conclude in the same manner. The thought process of both genders in respect of the hypothesis is almost the same.

If we consider the total, in all 13 respondents that is 18% of the total population feel that euthanasia has to be administered in case of incurable disease but need not be with the aid of a doctor or not within specified parameters by the legislature. This class of population are of the opinion that for euthanasia to be administered in case of terminally ill person, but doctor assistance should not be taken when euthanasia is administered. Thus this
class of the population are too much optimistic and believe that there can be no possibilities of abuse even if no restrictions are levied.

Thus from the above data it can be concluded that since majority i.e 82% of the total population feels that euthanasia should be administered to only terminally ill patients, with the aid of a doctor within specified parameters by the legislature. The researcher acknowledges the null hypothesis stated above.

6.5.7 Hypothesis: Euthanasia is a solution to the ailing patients to relieve them from torments of life.

The researcher states that that many people are in favor of euthanasia not on personal autonomy ground but on humanitarian ground. Which suggests that no one should be allowed to suffer. If misery is the only thing left they should be allowed a peaceful death as fundamental moral values teach compassion and mercy.
Is euthanasia a solution?

It can be inferred from the above diagram and column VI (k) of the above table that 30 male respondents out of total 40 male respondents and 23 female respondents out of total 31 female respondents cast their opinion in favor of euthanasia being a solution for the terminally ill patients. The data depicts that 43% of male population and 32% of female population say it is a solution. Thus both the genders strongly feel that euthanasia is a solution. To highlight it with reference to the total population it has been observed that 53 respondents, i.e., 75% of the total population comprising of both the genders strongly feel that euthanasia is a solution.

Column VI (l) of the above table states that 10 male respondents out of total 40 male respondents and 8 female respondents out of total 31 female respondents states that it is not a solution. The statistical analysis percentage wise depicts that 14% male respondents and 11% female respondents...
respondents opines not a solution. It is observed that the male ratio is more as compared to the female ratio who are of the opinion that it is a not a solution Thus it can said that female believe in the issue more on the compassionate grounds then the men Considering the total population it is examined that 18 respondents of the total population ie 25% of the total population assume that it is not a solution.

Thus the researcher concludes that euthanasia is solution to a patient suffering from pain, depression and who terminally ill with, no recourse to survival.

It can be inferred from column VI (k) and column V (i) that the opinions of population are in harmony and they also match for males and females therefore the hypothesis that euthanasia is a solution is confirmed by both the ways.

From the above data analyzed it can be inferred that 75 % of the total population confirm that euthanasia is a solution. The researcher therefore accepts the null hypothesis.

6.6 Conclusion of the study

The above study helps to understand that the population is aware about the concept of euthanasia. It is generally known in our society. It has been inferred from the existing data that all most all the people especially the educated understand the importance of euthanasia.

The above study also suggests that euthanasia is not a crime. This inference can be drawn on the above data in hand. It can be analyzed that the educated are more rational in their thinking and hence agree to euthanasia. It is also observed that they are well aware about the existing legal positions globally. They are also aware about the advantages of legislation and therefore suggest that euthanasia should not be considered as a crime. They are well aware that if they opine it as a crime they shall be shutting the doors of legalization. It can therefore be said that the population has carefully diligently and with a sound mind given the interview to the interviewer. Majority of the educated class believe that
euthanasia is not a crime and has to be legalized. It has also been observed that those who insist on its legalization are very particular about its administration.

Considering the above opinion of the populace it can be said that the view for legislation is in corroboration with the earlier observation drawn. It can be observed that there has been a overwhelming response for legalization. 90% of the total population is in favor. The outlook of the populace is more towards legalization. It has been examined that most of the population is aware of its benefits and want to avail of them in their very own country. It is also been observed that even when there is no legislation the tendency is to perform it clandestinely. Therefore to avoid this law should be enacted. The data derived shall definitely motivate the legislator to think about it positively.

The people are for legislation but they want it to be a safe legislation with no possibilities of escape. A majority of Respondent have insisted on the physician's intervention within the specified parameters by the legislature for implementing euthanasia.

However from the above data it is been observed that the respondents of the population are wise and therefore apprehend the possibility of mistreat and harm that would arise subsequently. Therefore they strongly believe that there lies no harm in implementing euthanasia in exceptional cases where the need of it is dire and beneficial to all the patient and his near ones.. In the country like ours it is very much essential that we have strict regulations for addressing it. The economic, social conditions are such that there is likely hood of the abuse. Apart from these the fundamental moral values of the people are diminishing and that creates a need for strict reservations.

It has also been observed from the above data that the population is of the opinion that no patient should be coerced to live against his wishes. When, continuous attempts to alleviate care are not medically possible. Euthanasia should be administered to terminally ill patients only, with the aid of a doctor within specified parameters by the legislature.
The research also depicts that most of the population observe euthanasia as solution to a terminally ill patient suffering from pain, depression and with, no recourse to survival. It has been observed that these respondents, believe that euthanasia is a solution to save man from the torments of life

Hence it can be opined that may be for compassionate grounds, ethical grounds, and practicable grounds or for respect for autonomy most of the population is for legislation on euthanasia.

Apart from the evaluation done under this survey, market research done before have indicated that most of the populace and medicinal professionals accept euthanasia and believe it to be the best option to a patient who has been enduring sufferings. Prolonging life of agony with mechanism is not at all advisable. It infringes the authority of a human to live with dignity. They suppose that authority to end life is incorporated in good living, if not so beings shall not be entitled for a life with dignity as promised by the statutes.

If the law makers are supposed to be receptive towards community judgment with the intention of bringing a change according to the citizens desire. This should be considered as direction supporting legalization of euthanasia and bring a legislative change.