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International Trends and Human Rights Issues in Euthanasia

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Abstract

There must be a right to life for every human person. The right to life is protected under Article 21 of the Indian Constitution and Article 3 of the International Convention Universal Declaration of Human Rights issued in the year 1948 . The judiciary considers and adjudicates matters relating to the Right to Life, which is guaranteed under Article 21 of the Constitution of India, and such consideration depends on the facts and issues. Under this area the right to die is also claimed. Euthanasia is commonly referred to as "mercy killing" or "good death". There are a number of scenarios in which it is argued that the individual should be permitted to choose his or her own death rather than be compelled to live on. In this case, there are a number of opinions that are either against the idea of giving mercy killing or that negate the idea of providing death as a right to die due to particular circumstances. Each person has the fundamental right to lead a life of dignity, as he or she desires given that they are living under certain restrictions and it is expected that a human being would strive even when faced with hard conditions in his or her surroundings. Given the situation he shouldn't be leaning in front of them. This is the Indian culture that teaches us such things. The Hindu religion is founded on the concept that the essence is everlasting. Additionally, the Muslim faith maintains that only Allah has the authority over life and death, making the deliberate termination of life contrary to religious principles. Yet in today's culture there are situations in which there is the view that a person has the right to determine whether to continue or end their life. Hence, a comprehensive legal and regulatory framework should be developed by Parliament and the government to address this unique situation while preventing potential exploitation

Keywords

Euthanasia, UDHR, physician-assisted suicide, palliative care, Persistent Vegetative State

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Introduction

The notion of euthanasia has created a form of death that goes beyond the natural death. In Greek, the word euthanasia comes from the word euthantos, which means "to end life." The term "euthanasia" originates from Greek words that can be translated as "mercy killing or a good death" or "good death." The phrase euthanasia is attributed to the English statesman and philosopher Sir Francis Bacon in the early 17th century. It illustrates the practice of taking a man's life without causing him any discomfort or mental anguish. Euthanasia is defined as "a deliberate interference undertaken with the express intention of ending a life, to relieve intractable pains and agonies" by the House of Lords Select Committee on Medical Ethics.

As human rights and medical technology continue to progress, the debate around euthanasia continues. There is a wide range of opinions regarding euthanasia. Although each viewpoint is supported by compelling arguments, it is difficult to determine which one is more popular and which one is correct.

Modern medicine has extended life and improved health. There is an emergence of new health problems. Extending life does not make death better or more tolerable. Even some people believe that modern medicine makes the dying process more drawn out, which may be a difficult and expensive experience for patients, as well as a cruel and pointless way for their families to bear the financial burden.

Doctors and religious organisations have more conversations on euthanasia than attorneys do. Attorneys are the ones who decide what the legal definition of euthanasia is. Today, each country's euthanasia laws reflect its legal stance.

Euthanasia is essentially the taking of a person's life prematurely, either at the person's explicit or implicit desire (known as voluntary euthanasia) or without their agreement (known as non-voluntary euthanasia), direct interruption (known as active euthanasia), or by prohibiting life-saving measures and resources (known as passive euthanasia). Euthanasia can be performed in a number of different ways.

In addition, the courts have drawn a distinction between euthanasia and physician-assisted suicide, emphasizing that the primary difference lies in the person who administers the substance that ultimately causes death. In physician-assisted suicide, the physician provides the means or medication, but the final act is performed by the patient. In contrast, euthanasia involves the direct administration of a life-ending intervention by a physician or another third party.

The concept of euthanasia emerged from discussions surrounding the right to live and die with dignity. Since its inception, euthanasia and its legal status have remained subjects of intense ethical, legal, and social debate across the world.

Different countries have adopted varying approaches, and no universal consensus has yet been reached regarding its legalization. Consequently, both euthanasia and physician-assisted suicide remain prohibited in many jurisdictions.

The debate often arises in situations where individuals suffer from terminal illnesses, irreversible medical conditions, or unbearable pain. In such circumstances, patients, their families, and healthcare professionals may experience profound emotional and physical distress. Proponents of euthanasia argue that when a patient endures persistent suffering with no reasonable prospect of recovery, the option of ending life with dignity should be considered. In some cases, patients themselves, or their family members acting in accordance with the patient's wishes, may seek assistance in bringing an end to such suffering.

However, opponents contend that legalizing euthanasia may create opportunities for abuse, coercion, or undue influence, particularly among vulnerable individuals. Therefore, the issue continues to raise complex questions concerning personal autonomy, the sanctity of life, medical ethics, and the role of the law in regulating end-of-life decisions.

Conceptual Analysis Of Euthanasia

The term Euthanasia derives from Greek, where 'eu' signifies 'good' and 'thanatos' denotes 'death'. The phrase can be defined as "the deliberate cessation of life by another at the explicit request of the individual who dies." This is among the definitions of the phrase. To be more specific, this expression can be further classified as either active or passive, and it can also be classified as either voluntary or involuntary. The practice of assisted suicide is considered to be a subtype of euthanasia. It is a question of major misunderstanding and the absence of a universally acknowledged legal interpretation of the term "Euthanasia" that led to the outcome of this disagreement.

1 Modes of Euthanasia

Active Euthanasia and Passive Euthanasia

Active euthanasia is described as the intentional act of causing the death of a terminally ill patient at their explicit request using active measures, like the administration of a fatal injection. This practice was once known as'mercy killing,' but it was later avoided because it was associated with the Nazis during World War II and their extermination of Jews, Gipsies, and others. In contrast, passive euthanasia is commonly described as delaying medical therapy that could have extended the patient's life. The patient with an incurable disease, without any hope of cure and who will die inevitably, has the right to refuse all medical procedures. This deed the

patient takes full responsibility for his decision. This means that if a patient's critical functions suddenly stop, medical experts will not intervene to save his or her life, allowing the patient to die.

Voluntary Euthanasia and Involuntary Euthanasia

A clear distinction exists between voluntary and involuntary euthanasia. Although these categories are not the primary focus of the present study, an understanding of them is essential for a comprehensive appreciation of the broader concept of euthanasia.

Voluntary euthanasia occurs when a competent patient consciously and willingly requests the termination of his or her life or chooses to refuse life-sustaining treatment with the understanding that such refusal will result in death. In this form of euthanasia, the patient's informed consent is the determining factor.

In contrast, involuntary euthanasia involves ending a person's life without his or her explicit consent. This situation may arise when a patient is unable to communicate or make decisions due to unconsciousness, a persistent vegetative state, or severe cognitive impairment. In such cases, decisions are often made by family members, legal guardians, or healthcare professionals acting on behalf of the patient.

The distinction between these forms of euthanasia raises important ethical and legal considerations. While voluntary euthanasia is closely linked to the principles of personal autonomy and self-determination, involuntary euthanasia involves complex questions concerning consent, best interests, and the protection of vulnerable individuals. Consequently, these issues continue to generate significant debate within legal, medical, and ethical discourse.

Physician-Assisted Suicide

Physician-assisted suicide is often regarded as lying between active and passive euthanasia. It occurs when a physician provides a patient with the means or medication to end his or her life, but the final act is carried out by the patient. Unlike euthanasia, where a third party directly causes death, physician-assisted suicide involves the patient's voluntary and independent action. The practice remains a subject of significant ethical and legal debate worldwide.

Historical Retrospect of Euthanasia

Ancient Greeks believed that bliss could only be attained upon death, as demonstrated by Solon's well-known remarks to Croesus. Euthanasia is symbolised by Diagora's idealised demise. As the fans applauded, Diagoras passed away contentedly as his three Olympic-winning children carried him across the ground. Medical euthanasia is prohibited by the Hippocratic Oath. There isn't any doubt. "I

will not administer a poison to anybody when asked to do so, nor will I suggest such a course," is another clause of the oath. refusing advice or deadly medications, even when asked. In "Politeia," Plato emphasises his ideas by emphasising everyday compassion for those in need. People with mental and physical illnesses should be put to death, in his opinion, since they do not benefit the city or themselves.

Ancient Greek government-enforced euthanasia was motivated by eugenics and compassion. People with chronic, crippling illnesses of all ages are excluded from the comforts of their own homes. This horrible incident frequently resulted in either painless or agonising death. For societal reasons, euthanasia was advised since it would benefit society as a whole to kill a city-harming citizen. In ancient Greece, euthanasia was a societal and political practice. Terrible politics signifies that it might stop Sparta from generating children who couldn't sustain the military, even if the main goal was to help the unfortunate infants and their families. In Philoctetes, Sophocles is against euthanasia.

Dynamics on Euthanasia : Philosophy & Religion

Aristotle opposed the rearing of malformed children and regarded suicide as cowardly. He also advocated for eugenic euthanasia. Aristotle and Plato were of the opinion that medicine should be used to improve, restore, or maintain health, with the exception of euthanasia. Both philosophers believed that death was determined by matters of ethics and public policy rather than medical practice.

Euthanasia was advocated by numerous Roman philosophers, primarily the elderly Stoics. The Marseilles and Kos city senate authorised a specialised clinic to administer a liquid similar to hemlock to terminally ill patients in order to alleviate their suffering. Seneca contended in his Epistulae ad Lucilium that one should choose how to expire in the same way as they would a ship or house. In the event of calamities or catastrophes, Stoics were able to embrace euthanasia in particular, as a result of their life pessimism.

Christianity's Perspective on Euthanasia

Euthanasia is permissible in the Old Testament during periods amid circumstances of persecution, provided that it signifies adherence to noble ideals rather than contempt for human life. Nevertheless, the family of the victim is harshly condemned and humiliated when the victim commits suicide in order to flee a miserable existence that is not associated with persecution or conflict.

Euthanasia is not addressed in the New Testament. In the Christian faith, mortality is perceived as a means of entry into eternal life, rather than a horrible ordeal. Christian doctrine regards the human body as a sacred temple of the Holy

Spirit, thereby imposing a moral duty upon individuals to respect, protect, and preserve its dignity.. Euthanasia is vehemently prohibited due to the sacred and valuable nature of human life, which is a divine gift. The term "euthanasia" was originally used to refer to a peaceful death, or "finding peace at the end."

Medieval Perspective on Euthanasia

The focus of individuals on their existence and way of life was altered by social and historical changes during the medieval period, which viewed mortality as a divine concept. Suicide was perceived as a final option by some, while others viewed it as a sign of cowardice or pride. It was prohibited by Catholicism. Euthanasia was not appropriate during a time when life was both challenging and revered, as it directly contradicted the belief that it was a divine gift. In contrast, suicide attempters were penalised, and euthanasia was regarded as a criminal offence. This viewpoint was further reinforced by Christian teachings emphasizing the sanctity and inviolability of human life, together with the belief that suffering possesses spiritual, moral, and redemptive value. According to these beliefs, enduring suffering was considered a means of spiritual growth and salvation, requiring individuals to demonstrate patience, resilience, repentance, and unwavering faith.

International Legal Framework for Euthanasia

Euthanasia is neither expressly legalized nor comprehensively regulated under any international treaty. However, several international human rights instruments contain provisions that are highly relevant to debates concerning the right to die, human dignity, personal autonomy, and the protection of life. Among the most significant of these instruments are the United Nations' Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), and the European Convention on Human Rights (ECHR). While these instruments do not explicitly recognize a right to euthanasia, they provide the legal and ethical framework within which questions relating to end-of-life decisions, individual autonomy, and the sanctity of human life are examined.

The UDHR's Article 3 guarantees the right to life, liberty, and security of individuals. This provision has been extensively interpreted by certain scholars to encompass an individual's autonomy to decline medical treatment, a practice that is frequently linked to passive euthanasia. In the same vein, Article 6(1) of the ICCPR protects the intrinsic right to life and prohibits the arbitrary deprivation of life. International law prohibits involuntary euthanasia, as the term "arbitrary" has historically been interpreted as the unjust or illegitimate deprivation of life.

The right to life is widely recognized as the most fundamental of all human rights. This principle was affirmed by the Human Rights Committee in its 1982

General Comment on Article 6 of the International Covenant on Civil and Political Rights (ICCPR), which emphasized that no derogation from the right to life is permissible, even during a public emergency that threatens the existence of the nation. This underscores the paramount importance accorded to the protection of human life under international human rights law. The Committee also reported that it is "a right that should not be interpreted narrowly."

The European Convention on Human Rights (ECHR) occupies a central position in discussions relating to euthanasia. Article 2 safeguards the right to life, whereas Article 3 prohibits torture and inhuman or degrading treatment or punishment. These provisions provide an important legal framework for addressing complex issues concerning end-of-life decisions, human dignity, and the protection of fundamental rights. The prolonged suffering of terminally ill patients has resulted in an ethical dilemma due to the advancements in modern medicine. It is believed that subjecting a patient to intolerable anguish can be classified as cruel treatment.

Pretty v. United Kingdom is a case that makes international history. Diane Pretty was afflicted with a terminal degenerative illness and desired legal immunity for her spouse in order to assist her in committing suicide. The European Court of Human Rights denied the claim, concluding that Article 2 of the ECHR does not guarantee a "right to die." Additionally, the Court determined that Article 3 was not violated, emphasising that states are obligated to protect life rather than favour mortality.

The National Right to Life Committee (NRLC) is one of the largest pro-life organizations in the United States, comprising state affiliates and local chapters across the country. Through legislative advocacy and public education, it works to protect human life by opposing abortion, infanticide, assisted suicide, and euthanasia. Its educational wing, the NRLC Educational Trust Fund, holds special consultative status with the United Nations Economic and Social Council.

In contrast, the Netherlands regulates euthanasia through the *Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002*, which establishes the legal framework and procedural safeguards governing euthanasia and physician-assisted suicide.

In 2002, Belgium became the second European country to legalize euthanasia, following the Netherlands, provided that specific conditions were met. Patients who desire to terminate their lives must be aware of the demand and reiterate their request for euthanasia. A person must be experiencing "constant and unbearable physical or psychological pain" as a consequence of an accident or incurable illness.

The legal provisions governing euthanasia differ between countries with respect to minors. In some jurisdictions, requests for assisted dying are restricted to

adults aged eighteen years and above. However, Dutch law adopts a more flexible approach by allowing adolescents aged sixteen and seventeen to request euthanasia after consultation with their parents. Additionally, children between the ages of twelve and fifteen may seek euthanasia, provided that parental consent is obtained. These provisions reflect the Netherlands' distinctive approach to balancing individual autonomy with parental involvement in end-of-life decisions concerning minors.

Suicide is not considered a crime under *Article 115 of the Swiss Penal Code*, and the act of Assistance in suicide is considered a criminal act only when it is carried out for personal gain or driven by self-interested motives. Where such motives are absent, the law may not treat the conduct as a punishable offence. Nevertheless, Switzerland prohibits active euthanasia under the law. Switzerland has a distinctive stance on assisted suicide; it is legally permissible and can be administered by individuals who are not physicians. Nevertheless, euthanasia is prohibited.

International Jurisdictional Approaches to Euthanasia and Physician-Assisted Suicide

The legal status of euthanasia and physician-assisted suicide varies considerably across jurisdictions. In the United States, active euthanasia remains prohibited throughout the country. The United States Supreme Court, in *Washington v. Glucksberg* and *Vacco v. Quill*, held that there is no constitutional right to assisted suicide. Nevertheless, some states permit physician-assisted dying under specific statutory frameworks. Oregon became the first state to legalize physician-assisted death through the *Oregon Death with Dignity Act, 1997*, which allows terminally ill adult patients to obtain life-ending medication subject to strict eligibility requirements and procedural safeguards.

In the United Kingdom, euthanasia remains unlawful. However, an important development occurred in *Airedale NHS Trust v. Bland*, where the House of Lords permitted the withdrawal of artificial life-sustaining treatment from a patient in a persistent vegetative state. The decision recognized that discontinuing futile medical treatment under certain circumstances does not amount to unlawful killing. The case also reaffirmed the principle that medical treatment cannot be administered to a competent adult without his or her consent.

Similarly, China and most jurisdictions within the United States continue to prohibit euthanasia. However, physician-assisted suicide is legally permitted in a limited number of American states under carefully regulated conditions designed to protect patient autonomy while preventing abuse.

The continuing debate over euthanasia reflects a broader conflict between competing ethical and legal principles. Proponents argue that the right to life should

include the right to die with dignity, particularly in cases involving terminal illness, unbearable suffering, and the absence of any reasonable prospect of recovery. They emphasize personal autonomy, self-determination, and freedom of choice in end-of-life decision-making.

Opponents, however, contend that euthanasia undermines the sanctity of human life and conflicts with the fundamental principles of medical ethics, including beneficence and non-maleficence. They argue that the intentional ending of life is incompatible with the traditional role of medical professionals and may expose vulnerable individuals to potential coercion or abuse.

Consequently, euthanasia remains one of the most controversial issues in contemporary bioethics, human rights discourse, and international legal scholarship, raising complex questions concerning autonomy, dignity, medical ethics, and the state's obligation to protect life.

Indian Judicial Policies for Euthanasia

There is no explicit statute in India that explicitly permits mercy killing or euthanasia. Nevertheless, the Law Commission of India has addressed the issue in its *241st Report, "Passive Euthanasia – A Relook,"* which recommends the implementation of legislation on passive euthanasia through the *Medical Treatment of Terminally III Patients (Protection of Patients and Medical Practitioners) Bill*. Subsequently, the Ministry of Health and Family Welfare conducted discussions regarding the legislative framework of passive euthanasia.

The debate surrounding euthanasia in India is closely linked to Article 21 of the Indian Constitution, which guarantees the right to life and personal liberty. Supporters argue that the "right to die with dignity" is an essential component of the right to live with dignity, particularly for terminally ill individuals who are experiencing intolerable suffering. However, opponents contend that the right to life cannot encompass the right to die.

The legal discourse on euthanasia and the right to die in India has evolved significantly through judicial interpretation of Article 21 of the Constitution, which guarantees the right to life and personal liberty. An important development occurred in *P. Rathinam v. Union of India*, where the Supreme Court held that the right to life also included the freedom not to be compelled to live against one's will. On this basis, the Court questioned the constitutional validity of Section 309 of the Indian Penal Code, which criminalized attempted suicide.

However, this position was subsequently reconsidered by a Constitution Bench in *Gian Kaur v. State of Punjab*. The Court rejected the view adopted in *P.*

Rathinam and ruled that the right to life under Article 21 does not include a right to die. Emphasizing the sanctity and value of human life, the Court upheld the constitutional validity of Sections 306 and 309 of the Indian Penal Code. Although the legal framework has evolved since then, the Bharatiya Nyaya Sanhita, 2023 does not contain any specific provision directly dealing with euthanasia.

A significant shift in Indian jurisprudence occurred in *Aruna Ramachandra Shanbaug v. Union of India*, where the Supreme Court addressed the issue of passive euthanasia. Recognizing the complexities of end-of-life decisions, the Court permitted passive euthanasia in exceptional cases and held that the withdrawal of life-sustaining treatment could be allowed under strict judicial supervision. At the same time, the Court highlighted the urgent need for comprehensive legislation to regulate such situations.

The jurisprudence on euthanasia was further developed in *Common Cause v. Union of India*, a landmark judgment in which the Supreme Court legalized passive euthanasia and recognized the validity of living wills and advance medical directives. The Court affirmed that the right to die with dignity forms an integral part of the right to life under Article 21. It further acknowledged the autonomy of competent individuals to refuse medical treatment, including life-sustaining interventions, in cases of terminal illness or irreversible medical conditions.

More recently, in *Harish Rana v. Union of India* (2026), the Supreme Court applied the principles established in *Common Cause* and the procedural guidelines revised in 2023. The Court permitted the withdrawal of Clinically Assisted Nutrition and Hydration (CANH), recognizing it as a form of medical treatment. The decision concerned a patient who had remained in a Persistent Vegetative State (PVS) for more than thirteen years. By authorizing the cessation of life-sustaining treatment, the Court reaffirmed the principle that preserving human dignity remains central to end-of-life decision-making within the Indian constitutional framework.

Conclusion

In spite of the fact that these advancements have made a considerable contribution to the preservation of human life, they have also brought up a number of complicated problems of human dignity, autonomy, and the right of terminally ill patients to refuse unnecessary extended suffering.

Despite significant judicial developments, India still lacks a comprehensive and well-defined legislative framework on euthanasia. In the present era, marked by rapid medical advancements, changing socio-economic conditions, and a large population with unequal access to healthcare, there is an urgent need for an authentic, transparent, and legally sound law governing euthanasia.

At present, the legal position largely depends upon judicial guidelines rather than a detailed statutory enactment. This creates uncertainty regarding procedural safeguards, patient autonomy, medical responsibilities, and the protection of vulnerable individuals. The absence of a clear legislative framework often places patients, families, doctors, and hospitals in difficult ethical and legal situations, particularly in cases involving terminal illness, prolonged suffering, or irreversible vegetative conditions.

Considering India's growing population and economic disparities, many families are unable to bear the prolonged emotional, physical, and financial burden of life-sustaining treatment where there is no reasonable hope of recovery. Therefore, a balanced euthanasia law is necessary to protect the dignity of patients while simultaneously preventing misuse and ensuring strict medical and judicial oversight. Such legislation should clearly define the conditions under which passive euthanasia may be permitted, establish safeguards for informed consent and substituted decision-making, and provide accountability mechanisms for medical professionals. A comprehensive law would not only strengthen the right to die with dignity under Article 21 of the Constitution but would also bring clarity, consistency, and humanity to end-of-life care in India.

Within the context of the implementation of passive euthanasia, the Supreme Court has, quite correctly, emphasised the importance of a supervision system as well as extensive legal requirements. On the other hand, judicial statements by themselves are not adequate to appropriately control such a delicate matter. Defining the scope, constraints, processes, and precautions that are associated with euthanasia and advance medical directives is now the responsibility of the Parliament of India, which is tasked with the obligation of enacting a straightforward and all-encompassing legislation.

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