# EUTHANASIA AND ASSISTED SUICIDE LAWS IN INDIA: A LEGAL DEBATE

**Celina Kujur***

## ABSTRACT

*The debate on euthanasia and assisted suicide is extremely complicated in India because of its ethical, moral, and legal considerations. Euthanasia refers to the killing of a patient painlessly, while in the case of assisted suicide, these means are provided, and the patients end their lives all by themselves. What adds more complexity to this issue is the fact that India is a multicultural and multi-religious country. Hinduism is ambivalent to euthanasia; some consider it a gesture showing compassion, while others oppose it as offensive to basic principles of cosmic order. Islam and Catholicism reject euthanasia because human Life is considered inviolate. In Buddhism, there is also a fluctuating attitude toward active euthanasia, generally urging compassion with ethical caution. Jainism observes Sallekhana, which is considered to be a dignified spiritual option. Specific landmark cases, such as Aruna Shanbaug v. Union of India, brought about the legality of euthanasia in India, only on the grounds of irreversible terminal illness or state of persistent vegetative state. While Article 21 of the Constitution guarantees everybody the Right to die with dignity, Section 309 of the IPC criminalizes any attempt at suicide, thereby rendering this complex and a battleground for cases in the courts. Advocates of legalization cite autonomy and alleviation of unbearable suffering, not to mention examples of regulated euthanasia from other countries. For proponents of disallowing euthanasia, there are armed instances of palliative care, a remedy against misuse, and ethical decline. India's challenge lies in keeping up with the nuances of societal values, religious beliefs, and humane end-of-life care under efficient legal arrangements that will prevent misuse, respect patient autonomy, and honour cultural diversity. The continued debate is such that ethically and legally sound guidelines on euthanasia are being sought, one that tempers compassion with the sanctity of Life.*

**Keywords**: Euthanasia, Assisted Suicide, India, Article 21, Right To Life, Legal Framework, Religious Views.

*BA LLB, SECOND YEAR, RAJIV GANDHI NATIONAL UNIVERSITY OF LAW.

## INTRODUCTION

Euthanasia, often referred to as "mercy killing," involves deliberately ending a person's life to relieve them from suffering. Assisted suicide, on the other hand, entails providing a person with the means to end their own Life. These practices raise profound ethical, moral, and legal questions, particularly in a diverse and culturally rich country like India. The words "assisted suicide" and "euthanasia" are often used interchangeably, though their definitions vary slightly. "Assisted suicide" typically means that a doctor will assist a patient in obtaining the means of dying but will not personally administer them. A doctor may, for example, prescribe patient end-of-life medications but would then leave it to the patient whether or not to take them; some patients who receive such medications ultimately decide not to follow through. The term "euthanasia," by contrast, most often refers to someone intentionally and directly ending someone's Life to spare them from pain and suffering by, for example, personally injecting them with life-ending drugs. "Pulling the plug" on someone on life support, while technically a kind of euthanasia, is allowable in many countries, but "active" euthanasia, in which a deliberate intervention is undertaken to end someone's Life, is illegal in the vast majority of places, even many that allow physician-assisted suicide[1].

Active euthanasia occurs when a patient is deliberately killed to avert agony through performed actions. It normally includes intervention in the form of medication administered leading to a lethal dosage. On the other hand, passive euthanasia allows a patient to die 'naturally'. Here, withdrawal or withholding from a patient occurs during life-sustaining medical treatments. The difference between the two forms of euthanasia lies only in the mode of practising it, and both are directed at relieving the suffering of the patient. Active euthanasia involves some direct action to end Life, and passive euthanasia involves allowing death to take its natural course without intervening. Voluntary euthanasia may be either active or passive, depending on what actions are taken to end the patient's Life. In voluntary active euthanasia, the doctors or other persons deliberately do something to practice death on a patient. For example, the doctor can give a lethal injection to a patient. This is performed with the full consent of the patient in front of witnesses to make it clear that the patient has chosen the option of dying. Voluntary passive euthanasia is when the patient changes his mind about using life-prolonging facilities or

[1] "Assisted Suicide" (Psychology Today) <https://www.psychologytoday.com/us/basics/suicide/assisted-suicide> accessed June 17, 2024

treatment available to him; he stops the medication, and by doing so, he allows himself to die naturally.

The concept of euthanasia restraint refers to patients having the ability to take control over the time and manner of their death with respect to autonomy and personal choices. This needs competent, informed consent under which they understand the consequences of their decision. Involuntary euthanasia is performed without their consent, mostly involving patients who cannot express their wishes due to incompetence or incapacitation. This form of euthanasia sometimes evolves from situations in which the family or medical people make decisions on behalf of the patient, usually leading to passive involuntary euthanasia, where life-sustaining treatment is withheld without the expressed consent of the patient. In very rare and more controversial situations, it could mean active measures taken without the agreement of the patient, although this is usually illegal and highly unethical. Involuntary euthanasia raises the most ethically challenging issues, especially with regard to patient autonomy, family involvement, and responsibilities in the role of the medical professional. It gives rise to grave questions of appropriateness and legality in ending a life without express consent, even if the intent is to end suffering. In any form of euthanasia, the major considerations would be the quality of a patient's Life and, simultaneously, his or her choice to opt for Life or death. This debate thus finds its base in ethical, moral, and legal considerations; it requires stringent regulation and monitoring to protect vulnerable patients while allowing respect for autonomy and end-of-life wishes.



## RELIGIOUS PERSPECTIVES ON EUTHANASIA AND ASSISTED SUICIDE IN INDIA

Euthanasia and assisted suicide rest at the juncture of complex legal, ethical, and cultural dynamics in India. Their heterogeneous landscape reflects the diversity of religious beliefs and societal attitudes in this country. Concerns as to this issue are sensitive and contentious, drawing directly from constitutionally founding principles such as ethics, constitutional rights, and medical ethics, besides changing social mores. The rich cultural tapestry is bound to influence the response of India to euthanasia and assisted suicide; it is also inevitable that religious beliefs will overwhelmingly consort with public opinion and judicial discourse. Hinduism enjoys the largest following as a religion, and its views on the subject of euthanasia are nuanced. Others may view it as a merciful act to the Hindu, while some will object to its practice by arguing that it is in total disregard for the order of Life and death brought forth

through natural cosmic processes. It is this tension of showing compassion on the one hand and adhering to the religious, traditional teaching on the other that complicates the making of consensus laws on end-of-life care.

The other major religion in India, Islam, plainly prohibits euthanasia on the basis of the Quranic principle that Life is sacred and an asset belonging to Allah alone. It is founded upon the belief that humans have no right to take away their lives, come what may. Similarly, Catholicism, another major religion represented in India, disapproves of euthanasia since it thus views it as killing and, therefore, contrary to the respect due to Life. The Buddhist position, on the other hand, is varied among its different sects. Whereas some Buddhists would emphasize compassion and, hence, in extreme suffering, may find alleviation justifiable, others belong to schools where extreme care is taken in treating the issue with due respect to the ethics overriding the sanctity of Life and the consequences of actions. Jainism contributes another point of view with an actual practice of Sallekhana, ritual fasting unto death performed by adherents as a means to spiritual liberation. Unlike suicide, Sallekhana is considered a dignified and conscious end-of-life choice, being in keeping with the principles of non-violence and detachment underpinning Jainism.

Religious perspectives underline the very complexity of legislating such matters as euthanasia and assisted suicide in India. Efforts should be made toward finding an appropriate adjustment between profound religious convictions and dynamic societal values, gradually emphasizing individual autonomy and the Right to die with dignity. Indeed, there has been tremendous legal progress in the judgments pertaining to passive euthanasia and advance directives by the apex court. The journey ahead of comprehensive legislation is still extremely challenging. The debate that has been going on with regard to euthanasia in India requires respect for religious diversity and how best to deal with the intricate realities of terminal illness and relentless suffering. It requires nuanced legal frameworks that are to be protected against misuse, undergo rigorous evaluation processes, and ensure respect for patient autonomy. This would also require sustained dialogue among policymakers, healthcare professionals, religious leaders, and the public at large to arrive at a consensus that looks to offer compassionate end-of-life care without disturbing the rich cultural and religious heritage of Indian society. While facing all such complexities, this goal is to establish ethical and legally valid guidelines that provide humane choices to those facing the most difficult decisions of their lives.

## THE EXPANSIVE INTERPRETATION OF ARTICLE 21 OF THE INDIAN CONSTITUTION

Article 21 stipulates that no one will be denied Life except in line with legal procedures. This indicates that everyone has the Right to Life, which cannot be taken away except in accordance with the legal procedures. The Right to Life has numerous elements, including the Right to live with dignity, the Right to a decent existence, and the Right to a safe environment. Article 21 also protects individuals' personal liberty. It states that no one shall be deprived of their personal liberty except in conformity with the procedure authorized by law. Personal liberty entails the freedom to move around, pick one's place of abode, and pursue any lawful occupation.[2]

Now, the question arises whether the Right to Life under Article 21 includes the Right to die or not. This question came for consideration for the first time before the High Court of Bombay in the State of *Maharashtra v. Maruti Sripati Dubal*. In this case, the Bombay High Court held that the Right to Life guaranteed under Article 21 includes the Right to die, and the Hon'ble High Court struck down section 309 IPC, which provides punishment for an attempt to commit suicide by a person, as unconstitutional.

In *P Rathinam v. Union of India*, a division bench of the Supreme Court supported the decision of the High Court of Bombay. *Maruti Sripati Dubal* case held that under Article 21, the Right to Life also includes the Right to die and laid down that section 309 of the Indian Penal Court, which deals with 'attempt to commit suicide is a penal offence' unconstitutional.

This issue was again raised before the Court in *Gian Kaur v. State of Punjab*. In this case, a five-judge Constitutional Bench of the Supreme Court overruled P. Ratinam's case and held that the Right to Life under Article 21 of the Constitution does not include the Right to die or the Right to be killed, and there is no ground to hold that the section 309, IPC is constitutionally invalid. The true meaning of the word 'life' in Article 21 is Life with human dignity. Any aspect of Life that makes it dignified may be included in it, but not that which extinguishes it. The 'Right to Die', if any, is inherently inconsistent with the Right to Life, as is death with Life.[3] Intentionally killing oneself is referred to as suicide or "felo de se". Section 309 of the Indian

[2] Law F, "Free Law" Free Law (July 4, 2022) <https://www.freelaw.in/legalarticles/Article-21-of-the-Constitution-of-India:-Protection-of-Life-and-Personal-Liberty> accessed June 19, 2024

[3] legal Service India, "Article 21 and Constitutional Validity of Right to Die" <https://www.legalserviceindia.com/article/l374-Article-21-and-Constitutional-validity-of-Right-to-Die.html> accessed June 17, 2024

Penal Code, 1860, deals with suicide. It states that whoever attempts suicide and commits the commission of such an offence will be punished with imprisonment for a period not exceeding one year, a fine, or both. Suicides can occur due to several causes, including professional or personal crises, feelings of isolation, abuse, violence, family problems, mental issues, alcoholism, financial loss, chronic pain, etc. The National Crime Records Bureau (NCRB) gathers statistics on police-recorded suicides. An increase in the suicide rate was observed in 2021 (1,64,033 suicides) compared to 2020 (1,53,052 suicides). "Family Difficulties excluding marriage-related problems" contributed around 33.2%, "Marriage Related Problems" contributed 4.8%, and "Illness" contributed 18.6%, accounting for approximately 56.6% of total suicides in the country in 2021.

Section 107 of the Indian Penal Code, 1860, defines abetment as the act performed by:

A person abetting or inciting another person, A person engaging with one or more people in any conspiracy for abetting or instigating a person, A person intentionally aiding by any act or illegal omission for abetting or instigating a person, A person by wilful misrepresentation concealing a material fact that he is obligated to disclose or attempts to cause or procure voluntarily comes within the act of instigation.

If any person abets, entices or compels someone to commit suicide, then they shall be penalized under Section 306 of the Indian Penal Code, 1860, for abetment of suicide. A person abetting, enticing or compelling someone to commit an offence is known as an "abettor" as per Section 108 of the Indian Penal Code, 1860. Abetment of suicide is referred to as the mental process of instigating, encouraging, or assisting someone in committing suicide. A conviction cannot stand without an intentional effort on the part of the accused to encourage or abet suicide. In the case *of State of Gujarat v. Gautambhai Devkubhai Vala (2022)*, the Gujarat High Court ruled that the prosecution must fulfil the requirements under Section 107, which deals with instigation, in order to establish an offence under Section 306 of the Indian Penal Code, 1860.

Abetment of suicide of a child or an insane person is dealt with under Section 305 of the Indian Penal Code, 1860. It states that anyone who aids or abets any person under the age of eighteen, any insane person, any delirious person, any idiot, or any person in a state of intoxication in

committing suicide shall be punished with imprisonment for Life, or a period of imprisonment not to exceed ten years, or a fine or both.[4]

There is a principle in common law called the principle of self-determination. This principle states that a patient has a complete right to refuse or accept medical treatment. Lord Goff of Chieveley in Airedale stated that "it is established that the principle of self-determination requires respect must be given to the wishes of the patient, so that if any adult patient of sound mind refuses, however unreasonably, to consent to treatment or care by which his life would or might be prolonged," it shall be obeyed. The medical practitioner must make a decision that is in the best interest of the patient. If a competent patient wants a life-supporting device to be removed, then the doctor is bound to do so. On the other hand, if the patient is insane or is not competent, then a doctor can stop the medication if he considers it to be in the best interest of the patient. It is incredibly crucial to know the exact meaning of terms like 'competent', 'incompetent' and 'best interest'. So, the Law Commission of India, in its 196th report, annexed the drafted Bill named "Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill, 2006 ", which emphasized the laws related to a deceased who wants a natural death, not through the consumption of lethal drugs or from life-supporting devices. It was a matter of concern that a patient could be held liable under Section 309 of IPC if he is an adult, competent enough and refuses treatment. Section 309 of IPC talks about 'attempt to commit suicide'. The Court held that a competent patient has every right to decide what is good for him and what is wrong. A patient can decide for himself whether he wants medical treatment or allow the disease to continue. Many countries that are governed by common law do not consider this act of a patient as any offence. Also, in Airedale, the House of Lords held that it is not suicide. Supreme Court also declared that this was not an offence under Section 309 of IPC. Similarly, if a doctor obeys the patient's instruction not to give him medicines or medical treatment, then he is not committing any offence. There was another issue that if a doctor obeys his patient and removes the life-supporting devices, then he will be guilty of 'abetment of suicide' under Section 306 of IPC. The act of not giving the medicines is based on the patient's direction, and hence, the doctor is not guilty under Section 306 of IPC. There were disputes related to the doctors being guilty under Section 299 of IPC, which talks about 'culpable homicide'. When a doctor is performing any act, which is with the consent of the patient, then he should not be held guilty. Further, the main requirement of Section 299 is the

[4] Garg R, "Section 306 : Abetment of Suicide" (iPleaders, October 20, 2022) <https://blog.ipleaders.in/section-306-abetment-of-suicide/> accessed June 17, 2024

intention to cause death or bodily injury, which is lacking in this case. Hence, the doctors are not guilty under Section 299 of IPC.[5]

## LANDMARK JUDICIAL PRONOUNCEMENTS

The Aruna Shanbaug case is one of the leading judgments in the history of Indian law, with a far-reaching impact on the debate pertaining to passive euthanasia and end-of-life care. It brought into clear focus some very fundamental questions relating to dying with dignity and fair play in legal mechanisms. The Supreme Court has ruled that passive euthanasia can be allowed in certain conditions, such as in cases of persistent vegetative state or irreversible terminal illness, thereby recognizing the individual's Right to die with dignity. A stringent evaluation and monitoring mechanism argued the judgment, would therefore be laid in order to prevent its misuse and make the process ethical and humane.

The case of Aruna Shanbaug opened a wide eye to the pressingly needed comprehensive legislation on euthanasia in India. It has caused much debate at the legislative level and brought further issues at the end of Life to the consideration of those in power. Moreover, this case has contributed to changing society: it has brought realization regarding the condition of persons in similar situations and evoked feelings of sympathy and compassion. It made the medical fraternity and the public at large rethink the ethical dilemmas involved with decisions at the end of Life and definitely put respect for autonomy and dignity.

In that light, the Aruna Shanbaug case was a precursor to other major judgments on the legality of euthanasia and end-of-life care. For instance, the decision in *Common Cause v. Union of India (2018)* further fleshed out the jurisprudence by holding that living wills and advance directives are legally permissible. That judgment gave a person the Right to set out, in advance, his preferences as to treatment in the event that he is, at a later time, incompetent to make decisions, again increasing the extent of patient autonomy carved out by Aruna Shanbaug.

Another important judgment is the *Gian Kaur v. State of Punjab (1996)* case, wherein the Supreme Court upheld the legality of penal provisions against attempted suicide but rightly found a place for the Right to die with dignity as a facet of the Right to Life under Article 21

[5] Team L, "India's Stand on Euthanasia: Supporting Right to Die with Dignity" Lawyersclubindia.com <https://www.lawyersclubindia.com/articles/india-s-stand-on-euthanasia-11756.asp> accessed June 17, 2024

of the Constitution of India. This case formed the basic principles that would be later elaborated in the Aruna Shanbaug and Common Cause judgments.

Decisions like that of *Airedale NHS Trust v. Bland* (1993) in the United Kingdom, therefore, have also lent their weight to the legal debate on euthanasia at the international level. In that case, the House of Lords permitted the withdrawal of life-sustaining treatment for a patient in a persistent vegetative state, thus setting a precedent for passive euthanasia in U.K. law.

The Aruna Shanbaug case thus becomes an important milestone in the march of end-of-life care legislation. It is evidence of the tension between the sanctity of Life and the Right to die with dignity that continues to this moment and of the requirement of keeping legal and ethical frameworks in tune with the needs of society. As medical technologies continue developing and societal attitudes change, principles from this case go further to guide the development of appropriate compassionate and humane approaches to end-of-life care.

*Aruna Shanbaug v/s. Union Of India* also called the Aruna Shanbaug case, is a landmark judgment that has drawn attention to the issue of passive euthanasia. The journalist and the Activist who identified herself as a close friend of the victim filed a petition under Article 32[5] of the Constitution. Although there was no legality in filing the petition under Article 32 owing to the seriousness of the situation and the related public interest of determining the legality of euthanasia, the petition was accepted by the Supreme Court. The petition prayed to the Respondent to stop feeding Aruna and allow her to die peacefully. The Supreme Court's decision to allow passive euthanasia in specific circumstances, such as when an individual is in a persistent vegetative state or suffering from an irreversible terminal illness, reflected a recognition of the Right to die with dignity. The Court's guidelines ensured that the process of granting euthanasia would be subject to rigorous evaluation and oversight, thus safeguarding against potential misuse.

Moreover, the Aruna Shaunbay case highlighted the need for comprehensive legislation on euthanasia and end-of-life care in India. It prompted further discussions at the legislative level and emphasized the importance of providing compassionate choices for individuals facing irreparable suffering. Beyond its legal implications, the case had a profound impact on society, fostering greater awareness and empathy for those in similar circumstances as Aruna Shanbaug. It encouraged individuals, medical professionals, and policymakers to reflect on the complex issues surrounding end-of-life decisions and the importance of respecting a person's autonomy

and dignity. While the case provided a crucial framework for addressing passive euthanasia in the country, the discourse on euthanasia and end-of-life care continues to evolve. As society grapples with the challenges posed by advancing medical technologies and changing attitudes, it is vital to ensure that legal and ethical frameworks remain responsive to the needs and values of the individuals they seek to protect.

Ultimately, the Aruna Shaunbay case serves as a reminder that compassionate and carefully regulated approaches to end-of-life care are essential. It urges us to continue exploring ways to strike a balance between the sanctity of Life and the individual's Right to die with dignity, fostering a society that values and protects the autonomy and well-being of its citizens until the very end.[6]

## ARGUMENTS FOR LEGALIZATION

The debates around euthanasia are quite intricate and highly complex and encompass numerous ethical, legal, and practical dimensions. The advocates argue that every person has the Right and liberty to make decisions related to his or her Life, which includes the time and way of dying. It is essentially grounded on respect for choices made by individuals, citing the principles of self-governance, more particularly in situations of unbearable suffering or irreversible decline. They reason that helping a patient die can be the kind and humane response to dreadful suffering, especially when medical therapy has little "reasonable hope of recovery" and is simply "prolonging the agony." To these supporters, euthanasia was an act of mercy, an option that would respect autonomy but end useless suffering.

Some proponents of euthanasia cite that it is incorrect to make an ethical differentiation between passive euthanasia, which is the withholding or withdrawal of treatment, and active euthanasia, which is any direct action to kill. They can assert that both types of euthanasia are governed by the same ethical considerations: alleviating suffering and, secondly, respecting a patient's autonomy. Thus, an action that justifies passive euthanasia applies to active euthanasia as well. The proponents use examples from countries like the Netherlands and Belgium and U.S. states like Oregon, where euthanasia or assisted suicide is legal, to argue that some countries have quite effectively regulated and implemented these practices in their jurisdictions. They do, however, assert that these countries have implemented proper controls

[6] "Case Analysis on Aruna Shanbaug v/s Union of India" <https://www.legalserviceindia.com/legal/article-12094-case-analysis-on-aruna-shanbaug-v-s-union-of-india-.html> accessed June 17, 2024

against abuse and that legal euthanasia is quite manageable without threats of its authenticity, opening doors to negative implications such as the erosion of ethical standards or pressure on vulnerable individuals.

In summary, euthanasia advocates support their arguments based on individual rights and compassionate responses to suffering by advocating the availability of euthanasia as one of the regulated options in cases of extreme, unrelievable pain. They have an opinion that with proper legal frameworks and safeguards in position, potential risks can be minimized toward a humane and dignified approach to end-of-life care.

## ARGUMENTS AGAINST LEGALIZATION

Indeed, modern medicine has developed tremendously concerning other kinds of palliative care and pain management, which have substantially mitigated suffering at the end of Life, argue euthanasia critics. They argue that the perception that unbearable pain is a justification for euthanasia may be considered no longer valid to a great degree. Like other critics, they emphasize that options such as withdrawal of active medical treatments with excellent palliative care can offer great relief to patients without resorting to what they would consider sanctioned murder. Efforts, they believe, need to be placed on facilitating access to comprehensive end-of-life care that can address both physical pain and emotional distress rather than on legalizing euthanasia.

Most of the frameworks make a very clear moral distinction between active killing and passive death. Active euthanasia is understood to mean direct and intentional life-ending, which is a highly ethically charged issue. However, withholding or withdrawal—allowing a person to die a natural death is seen as much less morally problematic since it allows nature to take its course rather than actively interfering in the ending of Life. That is an important distinction for people who believe active euthanasia objectifies an ethical line that the passive measures do not cross.

Opponents further note the possibility that open legalization would unleash a Pandora's box of all sorts of unforeseeable consequences of euthanasia. They state that vulnerable populations, the elderly, disabled, or even people under heavy emotional stress, can be steered toward choosing death out of feeling burdensome to others or having the choice birthed out of subtle coercion. Concerns have been raised over the adequacy of safeguards; even properly drafted regulations are open to abuse and misapplication. Opponents further concern that a "slippery slope" will be created, in which the criteria for euthanasia could gradually broaden from

terminal illnesses to chronic conditions to finally non-medical reasons, paving the way toward the wide acceptance of euthanasia in situations where it is never contemplated. Indeed, they are concerned that this could be the beginning of an erosion of strict criteria and point to their long-term apprehension about legalizing euthanasia.

## CONCLUSION AND SUGGESTION

Euthanasia and assisted suicide have embroiled a very nuanced debate in India, entangled with ethics, laws, and culture. To add to this is the diversity of religious beliefs: Hinduism, Islam, Catholicism, Buddhism, and Jainism all bring different standpoints on the point in question. These attitudes equally affect society and always add to the complexity of reaching an agreement concerning the laws related to care at the end of Life. Landmark judgments such as that of Aruna Shanbaug v. Union of India have dramatically altered the legal landscape by accepting passive euthanasia under stringent conditions and emphasizing rigorous oversight against its misuse. The judgment in Common Cause v. Union of India on living wills and advance directives reiterates the tightrope walk that the judiciary is trying to play between the protection of patient autonomy on one hand and ethical and legal safeguards on the other.

The arguments for legalization focus on the individual's rights, autonomy, and sympathetic response to unbearable suffering. Supporters of euthanasia point to international experience about effective regulation of euthanasia in some countries and argue that this type of regulation with safeguards against abuse can be done here as well. On the other hand, the opponents indicate the achievements of palliative medicine, saying that Life can now be made so endurable that there is never any necessity for euthanasia. Opponents claim a huge difference, morally speaking, between active and passive euthanasia. But they show their fear concerning possible coercion and the "slippery slope", gradually broadening the criteria of euthanasia, which may further degrade ethics and society.

The challenge is huge in terms of having a nuanced legal framework that India needs to create, ensuring respect for individual rights with efficient safeguards against coercion and misuse. Therefore, it becomes absolutely necessary that comprehensive legislation be enacted with clearly spelled-out criteria, procedures, and safeguards concerning end-of-life decisions, taken voluntarily and in full comprehension. At the same time, there is a need for public awareness and consequent educational campaigns to make people engage in meaningful discourse on euthanasia, advance directives, and the importance of palliative care. The promotion of

palliative care in the country itself is, however, equally important so that real accessibility to pain relief, comfort, and emotional help for terminally ill patients is accorded, and thus, palliative care can be projected as an alternative to euthanasia that is very humane in nature.

Control bodies consisting of medical professionals, legal experts, ethicists, and different religious communities must Be established, which would monitor and review the practice of euthanasia laws. Healthcare providers need continuous training in ethics with an emphasis on issues of compassionate care at the end of Life. There must be a continuing reaching out to policy stakeholders, healthcare professionals, religious leaders, and civil society for dialogue in continuously reviewing and refining the euthanasia laws in tandem with the societal evolution of values, medical progress, and ethic-rectitude.

The way forward for India will need careful consideration, decision-making informed by knowledge, and inclusive debate to ensure compassionate end-of-life care options that answer human dignity, justice, and autonomy. In a sense, the way India goes toward handling such complex issues involves sensitivity but rigorous working through of a language in the legal framework, sensitivity to individual rights subject to safeguards from abuses, and meeting the different needs and ethical expectations of society.