

The Right to Die with Dignity

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The Right to Die with Dignity: India's Euthanasia Guidelines Simplified

Context : The **Ministry of Health and Family Welfare** has issued draft guidelines to implement the **Supreme Court's 2018 and 2023 rulings** on the **right to die with dignity**. These guidelines provide a structured process for **state governments and hospitals** to withdraw life support for **terminally ill patients**. Although India lacks specific laws on stopping life-support treatment, these guidelines affirm that it can be done legally within a regulated system.

What is Euthanasia?

Euthanasia is when a physician ends a patient's life by administering a substance. It can be:

- **Voluntary:** When the patient consents.
- **Involuntary:** When the patient cannot consent, such as in a coma.

Types of Euthanasia:

- **Active Euthanasia:** Direct action, like a lethal injection, taken at the patient's request to end life. It is usually **illegal** due to ethical and legal concerns.
- **Passive Euthanasia:** Withholding or stopping life-support treatment, like turning off a ventilator, allowing the illness to progress naturally to death.

Important Supreme Court Rulings:

- **2011:** *Aruna Shanbaug v. Union of India* - Allowed life-support treatment to be stopped legally, even for patients without decision-making ability.
- **2018:** *Common Cause v. Union of India* - Declared the **right to die with dignity** as a fundamental right under Article 21 of the Constitution, and permitted **living wills** (advance medical directives).
- **2023:** *Common Cause v. Union of India* - Made it easier to create living wills and withdraw life-support by reducing bureaucratic procedures.

Draft Guidelines on Passive Euthanasia:

1. **Definition of Terminal Illness:** An incurable or irreversible condition leading inevitably to death. Only such cases are considered.
2. **Conditions for Withdrawal of Treatment:** Treatment can be withdrawn if the patient is **brain dead** or has no chance of recovery, with **informed consent** from the patient or a legal representative, following **Supreme Court protocols**.
3. **Patient Autonomy:** Patients have the right to refuse life support. They can choose to stop life support if brain dead and if further treatment is deemed useless.
4. **Living Wills:** People can specify their treatment preferences in advance in case they lose decision-making ability, allowing them control over future medical care.
5. **Medical Board Review:** If stopping life support is recommended, a **primary medical board** reviews the case, and a **secondary board** must approve it, ensuring oversight.

Arguments For Euthanasia:

- **Respect for Autonomy:** Recognizes a person's right to make decisions about their own body and end-of-life care.
- **Reduction of Suffering:** Relieves prolonged suffering in terminal patients.
- **Resource Allocation:** Redirects medical resources to those who have better recovery prospects.
- **Safety Through Guidelines:** The Supreme Court's guidelines and medical board reviews ensure that euthanasia is safe and ethical.
- **Global Precedence:** Euthanasia laws in other countries show that society can accept euthanasia under strict rules.

Arguments Against Euthanasia:

- **Ethical Concerns:** Conflicts with medical ethics, including the commitment to "do no harm."
- **Risk of Misuse:** Vulnerable people might be exploited.

- **Cultural Sensitivity:** Indian traditions and religious beliefs often oppose euthanasia.
- **Psychological Impact on Families:** Families might feel pressured to consent, conflicting with personal beliefs.
- **Medical Advancements:** Improved palliative care can provide comfort without ending life.

Moving Forward:

- **Invest in Palliative Care:** Make palliative care accessible for comfort in terminal illnesses.
- **Public Awareness:** Educate people on the differences between passive euthanasia, palliative care, and living wills.
- **Strict Monitoring:** Ensure guidelines are followed to prevent misuse and uphold ethical standards.



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