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From Suffering to Sovereignty: The Dimensions of Euthanasia and Right to Die with Dignity

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Abstract

Provided the complex socio-legal fabric of India, the discourse on Euthanasia and the Right to die with dignity provokes profound ethical, legal, and societal questions. Therefore, a need to meticulously examine the varied dimensions of Euthanasia arises. Beginning with the **basic understanding** of the concept, a comprehensive analysis shall be made in regard to various **philosophies** associated of renowned political thinkers and philosophers. Additionally, **comparative insights from foreign legal frameworks** shall be drawn. The research includes judgments passed by the Indian judiciary regarding the legalization of Euthanasia with a clear debate in its context.

The High Court Judgement of **Gian Kaur v. The State of Punjab (1996) and** Supreme Court judgments of **Aruna Shanbaug v. Union of India (2011) and Common Cause v. Union of India (2018)** proved to be the turning points in Indian legal history and shaped the stance of Indian judiciary on the legislation of Euthanasia. The breakdown of **Law Commission reports (2006 & 2008)** also finds their mention.

Can the freedom to choose a dignified death—the ultimate act of human autonomy—be recognized by the law in a culture that is highly pro-life? If so, there's a need to structure and strengthen regulations to adopt this choice.

Keywords: Euthanasia, Right to die with dignity, inviolability of life, human autonomy

Introduction

'Euthanasia' literally means **'good death'**, derived from the Greek words 'EU' and 'Thanatos'. The term was introduced by the English philosopher and statesman, **Sir Francis Bacon**. According to the **British House of Lords Select Committee on Medical Ethics**, "Euthanasia is a deliberate intervention undertaken with the express intention of ending a life to retrieve intractable suffering." In simple words, it is the practice of knowingly and intentionally ending a person's life with the intent to put a cessation to his/her medical suffering.

It further accounts for a varied spectrum of methods, like **Voluntary Euthanasia** through which the patient gives their consent to terminate his/her life with the objective of putting an end to suffering due to ill health. Another method is that of **Non-voluntary Euthanasia,** through which the choice to exercise the Right to die with dignity isn't made by the patient himself/ herself but instead by a legitimate and reliable person, on behalf of the patient in accordance with their quality of life.

There are two more categories of Euthanasia, namely **Active Euthanasia and Passive Euthanasia.** Through Active Euthanasia, the patient's life is terminated via active means like by injecting a lethal injection. On the other hand, in Passive Euthanasia the patient is killed by withholding artificial medical support.

In cases of **Permanently Vegetative State (PVS)** and consistency of critical health condition, the difference between refusing lifesaving medical treatment and giving lethal medication is ultimately for the patient, his/her family and the Court to decide with due respect to the best interest of the patient.
In India, the discourse on Euthanasia is shaped by its unique cultural, religious, and legal landscape. People witness an emerging debate on the subject due to various differences of opinion and conflicting ideas. **Vipul Mudgal, Director of Common Cause,** in an interview with Rajya Sabha TV after the judgment of the Supreme Court in the context of ***Common Cause v.. Union of India* (2018),** said: **"Dignity of death is a part of dignified living."** By the statement, he meant that the judgment of recognising the constitutional right to die with dignity under Article 21 of the Fundamental Right to Life marks a significant, substantial and solid step towards acknowledging and conceding human autonomy in life-ending decisions. The details of the case are mentioned on the following pages.
As India stands at the anteroom of conceivable legal and systematic reforms, this research aims to unveil the complicated dimensions of Euthanasia and the Right to Die with Dignity under Article 21 on the basis of the Indian Constitution. The insights on global perspectives, and landmark judgments will also help to illuminate the path forward, advocating for a compassionate yet judicious strategy to end-of-life care.

CHAPTER 01:
THE FIVE PHILOSOPHIES

In 1924, the German novelist **Thomas Mann** said, "A man's dying is more the survivor's affair than his own". His words stand relevant and applicable amidst the current controversy on the legalization of Euthanasia. Back during the days of premature civilization, It was an **accepted practice** in some form or the other by certain societies. It has been convinced that in ancient Rome and Greece, the practice of putting people to death was admissible in certain situations. For illustration, in the **Greek city of Sparta,** infants or newborns having severe birth defects or disabilities were put to death in order to limit their suffering in the living world. **Voluntary euthanasia for the aged was also an approved custom** in several ancient societies, simply because the society didn't want any member to continue living a painful life.

The opinion of considering Euthanasia to be morally correct and allowed, is traceable to the times of Socrates, Plato and Stoics. Advocates and proponents propose that extending life through artificial medical support can divest people of their dignity and result in suffering, thus violating their **right to a "good death",** a philosophical idea dating back to the 1960s. **12 Principles** of a good death have been laid down in the book **'The Future of Health and Care for Older People: The Best is Yet to Come':**

- to know when death is coming
- to be able to gain control of what happens
- to be provided dignity and privacy
- to have control over pain relief
- to have choice and control over where death occurs
- to have access to information and assistance of whatever kind is required
- to have access to any spiritual or emotional support that might be required
- to have access to hospice care in any location
- to have control over who is present and who the end is shared with
- to be able to issue advance directives that ensure wishes are respected

- to have enough time to say goodbye
- to be able to leave when it is time to go, and not to have life prolonged unnecessarily.

The second philosophy is regarding **The Doctrine of Double Effect**. According to **Coleman**, The doctrine of double effect enunciates that if doing something morally good has a morally bad side-effect, then it is ethically permissible to do it provided the bad side-effect wasn't intended. This is true even if you foresee that the bad effect would probably happen. This principle justifies the cases where medical professionals give drugs to a patient to lessen distressing symptoms, knowing that doing so may shorten the patient's life. This is because the doctors are not intending to kill the patient, and the bad result of the patient's death is an ultimate side-effect of the good intent of reducing the patient's pain. Take this illustration: Euthanasia is illegal in the UK, still doctors are allowed to administer potentially lethal doses of painkillers to relieve the suffering, provided they do not primarily intend to kill the patient and the doctor's action must still be appropriate. The doctrine is applicable in this context too.

Plato, being a believer in the harmony of life, was an opponent of what nowadays is called active Euthanasia but a supporter of Passive one. In his work **Laws20**, he writes in a general way that medical professionals should and must be sentenced to the death penalty, if by administering any drug, they encourage the termination of the life of any patient. On the contrary, In **Republic24**, Plato advocates that patients unable due to their suffering to live a normal life, should not be forced to treatment for the prolongation of life via medical support.

Asclepius believed that in cases where there was no possible effective treatment and when life expectancy was short, the physician could reject to issue any kind of treatment since treating such a patient would be of no use neither to the patient nor the society. We have learned this belief from Plato as well. In one of his works, he refers to Asclepius, saying that it is not reasonable to prolong the suffering of a man who is not or no longer useful to himself and society.

Hippocrates, the father of medicine, was against active Euthanasia. The very well-known **Hippocratic Oath** prohibits doctors from issuing any sort of drug that could result in death: 'I will neither give a deadly drug to anybody if asked for it nor will I make any suggestion to this effect.' This aligns well with the principles of the Pythagorean philosophers who influenced Hippocrates and who were against any unnatural termination of life.

However, Hippocrates does seem to be in favor of passive Euthanasia, in cases of severely ill patients. In his work, **The Art29** he writes that a physician should not even treat a patient who has an incurable disease: 'To refuse to treat those who are overmastered by their disease realizing that in such cases, medicine is powerless.' In so stating, Hippocrates might be suggesting either a kind of 'defensive' medicine, to protect the medical profession from failures in treatment, or he is expressing a deep respect for the inviolability of life.

CHAPTER 02:
INTERNATIONAL ACCEPTANCE

In April 2002, the Netherlands became the first nation-state to legally permit Euthanasia, accompanied by specified strict regulations. There's an exception made in the Dutch Euthanasia Act for physicians: Euthanasia and physician-assisted suicide performed by medical professionals who have complied with all the six due care criteria laid down in the Act and have notified the municipal pathologist

prior won't be treated under any form of a criminal offence. The practice is performed by the attending physician issuing a fatal dose of a specific drug to the patient on his/her expressed request. The Dutch legislation also covers physician-assisted suicide.

An important point to note is that **Palliative sedation is not a form of Euthanasia:** the patient is simply made unconscious with painkillers and eventually dies from natural causes only. Euthanasia and assisted suicide are considered to be legal only if the criteria laid down in the Dutch Termination of Life on Request and Assisted Suicide Act are fully and duly observed and followed. Only under those circumstances, will the physician be concerned immune from criminal prosecution. Requests for the stated practice often come from ill patients experiencing unbearable suffering with no prospect of improvement. Their request must be made honestly, with conviction and without any manipulation. They view Euthanasia as the only possible escape from the situation.

In one of the recent cases, **former Dutch prime minister Dries Van Agt and his wife Eugenie Van Agt-Krekelberg died by opting for Euthanasia, owing to deteriorating health**. They both were 93. As per The Rights Forum, a human rights organization he founded Van Agt died by Euthanasia, "hand in hand" together with his wife as they both were suffering from medical issues but "couldn't go without one another".

An organized movement commenced in England in 1935 to legalize Euthanasia in Britain, when C. Killick Millard founded the Voluntary Euthanasia Legalisation Society. The society's bill stood defeated in the House of Lords and failed to come into effect in 1936.

Even as of today, Both Euthanasia and assisted suicide remain to be illegal under English law. Assisted suicide is illegal under the stated provisions of the Suicide Act (1961) and is punishable by 14 years of imprisonment. Depending on the situation at hand, Euthanasia is regarded as either manslaughter or murder. The maximum penalty in British Law for the same is life imprisonment. However, to surprise, Suicide or attempted suicide are not criminal offenses. Under Section 2(1) of the Suicide Act (1961) It is an offence for a person to commit an act, encouraging or assisting the suicide of another.

In the United States, the legality of Euthanasia keeps on changing from state to state. At present, there are only 10 jurisdictions that have legally allowed euthanasia including Washington, D.C. and the states of California, Colorado, Oregon, Vermont, New Mexico, Maine, New Jersey, Hawaii, and Washington. **Although, the legality of assisted suicide is disputed in Montana**, though currently authorised based on the Montana Supreme Court's ruling. Involuntary Euthanasia is currently illegal in all 50 states of the United States. And, the states that do consider passive Euthanasia to legally allow it, also have certain stated eligibility criteria that the suffering patient must fulfill to opt for it. For example: for a patient to receive the aid-in-dying drug in California, he/she must be 18 years or older, a resident of California, have an incurable terminal disease, expected to die within six months, Can make medical decisions and not have impaired judgment due to a mental disorder.

In 1997, Colombia's Constitutional Court ruled that "no person can be held criminally responsible for taking the life of a terminally ill patient who has given clear authorization to do so. **In 2022, it became the first Latin American country to legally authorize assisted suicide for patients but only under a doctor's supervision.** The country's highest court passed a judgment ruling that a doctor can help a seriously ill patient in taking their own life by consuming a lethal drug, without risking going to jail. Colombia already allows Euthanasia, where a doctor is the one to administer a life-ending drug to a patient

and decriminalized Euthanasia in 1997. In July 2021, a high court expanded this "right to dignified death" even to those not suffering from any life-threatening illness. As per the official data, Fewer than 200 people have opted for Euthanasia in Colombia since 1997. However, The church continues to categorically oppose both euthanasia as well as assisted suicide.

Belgium is one of the countries where euthanasia is considered to remain decriminalized under strict conditions. Patients experiencing unbearable physical or mental suffering with consistent critical conditions may request euthanasia as per the **Belgian Euthanasia Act (2002)**. The law mandates that the request must be voluntary, and the patient must be informed about their health condition and prospects well in advance. Physicians are not obligated to perform Euthanasia and are allowed to refuse requests based on personal beliefs. Recently, the European Court of Human Rights and the Belgian Constitutional Court issued judgments on the legitimacy of the Belgian Euthanasia Act and its compatibility with fundamental rights. The judgment involved the case of **Mortier v. Belgium (2022).** The case concerned a 64-year-old woman with a personality disorder. The appellant was her own son who got to know about her Euthanasia a day after it was performed. He claimed that his right to respect for private and family life was violated.

The court ruled that Euthanasia was practiced in accordance with the Belgian Euthanasia Act and therefore there was no violation of rights. It also attached additional safeguards for mental suffering patients.

To sum it all up, Legalisation comes with strong safeguards to ensure that the decision is voluntary, informed, and free from any sort of manipulation. Euthanasia remains to be seen as a controversial topic, with many arguments against it based on ethical, moral, and societal grounds which shall be considered in the following chapters.

CHAPTER 03:
THE INDIAN WAY

The concept of Euthanasia in India dates back to the practice of '**Sallekhana'** in **Jainism**, through which people could **voluntarily fast to death** by gradually lowering the intake of edibles.

It was not considered suicide by Jain scholars as it didn't involve any use of weapons nor it was an act of passion. There was a debate about it from a **'right to life v. right to death and freedom of religious choices'** aspect. **The Rajasthan High Court banned this practice in 2015 and further even the Supreme Court stayed that judgement.**

In Hinduism, the first mention of prohibition from taking one's life is present in **Manusmriti**. However, there was an **exceptional law for self-killing** for lower caste people convicted for committing the murder of a Brahmin or any crime against themselves or any other higher caste person.

Legally in independent India, There's a timeline of landmark judgments and adjudications that shaped the stance of the Indian judiciary regarding the practice of Euthanasia and the Right to Die with dignity. The first few cases initially began the debate about the Right to Die. But the series of landmark cases, Begins with the 1996 case of **Gian Kaur v. the State of Punjab.**

Maruti Shripati Dubal v. State of Maharashtra (1987):

The first attempt to weaken Section 309 (Attempt to suicide) of IPC commenced with this case. The court declared **Section 309 unconstitutional and stated that the 'Right to Die' is included within the 'Right to Life'**. According to **Justice P. B. Sawant**, it was unfair to punish those who tried to commit suicide, as

they required mental assistance a lot more than harsh imprisonment.

P. Rathinam v. Union of India (1994):

The Supreme Court reiterated that **Section 309 violated Article 21 and was thus unconstitutional.** In this challenge, the court also stated that just like the right to freedom of speech under Article 19 gives the right to speak but also includes the right to not speak, the right to live also includes the right to not live. Thus, Section 309 was held to be unconstitutional.

Gian Kaur v. State of Punjab (1996):

Gian Kaur and her husband, Harbans Kaur were charged with Section 306 for supporting their daughter-in-law, Kulwant Kaur, in her suicide and were punished with 7-year sentence and a fine. They then appealed to the Supreme Court and **argued that Section 306 of the IPC violated their Right to life.**

Their case was based on the Supreme Court's decision in P. Rathinam v. Union of India according to which Section 309 stood unconstitutional. Acknowledging the seriousness of the matter, the case was sent to a 5 judge constitutional bench for a comprehensive evaluation.

The focus of the case was on the legality of Section 306 IPC. Moreover, the court analyzed if the "right to die" fell under the purview of the "right to life" under Article 21. **This problem was born from the debate that if attempting suicide (under Section 309) was unconstitutional, then helping someone commit it should also not be subject to punishment.**

In a significant ruling, the bench ruled that **Article 21 only guaranteed the 'right to life and personal liberty' and not the 'right to die'.** To conclude, the Court held that Sections 306 and 309 of the Indian Penal Code (IPC) are not in violation of Articles 21 and 14 of the Constitution and that the right to life cannot be deprived except through lawful procedures. The 'right to life' does not include the 'right to die' within it. Although the right to a dignified death is acknowledged, it specifically applies only to naturally occurring death. The Court ruled that the right to die with dignity might be granted to terminally ill patients or those in a chronic vegetative state, but pointed out that this was not applicable in this case.

The Supreme Court held the appellants responsible for their act and overturned the past judgments.

Law Commission Report on Euthanasia (2006):

This report recommended that there must be a law made to safeguard terminally ill patients who refuse to any longer live with some kind of medical support. Further, doctors who obey such a decision of the patient must be protected from punishment under Sections 306 and 299. The Report concluded that only medically ill patients with an incurable disease be granted the right to practice the right to die with dignity.

Law Commission Report on Decriminalisation of Attempt to Suicide (2008):

This report stated that Section 309 of the IPC was cruel. An act of suicide is subject to be a representation of a mental illness. It is unfair and unjust to add more punishment to someone who is already in such serious pain and therefore it is not beneficial for preventing suicides or increasing access to medical care for patients who have attempted to die by suicide.

Aruna Ramachandra Shanbaug v. Union of India (2011):

Aruna Ramchandra Shanbaug worked as a Nurse at KEM Bombay and was sexually assaulted by a sweeper at the same hospital. Upon realizing that she was menstruating, the culprit sodomized her. He

then tightly wrapped a chain around her neck. The next day, a sweeper found Arunas' body on the floor with blood everywhere. She stopped receiving oxygen due to the chain strangulation, resulting in permanent brain damage, **putting her in a permanent vegetative state (PVS).**

Later, **Pinki Virani** an activist, submitted a petition to the Supreme Court regarding **Article 32, claiming that Aruna cannot recover and should be allowed to opt for passive Euthanasia to end her suffering.** The KEM Hospital and Bombay Municipal Corporation submitted a counter-petition in response to this appeal. The Supreme Court appointed a team of 3 renowned doctors to investigate and report on Aruna's condition for a better understanding of the situation.

The study concluded that her brain functions uniquely in how she responds to circumstances. Also, Aruna's body language did not show any sign of her willingness to terminate her life. Neither the nursing staff of the hospital showed any carelessness towards taking care of her. Thus, The doctors suggested that there was no need for passive Euthanasia. In this situation, She died in PVS in 2015.

The Court stated that Aruna was not brain-dead. She was able to breathe independently and generate essential responses. Despite being in a PVS, her situation has remained stable. Therefore, **Euthanasia was not warranted.**

The Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill (2016):

This bill embraced the validity of advance medical directives by terminally ill patients and also emphasized the need to consider health status when making end-of-life decisions. Every mentally fit patient, including minors aged above 16 years, has a right to make a decision and express their desire to the medical professional attending to her/ him on whether to continue further treatment or not.

1. The Bill provides protection to patients and doctors from any liability for withholding or withdrawing medical treatment.
2. When a patient shares a decision with the medical practitioner, such a decision is binding on him/her. However, it also notes that the medical practitioner must believe that the patient is "competent" and that the decision is being taken on free will.
3. There shall be a panel of medical experts to decide on a case-by-case basis.
4. The medical practitioner must record the details of the patient and ensure he/she makes an informed decision. He must also inform the patient whether it would be best to withdraw or continue treatment.
5. Advanced medical directives or living will be void and not binding on any medical professional.
6. The Medical Council of India may issue guidelines consistent with the provisions of the bill. It may be reviewed and can also be edited from time to time.

Common Cause v. Union of India (2018):

Common Cause, an NGO, filed a writ petition asking for a ruling to consider the '**right to die with dignity' as a part of the 'right to life' under Article 21.**

Eventually, this case was presented before a three-judge panel, but considering its seriousness, it was sent to a Constitutional bench for further review. The problem arises due to the past judgment of the Supreme Court regarding the **Gian Kaur v. State of Punjab (1996) case in which the court ruled and stated that the right to life did not provide shelter to the 'right to die with dignity' which ultimately overturned the judgment of P. Rathinam v. Union of India (1994) case.** The inquiry brought up in this instance was:

Is the right to die with dignity considered an inherent right under Article 21 of the Constitution, which guarantees the right to live with dignity?

The NGO argued that the preservation of personal autonomy was fundamental to protecting privacy rights and the basic freedom of an individual. It was stated that keeping the ill patient in a state of permanent vegetative state would only increase their suffering rather than reduce it and four. It was better to end their life then and there.

In its response, the State mentioned that they had thought about regulating euthanasia but the Ministry of Health and Family Welfare did not support the motion. A request submitted by the "Society for the Right to Die with Dignity" was approved. The affidavit encouraged Euthanasia, focusing on the freedom to choose not to live in a state that cannot be recovered from. It also backed the idea of a living will and submitted a sample of a **'living will'.**

The court reiterated the past judgment in regard to the Gian Kaur v. Union of India (1996) case. The court ruled that Article 21 did include the ‘right to die’ along with the ‘right to life’.

Regarding living wills, the Court determined that there was a clear indication of the acceptance of Advance Medical Directives in the nation. It also mentioned that the ability to do it was a move in safeguarding the autonomous rights of an individual. If the patient isn’t able to make a decision, a guardian can. The Court believed that protecting individual choice in personal decisions such as death is a crucial aspect of the right to privacy, which is related to the fundamental rights of life and personal liberty.

CHAPTER 04:
LET THE DEBATE BEGIN

The discussion about legalizing euthanasia includes debatable elements, raising a need to thoroughly examine the m arguments supporting and opposing its legalization.

For the motion:

1. The case for Euthanasia is entirely based on **self-determination** and is backed by philosophical beliefs in autonomy rights and liberty, acknowledging the right to a dignified death. It honors personal independence and recognizes the deep personal importance of choices regarding one's death.

- Self-determination is based on the ideas of **Immanuel Kant and John Stuart Mill.** Kantian opinions keep focusing on viewing individuals as independent beings with the ability to make rational choices. Kant saw autonomy as a crucial element of human dignity and, therefore, honoring an individual's autonomous decision to relieve their pain through euthanasia acknowledges the same. In "**On Liberty,"** JS Mill stated that people should have the liberty to seek their well-being as long as it does not cause harm to others. Therefore, individuals should and must have the freedom to choose between suffering pain or opting for Euthanasia to put an end to it.

2. Advocates for the right to die believe that individuals with incurable should have the **equal choice to pass away with as much dignity as any other physically fit person.** The caregiver's load is also crucial and includes finances, physical health, and mental well-being. According to a recent report by the **National Alliance for Caregiving, in the United States, 78% of caregivers have out-of-pocket expenditures** related to caregiving, with a moderate annual expenditure of $7,242. These costs can be even elevate in cases pertaining to terminal illness.

3. Euthanasia for patients with terminal illnesses can pave the way to **promote organ donation.** This way, Euthanasia not only grants the terminally ill the 'Right to die,' but also provides the 'Right to life' for patients in need of organs. Examinations show that organs recovered from patients who die in a controlled environment have increased success rates in transplantation. For example, an analysis published in The **New England Journal of Medicine** demonstrated that kidneys from donors who die in controlled settings, particularly those undergoing euthanasia are less likely to be damaged compared to those from unexpected deaths.

Against the motion:

1. The **Hippocratic oath** prohibits doctors from providing any kind of treatment to patients that might result in their death. It contains several key ethical directives for physicians, including the famous principle, **"Do no harm"**. One of the critical lines from the original text states:

- "I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and similarly, I will not give a woman a pessary to cause an abortion." This clause has been decoded as a clear veto against euthanasia, physician-assisted suicide, and any other medical practices that would purposely terminate a patient's life.
- There are **variations of the modern oath. In some countries, an updated version is used, while in others, for example, in Pakistan, doctors still go by the original.**

2. Critics suggest that the legalization of euthanasia may result in a **gradual decrease in the worth of life,** particularly targeting the most at-risk individuals in society like the aged, disabled and those suffering from severe illnesses.

- For instance, In the **Netherlands**, there has been a growth in the interpretation of eligibility. Initially limited to terminally ill patients, the practice now includes those suffering from chronic conditions, psychiatric disorders, and even severe disabilities. Critics fear that this growth reflects a growing acceptance of euthanasia as a solution to suffering.

3. Euthanasia is **against the will and word of God.** Almost every religion in its scriptures says '**you must not kill**'. Therefore, It's an attack on the sovereignty of God.

- It shortens the life and interferes with the **law of karma.**
- The **Roman Catholic church is one of the most active organizations in opposing euthanasia.**

CHAPTER 05:
THE ARTISTIC LENS

There have been a number of filmmakers nationally and globally who looked at the concept of Euthanasia with a sense of creativeness and art. Many films were made in the context and tried to clear the air amongst the general public about the myths of euthanasia. Their art pieces truly helped in paving the way for a new perspective towards this idea.

- In the Indian Bollywood industry, the Introduction of the general public with the concept of use in Asia was done by Sanjay Leela Bhansali's film **Guzaarish (2010)** that featured **Hrithik Roshan and Aishwarya Rai.** Roshan could be seen portraying the role of a Magician who due to an accident becomes paralysed and henceforth loses the will to live at all. He then files a petition in the court to allow him from practising Euthanasia. The entire storyline revolves around the kinds of arguments that are put forward in this background. Both the actors as well as the director was very much appreciated by a number of critics for the beautiful portrayal of such a sensitive topic.

- Another notable Bollywood movie is **"Anand" (1971)**, made by director Hrishikesh Mukherjee. The film is a timeless, classic and deals **indirectly with the concept of euthanasia.** The main character can be seen facing and in curable disease and chooses to embrace death as the end of his life approaches.
- Hollywood has also tried its best to deal with the emerging debate of Euthanasia. A famous film titled **'A million dollar baby'**, directed by **Clint Eastwood** also revolves around the concept of assisted suicide. The film is a touching examination of the entire emotional turbulence a patient has to go through, while taking a decision of ending his or her life.
- "**Me Before You" (2016),** a Jojo Moyes' novel, explores the same subject. The novel portrays the bond of a caregiver with a terminally ill patient. It also sparked a lot of debate and controversy after being launched but is still considered to be a remarkable novel based on this idea.
- Additionally, '**The Sea Inside' (2004),** made by Alejandro Amenábar, is a Spanish movie that was honoured with an Academy Award for Best Foreign Language Film. It recounts the real-life tale of Ramón Sampedro, a terminally ill patient, who chooses to exercise his right to die. The powerful story made an emotional impact on people worldwide.

These movies are just a few to mention. Other than the stated ones, there have been several attempts made by a number of artists and filmmakers to do justice to creating a more discussion friendly environment worldwide for the concept of Euthanasia.

CHAPTER 06:
THE END- DEATH

Even as of today, Euthanasia continues to be a subject that is very much debatable and requires a depth of understanding to deliberate upon. Philosophers such as **Emanuel Kant and JS Mill** Have also made significant contributions to the discussion uncovering various perspectives to look at. We must also consider these perspectives in the present context.

In India, the stance of the Indian judiciary and Indian people upon the legalization of euthanasia along with the consideration of the right to die with dignity was framed upon the several judgments that were passed by the Supreme Court and High Court of various states. The ones that must receive special mention are the cases of **Gian Kaur v. Union of India (1996), Aruna Shanbaug v. Union of India (2011) and Common Cause v. Union of India (2018).**

By analyzing the historical background and philosophical basis of the subject, we get a mixed conclusion, full of subjectivity.

Although, the most interesting and debatable statement remains to be, "Dignity of death is a part of dignified living".

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