



# RIGHT TO DIE WITH REFERENCE TO EUTHANASIA: A SURVEY ON PEOPLE IN TAMIL NADU

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## ABSTRACT

Everyone has the right to live a meaningful life in their own way and no one has the right to take anyone's life or any other aspect of their life that makes it meaningful. Article 21 of the Indian Constitution guarantees right to life and personal liberty to all persons. This right has a wider scope which includes the right to live with dignity, the right to livelihood, right to privacy, etc. A question arises as to whether the right to life also includes the right to die or not, which is a much-debated topic. Euthanasia refers to the taking away of one's own life to relieve from adverse suffering caused due to illness. The study aims to look into the different perceptions on right to die with respect to euthanasia and the legalising of the same in India. According to the survey conducted via online questionnaire, with sample size of 201, we find that majority feel that right to life denotes a decent life without suffering and that though euthanasia is not always a right option, there is a need for a suitable policy on the same to prevent its misuse. We conclude that euthanasia can be taken only as a last resort after looking into the other alternatives.

**Key words:** euthanasia, Physician-Assisted Suicide (PAS), right to life, doctor, terminally-ill, right to die, law

## INTRODUCTION

Rights are the privileges that a man is born with. Natural rights are the ones that are universal and fundamental that cannot be taken by anyone. One such right is the right to life. Right to life states that everyone has the right to live and no one can take our life. Fundamental rights are guaranteed under the Indian Constitution. Article 21 of the Indian Constitution guarantees right to life and personal liberty and is called the heart of the constitution and extends to all persons. Right to life does not just include simple bare existence but has wider scope including aspects that make life meaningful and worth living. It includes rights like right to live with dignity, right to livelihood, right to privacy, right to health and medical care, etc. But there are times when the right to life itself becomes contradictory in certain circumstances. In the case of terminally-ill patients living with immense suffering and that they are not in a position to think for themselves, the relatives and loved ones of the patients have to make a choice between the right to life of that patient and putting an end to his/her immense suffering. Euthanasia is the practice of intentionally ending one's life to relieve from unbearable pain and suffering. It's also called assisted suicide or merci-killing and is normally done to

terminally ill patients or those who are in a long-term coma. It is different from suicide. Suicide is ending of one's life due to pressure and depression while euthanasia is done to relieve from immense suffering due to illness.

There are generally four types of euthanasia - active, passive, indirect, and physician-assisted suicide. Active euthanasia involves administration of a lethal injection directly to the patient with an intention to relieve from struggling between life and death. Passive euthanasia is holding off or withdrawing of life-support systems either at the consent of the patient or when extending one's life is considered useless. This is done indirectly. Indirect euthanasia means the method giving treatment with side effects using fatal painkillers, in a way to alleviate suffering and thus speeding death. Physician Assisted Suicide (PAS) is when medical professionals help in ending one's life on his/her consent. Euthanasia can be done in three ways. Voluntary euthanasia occurs with the consent of the dying patient. Non-voluntary euthanasia occurs when the person is unconscious or unable to make a good choice between life and death (e.g., in coma, mentally ill). In such circumstances, some responsible person in their family takes the decision on behalf of the terminally-ill person. Involuntary euthanasia occurs when the dying patient chooses life but some other responsible person takes the decision and chooses their death, which is counted as being done for the benefit of the terminally-ill person. Euthanasia involves a conflict of right to life as it involves taking away of a life.

Euthanasia is legal in the Netherlands, Belgium, Canada, Colombia, Luxembourg, New Zealand, Spain and several states of Australia. Netherlands is the first country to legalise euthanasia and PAS where someone who is experiencing unbearable suffering and there is no chance of improving and parental consent is needed for those under 16. In Switzerland, euthanasia is not allowed but PAS is allowed without age requirement, diagnosis or symptoms. However, PAS is considered illegal if there is any selfish intent. In March 2021, it was made legal for Spanish nationals or legal residents to end their life under certain situations where only adults with serious and incurable diseases that cause immense suffering choose to end their lives. At the same time, Canada amended its law on PAS where adults with a serious and incurable condition and in an advanced state of illness and are suffering, are allowed to seek PAS - even if they are not imminent of death. Euthanasia and PAS are allowed in Belgium for those in unbearable suffering with no improvement in health. Belgium has no age restriction, but they need to meet the criteria for approval. Euthanasia and PAS are legal in Luxembourg for adults in an incurable condition with constant, intolerable suffering and with no health improvement. Colombia is the first in Latin America to legalise euthanasia, in 1997 and in July 2021, it extended the law on euthanasia or PAS to include cases of non-terminal illnesses if the patient is in intense physical or psychological suffering as a result of bodily injury or serious and incurable illness. Victoria was the first Australian state to legalise voluntary euthanasia where only adults of Victoria are allowed. Voluntary assisted dying will be restricted to only certain people. Active euthanasia is illegal in the United States but several states now offer legal PAS which is allowed for terminally ill patients where doctors can give a prescription for the fatal drugs, but a healthcare professional must be present during administration. Palliative sedation, in which someone is deeply sedated until they die, is permitted in France, but PAS is not. In New Zealand, euthanasia is legalised to terminally-ill people who have less than six months to live, and they can also choose PAS if approved by two doctors. Passive euthanasia is legal in India but no proper law is there for it and the procedure to get permission is slow. The **aim** of the study is to look into right to die in India with reference to euthanasia with comparison to other countries and analysing the public opinion on the same.

## OBJECTIVE

- To study the different perceptions on right to die in reference to euthanasia.
- To discuss the legalizing of euthanasia in India with comparison with other countries.
- To analyse the different perceptions of the public on euthanasia.

## LITERATURE REVIEW

**Math and Chaturvedi (2012)** have argued about the complex issues in euthanasia in regard to right to life and right to die. They have given arguments and counter arguments on euthanasia. They concluded that there is an urgent need to invest in our healthcare system and that investment in health care is not a charity as the right to health is bestowed under the right to life under the Indian constitution.

**Pereira (2011)** has discussed the legalizing of euthanasia or assisted suicide and the illusions of its safeguards and controls. The author provided evidence on the laws and safeguards that are usually ignored and transgressed in various jurisdictions. The author has concluded that legislatures in several countries have opted to improve palliative care services to educate health professionals and the public.

**Kalal (2018)** has discussed about euthanasia in relation to right to live and right to die. The author has given a brief description about the subject, and different types of euthanasia. The author had concluded with the trends of euthanasia in different countries.

**Young et al. (2019)** have investigated and analysed the euthanasia debate by synthesising the evidence on the attitude of the people of New Zealand. They have followed systematic research and found 21 quantitative and 5 qualitative studies. They used secondary data. They found that public interest in euthanasia in New Zealand is not widely known and concluded that specific research is needed to understand the views of potentially vulnerable populations.

**Shukla (2016)** has critically analysed passive euthanasia in India. The author used secondary data with specific reference to the 2011 verdict and concluded that only if the patient's suffering is prioritized over the patient's life, would it be clear that passive euthanasia defeats the very use of euthanasia by prolonging a miserable life without reason.

**Kishore (2015)** has explored the various dimensions of one's right to die with dignity globally with reference to Aruna Shanbaug case. The author has brought in the conflicting arguments regarding the right to die with dignity and the legislative strategies that need to be followed. The author discussed the judicial decisions across the world and concluded that there is a need for enactment of comprehensive and fine-tuned legislative strategies to relieve the suffering of many awaiting a dignified death from the agony of living with terminal illness.

**Sinha et al.(2012)** have discussed about euthanasia in Indian perspective. They have brought into focus the legality of PAS and euthanasia and the arguments regarding the same. They concluded that the landmark Supreme Court judgment had provided a major boost to pro-euthanasia activists but there are still concerns for its misuse before it gets recognized as a law in the country.

**Gandhi (2020)** has studied euthanasia in the ethical and legal dimensions. The author has used primary data by doing a survey via questionnaire and collected secondary data from various articles and compared euthanasia with other alternatives. The author concluded that euthanasia needs to be legalized and protected by law and that euthanasia should be opted for as a last resort and alternatives to euthanasia needs to be encouraged and considered before opting for euthanasia.

**Mishra and Singh (2020)** have discussed euthanasia and its desirability in India. They have given views for and against euthanasia and have brought in the international situation over euthanasia and compared it to India and its judicial response. They concluded that the lawmakers have to analyse the overall background and socio-legal conditions to grant euthanasia in Indian perspective as the right to die with dignity is the expansion of the right to life under Article 21 of the Indian constitution.

**Sareen (2019)** has done a critical analysis over the recognition of passive euthanasia in India and evolution of euthanasia in India with a comparison with the Dutch law along with pros and cons of the Aruna Shanbaug case judgement. The author concluded that the judgement of the Aruna Shanbaug case was good and valid although it failed to draw differentiation between active and passive euthanasia and couldn't address special reforms to health care system since it is a good beginning to address the new concept of assisted suicide which wasn't touched in the past.

**Chatterji (2015)** has reviewed the Aruna Shanbaug case in relation to legalising of only passive euthanasia with reference to cancer patients in their last stages of life. The author has discussed the judgments of different cases regarding the right to die with dignity and the right to life in India and the scenario in other countries. The author has concluded that it is high time that Article 21 of the Indian constitution be amended and include the right to die with dignity.

**Mazumder and Mazumder (2019)** have analysed the legalisation of euthanasia in India and the chance of medical care by using primary data collected from a survey on 96 MBBS students via questionnaires. They found a mixed response and concluded that there is uneven illiteracy on this where there is a need for consciousness and possibility of adverse application by creating awareness.

**Bhat et al. (2017)** have analysed the choice between life and death with reference to the legal and ethical consideration of euthanasia in India. They have used primary and secondary data and discussed the different forms of euthanasia and its legal position in India and other countries and brought in the arguments for and against euthanasia and concluded that there is a need for legal provisions on euthanasia providing guidelines and that euthanasia can be administered only as a last resort to an extreme emergency.

**Goel (2008)** has discussed about right to end life with dignity in relation to euthanasia. The author has examined the questions in regards to euthanasia and Medical Termination of Pregnancy (MTP) based on the legal and traditional dimensions. The author discussed the different types of euthanasia, its application in different countries, and its reference in religious texts and concluded that alternatives to euthanasia need to be looked into while seeking the views and betterment of the patients.

**Khan and Tadros (2013)** have analysed Physician-Assisted Suicide (PAS) and euthanasia in Indian context. They have discussed PAS and euthanasia in legal and religious dimensions and psychiatrists' role in the decision making and concluded that there is a need for empirical research on the same to know the views of the professionals and general public and its legalisation in India.

**Roy (2013)** has analysed the position of euthanasia in India in reference to old texts, religious context, legal aspects and the arguments for and against euthanasia. The author concluded that there is a need to legalise the different types of euthanasia, and not just passive euthanasia, and provide guidelines to prevent the misuse of the same.

**Jha et al (2012)** have analysed the current scenario of euthanasia in India. They have discussed two cases on euthanasia and compared the legal provisions in different countries and concluded that doctors and judiciary are responsible and be concerned about the lives of others and that it was right of the Supreme Court to only legalise passive euthanasia.

**Someswararao et al (2020)** have discussed the socio-legal perspective of euthanasia in India with reference to the arguments for and against euthanasia. They have brought in arguments for legalising euthanasia by interpreting Article 21 of the Indian Constitution. They have also discussed about the lack of medical facilities and the legal safeguards for euthanasia and brought in arguments against legalising euthanasia by examining the weakening of doctor-patient relationship, misuse of euthanasia and mercy killing and concluded with a slippery slope argument.

**Kannan and Thottah (2021)** have reviewed the current status of euthanasia in Netherlands and India by doing an analytical review of the laws in the two countries between 2001 and 2020. They have discussed the laws and safeguards on euthanasia with cases and brought in the arguments for and against euthanasia which resulted in a slippery-slope argument. They concluded that there is a need to legalise both active and passive euthanasia and prevent its misuse and that legalisation of the same should be done after assuring pain treatment and palliative care to all the citizens.

**Surana and Kothari (2021)** have critically compared euthanasia in India and Canada. They have looked into the history, its types and the religious beliefs on euthanasia and brought in the difference between euthanasia and suicide and discussed the legal perspective of euthanasia in India and Canada. They found that euthanasia is well-structured and safeguarded in Canada and concluded with suggestions to improve the laws on euthanasia in India.

## RESEARCH METHODOLOGY

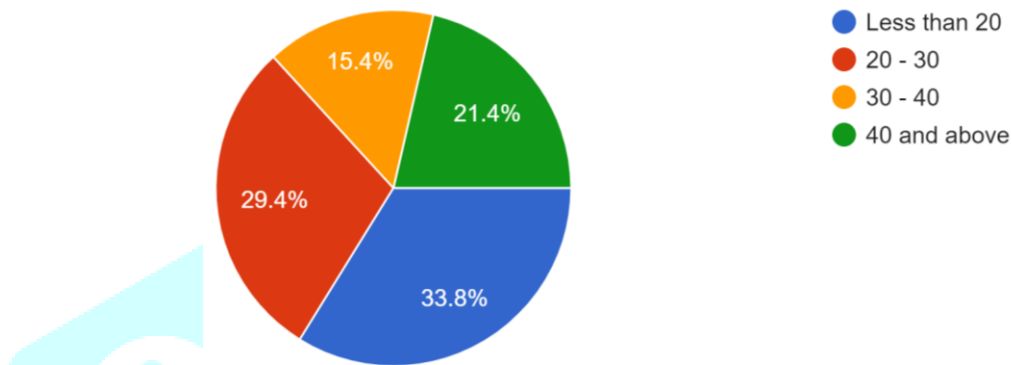
The current study is based on empirical research. It consists of the scientific frame of research. It begins with the finding of research problems based on the review of literature. The major contribution of the study is to collect the legal facts of a particular area and to test the hypothesis of a cause-and-effect relationship

between variables. The research design is exploratory and experimental. It explored the problem tested with hypotheses and provided the solution from the analysis. Convenient sampling method is used (non-probability sampling). The sample size is 201. Data is collected through online sources. Questionnaire is used as the primary data collection and secondary data includes the articles, journals, reports and newsletters. The analysis is carried out for demographic statistics (Age, Gender, Occupation) and hypothesis testing graphs are used. The tools for analysis are pie charts, bar and line graphs, descriptive statistics, correlation, chi-square tests and ANOVA linear regression.

## DATA ANALYSIS AND INTERPRETATION

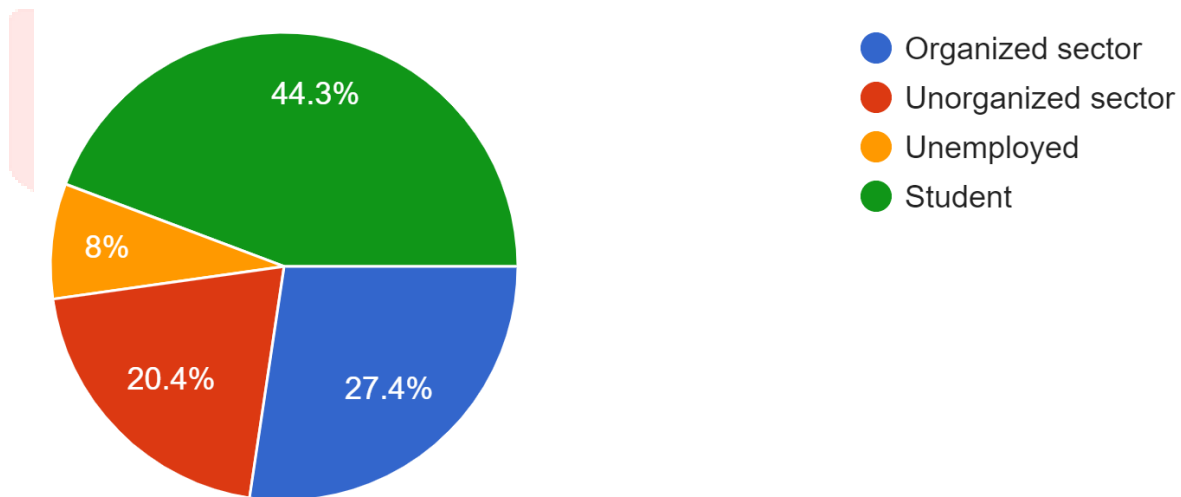
### VARIABLES

Variable 1:



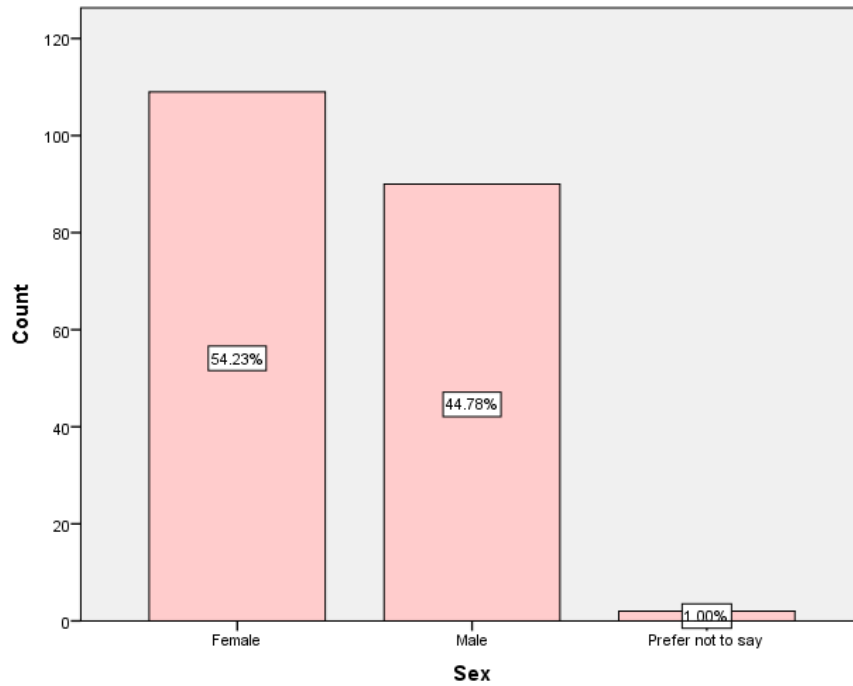
Legend: Pie chart showing the age of the sample respondents.

Variable 2:



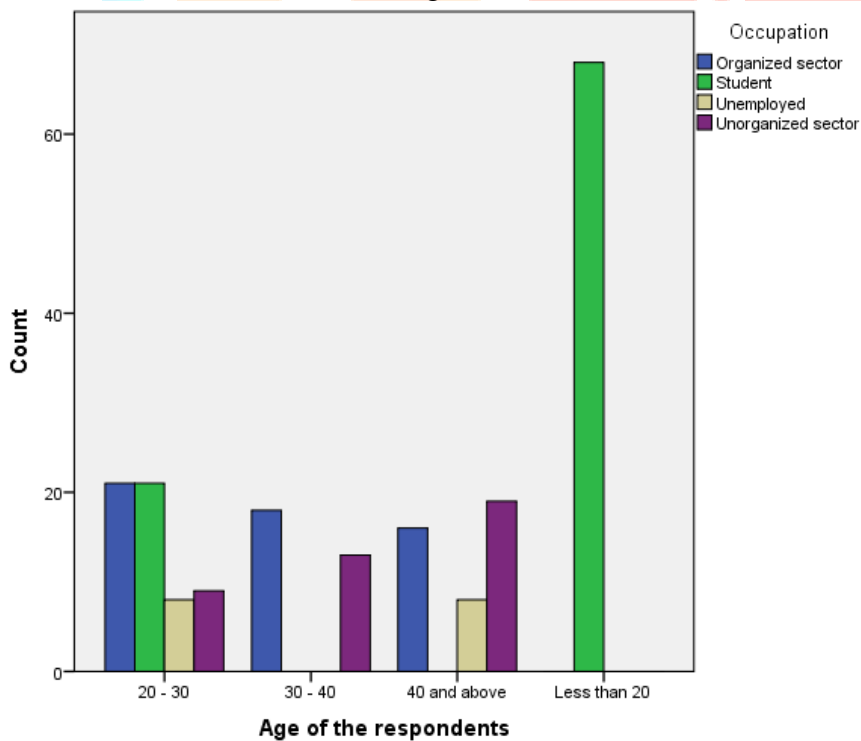
Legend: Pie chart showing the occupation of the sample respondents.

Variable 3:



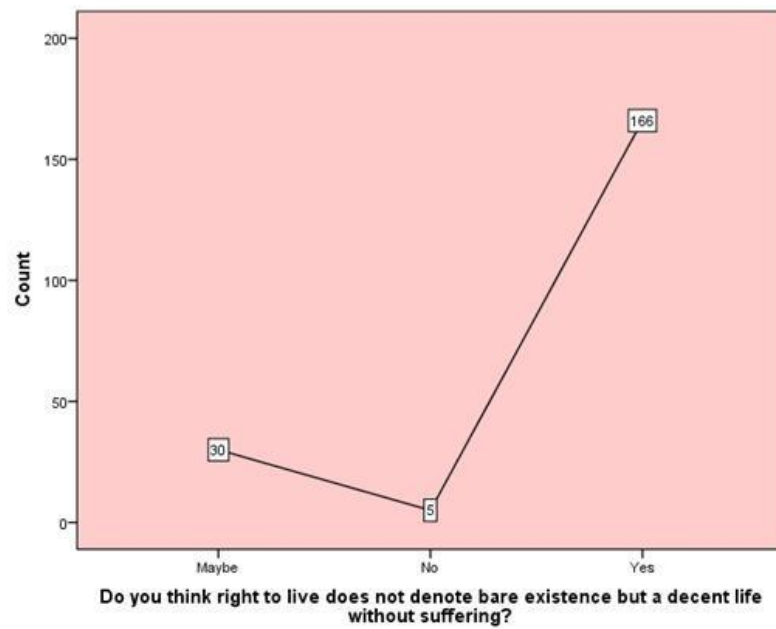
Legend: Pie chart showing the gender of the sample respondents.

Figure 1:



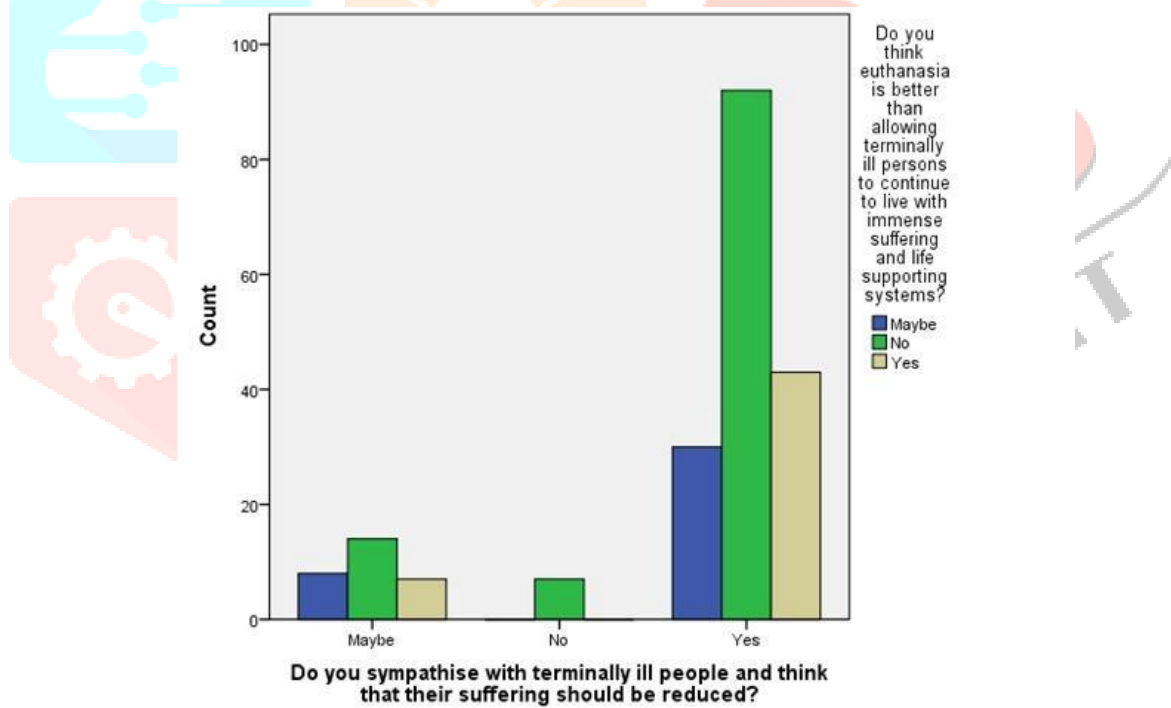
Legend: Clustered bar graph showing the occupation of the respondents based on their age.

Figure 2:



Legend: Line graph showing the views of the respondents on their thoughts on right to live.

Figure 3:



Legend: Figure 3 shows the clustered bar graph showing the comparison between the answers to the two questions.

Figure 4:

Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Age of the respondents <sup>b</sup>	.	Enter

a. Dependent Variable: Do you think right to live does not denote bare existence but a decent life without suffering?

b. All requested variables entered.

## Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.089 <sup>a</sup>	.008	.003	.720

a. Predictors: (Constant), Age of the respondents

ANOVA<sup>a</sup>

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.826	1	.826	1.594	.208 <sup>b</sup>
	Residual	103.154	199	.518		
	Total	103.980	200			

a. Dependent Variable: Do you think right to live does not denote bare existence but a decent life without suffering?



b. Predictors: (Constant), Age of the respondents

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.541	.119		21.366	.000
	Age of the respondents	.052	.041	.089	1.263	.208

a. Dependent Variable: Do you think right to live does not denote bare existence but a decent life without suffering?

Legend: Figure 4 shows the statistically significant relationship between the independent variable, age of the respondents and the question on whether the right to life denote a decent life without suffering and not bare existence.

Figure 5:  
Correlations

		Occupation	Do you sympathise with terminally ill people and think that their suffering should be reduced?
Occupation	Pearson Correlation	1	-.014
	Sig. (2-tailed)		.846
	N	201	201
Do you sympathise with terminally ill people and think that their suffering should be reduced?	Pearson Correlation	-.014	1
	Sig. (2-tailed)	.846	
	N	201	201

Legend: Figure 5 shows the correlation between occupation of the respondents and the view on the question if they sympathise with the terminally ill people and think that their suffering should be reduced.

Figure 6:

## Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	%	N	%	N	%
Do you think the right to live does not denote a bare existence but a decent life without suffering? * Do you think euthanasia is better than allowing terminally ill persons to continue to live with immense suffering and life supporting systems?	201	66.8	100	33.2	301	100

## Chi-Square test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.795 <sup>a</sup>	4	.939
Likelihood Ratio	.797	4	.939
Linear-by-Linear Association	.762	1	.383
N of Valid Cases	201		

a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is .95.

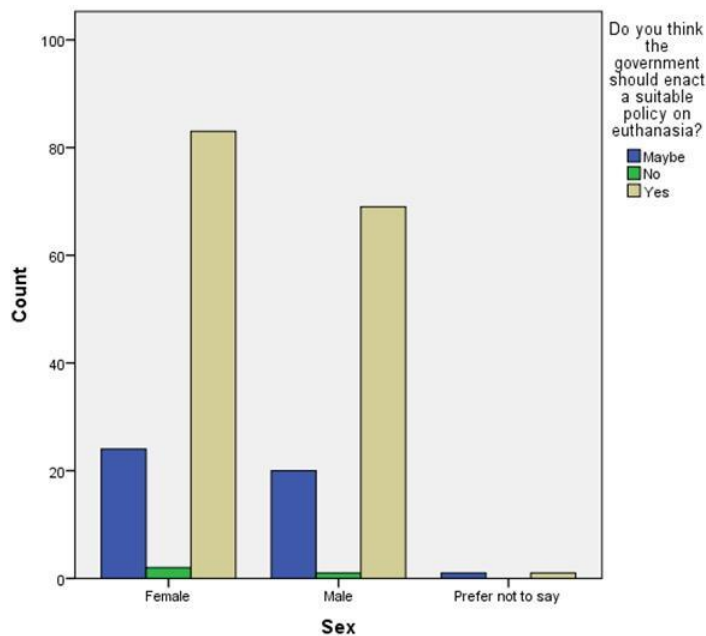
Legend: Chi square test showing the relationship between the two questions.

Figure 7:

		Do you think the right to live does not denote a bare existence but a decent life without suffering?	Do you sympathise with terminally ill people and think that their suffering should be reduced?	Do you think euthanasia is better than allowing terminally ill persons to continue to live with immense suffering and life supporting systems?	Do you think the government should enact a suitable policy on euthanasia?
N	Valid	201	201	201	201
	Missing	100	100	100	100
Mode		3	3	2	3
Minimum		1	1	1	1
Maximum		3	3	3	3
Percentiles	25	3.00	3.00	2.00	3.00
	50	3.00	3.00	2.00	3.00
	75	3.00	3.00	2.50	3.00

Legend: Descriptive statistics showing the opinion and views of the respondents on the questions asked.

Figure 8:



Legend: Clustered bar graph showing the view of the respondents based on their gender.

## RESULTS

Variable 1 shows the age of the sample respondents. 33.8% of the respondents are aged below 20 which constitutes the majority. 29.4% of them are from the 20 to 30 age group. Variable 2 shows the occupation of sample respondents of which 44.3% of them are students. Only 8% of the sample are unemployed. Variable 3 shows the gender of the sample respondents. 54.23% of them are female and 44.78% are male and 1% prefer not to say.

Figure 1 shows the occupation of the respondents based on their age. 33.83% of the total respondents are students aged less than 20 years old. No one aged less than 20 years is working. People aged from 20 years are working and only a fraction of them are unemployed.

Figure 2 shows the line graph showing the views of the respondents on right to live. Around 82.6% feel that the right to life not only denotes bare existence but a decent life without suffering while 0.24% don't feel so while the rest are not sure about their thoughts.

Figure 3 shows the clustered bar graph showing the comparison between the answers to the two questions as to whether they sympathise with the terminally-ill persons and think that their suffering needs to be reduced or whether euthanasia is better than allowing a person to live with immense suffering and life-supporting systems. Majority of the respondents who have opted yes for the first question, don't feel that euthanasia is a better option than living with suffering. Those who are unsure about their views on the first question, show mixed responses for the second question. Those who don't sympathise for the terminally-ill people, feel that euthanasia is not a better option than living with immense suffering.

Figure 4 shows the statistically significant relationship between the independent variable, age of the respondents and the question on whether the right to life denotes a decent life without suffering and not just bare existence. We can see that there is a significant relationship as the t-value is more than 2 and significance value is 0.000.

Figure 5 shows the correlation between occupation of the respondents and the view on the question if they sympathise with the terminally ill people and think that their suffering should be reduced. We can see that there is no relation between one's occupation and how they sympathise on terminally-ill people as the Pearson correlation value is - 0.14.

Figure 6 shows the chi-square test showing the relationship between the two questions on whether they think the right to life denotes decent life without suffering and not just bare existence and whether they think euthanasia as a better option than living with immense suffering. We can see that there is no relationship between the views on the two questions as the p-value is 0.939; more than 0.05.

Figure 7 shows descriptive statistics showing the overall opinion and views of the respondents on all the dependent questions. The most frequent answer for 3 out of the 4 questions is Yes.

Figure 8 shows the clustered bar graph showing the view of the respondents if they think that the government needs to enact a suitable policy on euthanasia based on their gender. Of the male and female respondents, many of them feel that the government should enact a policy regarding euthanasia.

## DISCUSSION

From variable 1, we can see that the survey has covered people from all age groups. Variable 2 shows the occupation of sample respondents of which 44.3% of them are students. Only 8% of the respondents are unemployed which includes those who don't work or who don't have work. From variable 3, we can infer that the majority of the respondents are female. From figure 1, we can see that the majority of the respondents are students as a result of the convenient sampling. Some from age 20 to 30 years and 40 and above are unemployed. Figure 2 shows the line graph on the views of the respondents on right to live, and the majority feel that it not only denotes bare existence but a decent life without suffering while a fraction of the respondents don't feel so and the rest are not sure about their thoughts. This shows that people generally feel that the right to life has a broader meaning. Figure 3 shows that a majority of the respondents sympathise for the terminally-ill people and don't feel that euthanasia is a better option than living with suffering. Those who are unsure about their sympathy towards the terminally-ill show mixed responses for the second question while those who don't sympathise for the terminally-ill people yet feel that euthanasia is not a better option than living with immense suffering. This shows that people don't feel taking away one's life to relieve pain is a better way to deal with immense suffering. Figure 4 shows that there is a statistically significant relationship between the age of the respondents and their views on right to life being more than simple bare existence. This means that as the people mature and become aware about life among other things, they feel that the right to life means a decent life without suffering and not mere animal existence. Figure 5 shows that there is no correlation between occupation of the respondents and how they sympathise on terminally-ill people. This shows that one's occupation doesn't affect their sympathetic nature or character and that just because one does some kind of job, it doesn't mean that they feel or sympathise in a certain way. Figure 6 shows that there is no relationship between the view of the respondents on whether they think the right to life denotes decent life without suffering and whether they think euthanasia as a better option than living with immense suffering. This shows that though many feel that right to life means a decent life without suffering, not all feel that euthanasia is a better option to end suffering. Figure 7 shows that the majority of the respondents feel that the right to life denotes decent life without suffering. Many feel sympathetic towards the terminally-ill people. However, they feel that it is better to live with life-supporting systems and euthanasia cannot be a better option. Majority of the respondents that the government should enact a law regarding euthanasia. Figure 8 shows that the majority of both male and female feel that the government needs to enact a suitable policy on euthanasia. We can infer that people feel that government has the duty to make sure that misuse of euthanasia is prevented and hence laws and safeguards are needed.

## LIMITATIONS OF RESEARCH

The major limitation of this study is the sample frame. The samples were collected through online platforms like sending mail, sending links via WhatsApp. This is the limitation of the study. The real field experience is missed out due to the COVID-19 pandemic. The restrictive area of sample size is yet another drawback of the research. Collection of data via online platforms is limiting the researcher to collect data from the field. Since the data is collected on an online platform using convenient sampling, the original opinion regarding the research topic is not found and this research could only come to an estimated interpretation of what the respondent is trying to convey.

## SUGGESTIONS

Right to life needs to be safeguarded. People undergoing great suffering and nearing death need to have the right to choose between life and death. There is a need to safeguard this right and prevent the misuse of euthanasia as there are cases where people can influence doctors and patients themselves to take away their life so as to get inheritance and other such heinous crimes. Psychiatrists, doctors and all other medical professionals need to supervise and help the suffering patients in all aspects. Also, we need to understand that there are alternatives to euthanasia. One such alternative is palliative care or hospice care where expert nurses and medical professionals provide best care to the patient to die without suffering by reducing the suffering by giving relief from pain and symptoms. It is also called end-of-life care which focuses on improving the quality of life. In palliative care, curing of the illness continues while in hospice care, curing is stopped and focus more on meaningful caring and quality time with family and loved ones at the end stages of life. There is a need for awareness on euthanasia and all the other alternatives. There must be proper legislation on different types of euthanasia, and how it has to be used based on the situations and the laws need to provide proper guidelines and rules to be followed to prevent any misuse. All this is needed to make sure the right to life is not infringed or taken away.

## CONCLUSION

Right to life indeed involves the right to choose. But when it comes to the choice between living and dying, there is a dilemma. No government or private persons, not even oneself can take away one's life. Euthanasia is done with a choice between life with great suffering or peaceful death. It is still in a conflict of thoughts and involves social, legal and ethical aspects. Ethically speaking, no religion allows one to take away the life of a creation made by God. Socially speaking, euthanasia helps to alleviate a person from the immense suffering undergone by him while he is getting closer to death. By euthanasia, people attain peaceful death and die with dignity. Legally speaking, there is a need to legalise both passive and active euthanasia by analysing their pros and cons. By this study, we find that majority feel that right to life denotes life with decency and without suffering and there is a need for a suitable policy and concrete laws to protect and safeguard euthanasia in India as in other countries. In a democratic country, by looking into the conflict of interests, we may infer that the right to life includes the right to die with dignity without suffering as even though taking away one's life is not right, no one can live with immense mental, physical and psychological suffering all their life just for the sake of living. Yet, euthanasia can be taken only as a last chance after looking into the other alternatives like palliative care or hospice care.

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