



---

## **Concept of euthanasia: A socio-legal impact in India**

**Nilotpal Chatterjee**

Assistant Professor, JRSET College of Law, Nadia, West Bengal, India

---

### **Abstract**

The idea of euthanasia is nothing new, it has been around for a long time. The Netherlands was the first country to legalize euthanasia, followed by Belgium, Colombia, Luxembourg and Canada. In India, the term euthanasia came into limelight by Aruna Ramachandra Shanbaug vs. Union of India. Article 21 of the Constitution of India as well as under article 3 of Universal Declaration of Human Rights, 1948 guaranteed the right to life. Right to life is one of the basic human rights of every individual. It means not only living with dignity, but also dying with dignity. The concept of euthanasia is based on the philosophy of humanism and compassion. With the advent of modern medicine and technology, the concept of death has also changed. This paper precisely talks about what euthanasia is, its types, and under what circumstances it can be applied. The paper also highlights the human right aspect and legal aspects of euthanasia with the help of various judgments. In this article an attempt has been made to discuss the term thalaikoothal, the practice of euthanasia in the name of custom in the state of Tamil Nadu.

**Keywords:** euthanasia, human rights, suicide, thalaikoothal, next friend

---

### **Introduction**

Every human being wants to enjoy his life beautifully till death. Living a healthy life is always a blessing to us, but sometimes and in certain situations, this survival becomes very painful, then it turns into a curse. With the use of modern medical systems and modern equipment's, this horror of human death has been greatly reduced. Most medical technologies have been able to change people's lives, so people can live longer with many incurable diseases. But in some cases the pain is so severe that there is nothing left to do but seek the help of modern medicine. Euthanasia is a very important issue in this context. The concept of euthanasia is based on the philosophy of humanism and compassion. It recognizes the autonomy of an individual, freedom of choice to live or die with dignity. It is a very sensitive issue that polarized the world. Euthanasia is one of the most perplexing issues which the courts and legislatures all over the world faces today<sup>[2]</sup>.

By euthanasia, we mean right of a person to die to get himself or herself free from his or her unbearable physical pain and suffering. The House of Lords Select Committee on Medical Ethics, defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering"<sup>[3]</sup>.

In Netherlands, euthanasia is understood to mean termination of life by a doctor at the request of a patient. Euthanasia does not mean simply desisting from treatment when further intervention is pointless and allowing nature to take its course. This is accepted medical practice, as is the administration of drugs necessary to relieve pain even in the knowledge that they will have the side effect of hastening death<sup>[4]</sup>.

Euthanasia is categorized in different ways, which include voluntary, non-voluntary, or involuntary. Voluntary euthanasia is legal in some countries. Non-voluntary euthanasia (patient's consent unavailable) is illegal in all countries. Involuntary

euthanasia (with out asking consent or against the patient's will) is also illegal in all countries and is usually considered murder<sup>[5]</sup>.

### **Meaning of Euthanasia**

The term "euthanasia" was first used by the historian Suetonius who used it to describe how the Emperor Augustus, "dying quickly and without suffering in the arms of his wife, Livia, experienced the 'euthanasia' he had wished for". The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body."<sup>[6]</sup>

The term euthanasia was derived from the Greek words "eu" and "thanatos" which means "good death" or "easy death". It is also known as Mercy killing. Euthanasia literally means putting a person to painless death especially in case of incurable suffering or when life becomes purposeless as a result of mental or physical handicap.

According to the Black law Dictionary, Euthanasia has been defined as "the act of practice of painlessly putting to death, persons suffering from incurable and distressing disease as an act of mercy".

According to Oxford English Dictionary, euthanasia means, "The painless killing of a patients suffering from an incurable and painful disease or in an irreversible coma". "Once the disease reaches this stage, euthanasia or mercy killing is the only recourse"<sup>[7]</sup>.

In the modern context euthanasia is limited to, the killing of patients by doctors at the request of the patient in order to free him of severe pain or from terminal illness. The motive behind Euthanasia is to give a person a painless death as a result of a long illness.

### Classification of Euthanasia

Euthanasia always involves a special motive. Intentions are the specific goals and desired outcomes of an act; “motives” are the reasons for which we have those intentions. In the case of euthanasia, the motive always is required to be mercy, and the core value supporting that motive must be altruism. This concept is so engrained in our society that euthanasia often is referred to as “mercy killing.” The term “euthanasia” implies a “good” death, and therefore the act should meet commonly agreed criteria for “goodness.” Such criteria may be that it is swift, relatively painless, and causes minimal if any psychological suffering, such as fear, anguish or deep regret. The death should not intentionally inspire horror or revulsion, nor be accompanied by signs of suffering from the dying person. The motive should not be to punish<sup>[8]</sup>.

Active euthanasia is a crime all over the world except where permitted by legislation. In India, active euthanasia is illegal and a crime under section 302 or at least section 304 IPC. Physician assisted suicide is a crime under section 306 IPC (abetment to suicide).

#### Active Euthanasia

A deliberate life shortening act is called ‘active’ euthanasia. In active euthanasia specific steps are taken to cause the patient’s death, by injecting the patient with some lethal substance, e.g. sodium pentothal which causes a person to go in deep sleep in a few seconds, and the person instantly and painlessly dies in this deep sleep. Here, in active euthanasia, something is done to end the patient’s life.

#### Passive Euthanasia

Passive euthanasia entails withholding of medical treatment for continuance of life, e.g. withholding of antibiotics where without giving it a patient is likely to die, or removing the heart lung machine, from a patient in coma. In other words, Passive euthanasia occurs when the patient dies because the medical professionals either don’t do something necessary to keep the patient alive, or when they stop doing something that is keeping the patient alive. Passive euthanasia is usually defined as withdrawing medical treatment with a deliberate intention of causing the patient’s death. For example, if a patient requires kidney dialysis to survive, not giving dialysis although the machine is available, is passive euthanasia. Similarly, if a patient is in coma or on a heart lung machine, withdrawing of the machine will ordinarily result in passive euthanasia. Not giving lifesaving medicines like antibiotics in certain situations may result in passive euthanasia. Denying food to a person in coma or PVS may also amount to passive euthanasia. The difference between ‘active’ and ‘passive’ euthanasia is that in active euthanasia, something is done to end the patient’s life while in passive euthanasia, something is not done that would have preserved the patient’s life. An important idea behind this distinction is that in ‘passive euthanasia’ the doctors are not actively killing anyone; they are simply not saving him.

A distinction is sometimes drawn between euthanasia and physician assisted dying, the difference being who administers the lethal medication. In euthanasia, a physician or third party administers it, while in physician assisted suicide it is the patient himself who does it, though on the advice of the doctor. In many countries or states the latter is legal while the former is not.

Euthanasia can be both voluntary and non-voluntary.

#### Voluntary Passive Euthanasia

In voluntary passive euthanasia a person who is capable of deciding for himself decides that he would prefer to die (which may be for various reasons, e.g., that he is in great pain or that the money being spent on his treatment should instead be given to his family who are in greater need, etc.), and for this purpose he consciously and of his own free will refuse to take lifesaving medicines. In India, if a person consciously and voluntarily refuses to take lifesaving medical treatment it is not a crime.

#### Non Voluntary Passive Euthanasia

Non voluntary passive euthanasia implies that the person is not in a position to decide for himself. This includes cases where –

1. The person is in coma,
2. The person is too young (e.g., a very young baby)
3. The person is senile.
4. The person is mentally retarded to a very severe extent.
5. The person is severely brain damaged.
6. The person is mentally disturbed in such way that they should be protected from themselves.

#### Doctor-Assisted Suicide: Assisted Suicide

Someone provides an individual with the information, guidance and means to take his or her own life with the intension that they will be used for this purpose. When it is a doctor who helps another person to kill themselves it is called ‘physician assisted suicide’<sup>[9]</sup>.

In doctor assisted-suicide the doctor provides the patient with medical know-how (i.e. discussing painless and effective medical means of committing suicide) enabling the patient to end his or her life<sup>[10]</sup>.

#### Circumstances under which the Question of Euthanasia Arises<sup>[11]</sup>

According to an Indian author C. K. Parikh, the question of euthanasia arises on three occasions; at birth, at terminal stage of life and an unforeseen mishap.

##### At Birth

Problem arises in case of physically and mentally handicapped infant. The decision should be based on the quality of life the child can expect and its consequent impact on parents, society and resources of the state. The child won’t enjoy the life and he will be dependent on other at every moment. Hence euthanasia is an option.

##### At Terminal Stage of life

If a patient is suffering from immense pain in his terminal stage of life, he can request doctor to help him in getting rid of that pain by terminating his life. Patient may himself take some poisonous medicines to terminate his life. Sooner or later the patient will die.

##### Accidents and Mishaps

In the case of a person who is severely impaired as a result of brain injury it is now possible to sustain life, but in a vegetative state through artificial means. Brain damage being unrecoverable, when medical treatment has nothing to offer, the patient can be allowed to die in comfort and with dignity.

### Various Methods of Euthanasia <sup>[12]</sup>

There are various methods for euthanasia. The most popular methods include:

1. Lethal injection – Injection of a lethal dose of a drug, such as a known poison, KCI, etc.
2. Asphyxiation – The most popular gas used is Carbon monoxide (CO). Nerve gases like sarin and tabun etc. are also added in small amounts to fully ensure death.
3. One of the methods is also Dr. Jack Kevorkian's death machine (mercitron, thanatron). He is also known as Dr. Death. It's a unique method in which a person can end his life himself. With the use of this machine a person can end his life himself painlessly at the time chosen by the patient.

### Thalaikoothal or Senicide: Another form of practicing Euthanasia

Thalaikoothal or Senicide is another form of practicing euthanasia in the name of custom. Poverty plays a significant role in committing heinous crimes like Thalaikoothal like many other crimes. The terms 'old age' or 'the aged' or 'population ageing' or 'elderly' are used a lot for those above 60 years of age. The term Senicide originates from the Latin word "senex", which means 'old' and "cide" means 'killing'. In India, senicide is practiced in some parts of southern districts of the state of Tamil Nadu as Thalaikoothal, which is the traditional practice of senicide (killing of elderly) or involuntary euthanasia, by their own family members.

Thalaikoothal is a Tamil word which means "leisurely oil bath". The customary rituals are:

- The body is massaged with 100 ml each of coconut, castor and sesame oils, usually at dawn. After this, the person is given a cold bath and put to bed resulting severe hypothermia. After 15 minutes, the person is made to drink a few glasses of tender coconut water and a glass of milk.
- The person is given a glass of mud mixed with water or, a piece of murukku, a savoury, would be forced down the throat, which blocks the food pipe. Water with soil or mud from the land owned by the terminally ill person is used with the notion that the terminally ill person is attached to his or her materialistic possession. This water mixed with the mud is fed to the ailing individual several times until the death occurs.
- Pesticides celphos (aluminum phosphide), sleeping pills (valium) and lethal injections have become part of it.
- The terminally ill person is given an oil bath using gingelly oil and cold water several times in a week.
- Tender coconut water, "Theertham" – holy water, from different temples and Kasi temple and the holly water used for bathing the deity in a temple are all used for such rituals.
- Force feeding cow's milk while plugging the nose, causing breathing difficulties (the 'milk therapy') or use of poisons.
- The pesticide Thimet 10 G, a dark granulated organic solvent, or Kurnamarunthu, as the villagers call it, is mixed in tea or water and administered.

All these rituals hasten death by causing hypothermia, renal failure and aspiration pneumonia, etc <sup>[13]</sup>.

In M Reddiapatti, a village near Mandabasalai, 92-year-old Subbama Veluchamy was recently put to sleep by her family. Bedridden for more than 40 days, she was under the care of her

sister-in-law and her son's family. One day, after a bout of diarrhoea, Subbama refused to eat or drink. This was when the family decided to give her the oil bath. However, the bath failed, and a local quack prescribed a dozen sleeping pills. These, too, failed to put her out of her misery. The last resort was a lethal injection. As her veins were infirm, the quack pricked her foot and took her life. "We all could hear her crying loudly and quivering in pain. But the family cannot afford her," says Kasthuri, her neighbor <sup>[14]</sup>

Thalaikoothal cannot be called a universal custom as it is practiced only in some parts of Tamil Nadu, not all over the country. It is only a local custom and not a general custom.

Article 13 of the Constitution also includes custom and considers "laws inconsistent with or in derogation of the fundamental rights" as void or null, if they are in conflict with the Constitution of India. This type of custom also violates the fundamental rights to life which is guaranteed under Article 21 of the Constitution of India, which declares, "No person shall be deprived of his life or personal liberty except according to procedure established by law". Evidently, the Right to life under Article 21 does not include the Right to die.

### Euthanasia and Suicide

Suicide and euthanasia are never considered one thing. They are two different works in terms of their nature and purpose. Although it is very crucial to draw a line between suicide and euthanasia, some people have an opinion that by permitting euthanasia we would be indirectly permitting suicide.

We can say that suicide is intentional termination of one's life by self-induced means for various reasons, such as:

- Frustration in love, or
- Failure in examination, or
- Failure in getting a good job etc.

But mostly it is due to depression.

Difference between Suicide and Euthanasia

1. Suicide is committed by the individual who is subjected to the killing; whereas euthanasia is committed by another individual.
2. Suicide is a cruel and sudden action whereas euthanasia takes place after a through deliberation with people concerned.
3. Suicide does not take place with a constructive thought; whereas euthanasia takes place with a constructive thought.
4. Suicide is considered as illegal but euthanasia is not.

### Human Rights and Euthanasia

The right to life is one of the most important human rights, which begins in the mother's womb and ends with death. He has the right to live with dignity as well as the right to die with dignity. The emphasis on human dignity is laid in the UN Charter, Universal Declaration of Human Rights and several international covenants as also in the Constitution of India which mentions 'dignity of the individual' as a core value in its Preamble. Human rights are indivisible, inter-dependent and inter-related having a definite linkage with human development; both shares a common vision with a common purpose <sup>[15]</sup>.

In 1948, the United Nations defined and proclaimed human rights, in the hope that they would thereby be better understood and secured in future. Hence, its Universal Declaration of Human Rights declared that 'the foundation of freedom, justice and peace

in the world' is the 'recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family'. Further, 'everyone has the right to life' and 'all are equal before the law and are entitled without any discrimination to equal protection of the law'. This Declaration was supplemented by more specific proclamations, including the 1966 International Covenant on Civil and Political Rights, Article 6 of which states: 'Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life'. Words such as 'equal', 'inherent', 'inalienable', 'without discrimination' and 'arbitrary' were meant to define the essence of natural rights particularly that they do not depend on circumstance or personal preference. Natural rights are not taken away and, just as importantly, are not being given away. The right to life is to be protected by law, invariably and equally, and life is not to be taken for reasons based on opinion. The right to one's life is thus declared to be the fundamental natural right, on which every other right depends for its existence and its validity <sup>[16]</sup>.

The reasons behind the legalization of euthanasia are categorized as: trying to give merciful relief from pain and suffering, given the legal protection of doctors who behave sympathetically, showing respect for human rights and helping in the containment of health costs.

According to Euthanasia supporters, this right has no universal application. No one can exercise this right under any circumstances. There are some restrictions on the exercise of this right. If the right to euthanasia on request of the patient or his or her guardian were genuine and a doctor was permitted to do so, the doctor would also be justified and perhaps obliged out of compassion in taking the lives of others by applying euthanasia in special circumstances only. Exceptions to which euthanasia can be applied are when the person is in a coma, or too young, or mentally retarded to a very severe extent, severely brain damaged or mentally disturbed etc. The doctor must be presumed to be rationally capable of decision-making, prepared to have his or her decisions scrutinized, and prepared to take both moral and legal responsibility for them. Euthanasia cannot be considered without reference to human rights, but all relevant rights should be included. These will include the rights of every person in their life and to the standards of health care appropriate to their illness and, where the provision or quality of that care is demonstrably uneven, on the right to distribute justice to protect the equal rights of all the sick. No right should be included unless its existence has been validated beyond question. When patients who are terminally ill or in unrelenting pain or in an irreversible vegetative state have formulated a living will - putting down in black and white their wishes regarding life prolonging medical treatments - let's respect this last human right <sup>[17]</sup>.

Modern public opinion has shifted towards a citizen's right to determine what will happen to her body. Interestingly this is also supported by traditional Indian philosophy with concepts like samadhi, nirvana and santhara. The law now needs to be in sync with both <sup>[18]</sup>.

### **Euthanasia in India and the Judicial Response**

Life is the greatest gift of God, but the debate stands on the point as to who has the right to take away the gift. But still there is no specific legislation or statute which allows or declares the legitimacy of euthanasia or mercy killing in India. Indian history of the 19<sup>th</sup> century too accounts for some instances of euthanasia.

Veer Savarkar and Vinoba Bhave are the two well-known examples who chose to end their lives by refusing to take nutrition. Mahatma Gandhi was also known to have supported the idea of willful death. He got his name 'Mahatma Gandhi' only because of his deeds. He preached ahimsa (non-violence) throughout his life, and supported fasting as purification of the soul and saw no wrong in ending once life for a good cause. In fact, he himself practiced fasting unto death as a political tool unless his demands were met <sup>[19]</sup>.

The Supreme Court has held that the right to life includes the right to die with dignity. We trace the jurisprudence on this issue <sup>[20]</sup> In *P. Rathinam v. Union of India*, AIR 1994 SC 1844, the Supreme Court drew a parallel between the other fundamental rights - just as 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 under Article 21 includes the right to not live. Thus, Section 309 was held to be unconstitutional.

In *Gian Kaur v. State of Punjab*, AIR 1996 SC 946, a five-judge bench of the Supreme Court overruled *P. Rathinam*. It held that *P. Rathinam* was wrong on the analogy that other fundamental rights include the "right not to" since the right not to speak is an omission, while a taking a life is an act. The Court upheld the constitutional validity of Sections 306 and 309 IPC.

The Law Commission of India in its 196th Report recommended that there must be a law made to protect terminally ill patients who refuse medical treatment, artificial nutrition, or hydration from Section 309 of the Indian Penal Code. Further, doctors who obey such a decision of the patient, or who make the decision for incompetent patients in their best interests of such patients, must be protected from punishment under Section 306 of the IPC (abetment of suicide) or Section 299 (culpable homicide). Such actions of doctors must be declared 'lawful'. Parliament can make such a law under Entry 26 of List III of the Seventh Schedule of the Constitution. The Law Commission suggested that the law be called 'The Medical Treatment of Terminally Ill Patients (Protection of Patients, Medical Practitioners) Act'. The Report clarified that the 'patient' must be suffering from a 'terminal illness'. It is an such illness, injury or degeneration of a physical or mental condition which causes extreme pain and suffering, according to reasonable medical opinion will inevitably cause the untimely death of the patient. It can also be a persistent and irreversible vegetative condition of the patient. The Report also differentiated between a 'competent patient' and an 'incompetent patient'. According to the report, an 'incompetent patient' is a minor, or a person of unsound mind, or a patient who is unable to understand the information relevant for making the decision, or is unable to communicate his or her decision. Next, it was recommended that the doctor must not withhold or withdraw treatment unless he has obtained the opinion of a board of three expert medical practitioners. If there is a difference of opinion among the three experts, the majority opinion must prevail. The doctor must also consult the family of the patient, but the doctor is the best person to take a clinical decision using his expert medical opinion. The Report recommended that the Medical Council of India must issue guidelines as to the circumstances under which withdrawal of medical treatment can be allowed. Before withholding or withdrawing medical treatment in case of incompetent patients and patients who have not taken an informed decision, the doctor must inform in writing to the patient (if he is conscious) and his/her parents or relatives about

the decision. If they do not agree with the doctor, they may approach the High Court. In such circumstance, the doctor must postpone the decision by fifteen days. If no orders are received from the High Court within 15 days, the doctor can proceed with the decision. The High Court can be approached by the patient, parents, relatives, doctors or hospitals. The declaration given by the High Court must benefit the patient, the medical practitioner and the hospital. Once a petition is filed in the High Court it must soon pass an order to keep confidential the identity of all persons involved. The Law Commission of India in its 210th Report found Section 309 of the IPC inhuman. It said that an attempt to commit suicide is a manifestation of a 'diseased condition of the mind'. It deserved treatment and care, not punishment. Inflicting additional punishment on a person who is already suffering agony is unjust and unfair. It does not help in preventing suicides and improving the access to medical care to those who have attempted it. In *Aruna Ramachandra Shanbaug v. Union of India*, AIR 2011 SC 1290, the 'next friend' of Ms. Aruna Shanbaug had filed a petition before the Supreme Court asking it to direct the hospital to stop feeding the and allow her to die peacefully. Ms. Shanbaug was in a Persistent Vegetative State (PVS) since she had been sexually assaulted in 1973. The Court appointed a team of three doctors to examine Ms. Shanbaug and submit a report about her physical and mental condition. Although the court did not allow the withdrawal of medical treatment to Ms. Shanbaug, it discussed the issue of euthanasia at length and allowed passive euthanasia. It defined "passive euthanasia" as withdrawing treatment with a deliberate intention of causing the patient's death. It held that passive euthanasia is allowed if the doctors act on the basis of notified medical opinion and withdraw life support in the patient's best interest. Invoking the *Parens Patriae* principle (Latin for "parent of the nation", where the Court can step in and serve as a guardian) it held that the Court is the ultimate decider of what is best for the patient. It extended this power to the High Courts under Article 226.

In *Common Cause v. Union of India*, in 2002, Common Cause, a registered society had written to the Ministries of Law & Justice, Health & Family Welfare, and Company Affairs, also addressing the State Governments, on the issue of the right to die with dignity. In 2005, Common Cause approached the Supreme Court under Article 32, praying for the declaration that the right to die with dignity is a fundamental right under Article 21. It also prayed the Court to issue directions to the Union Government to allow terminally ill patients to execute 'living wills' for appropriate action in the event that they are admitted to hospitals. As an alternative, Common Cause sought guidelines from the Court on this issue, and the appointment of an expert committee comprising lawyers, doctors, and social scientists to determine the aspect of executing living wills. Common Cause argued that terminally ill persons or those suffering from chronic diseases must not be subjected to cruel treatments. Denying them the right to die in a dignified manner extends their suffering. It prayed the Court to secure the right to die with dignity by allowing such persons to make an informed choice through a living will. On 25th February 2014, a 3 Judge Bench of the Supreme Court had referred the matter to a larger bench, to settle the issue in light of inconsistent opinions in *Aruna Ramchandra Shanbaug vs. Union Of India & Ors* (2011) and *Gian Kaur vs State of Punjab* (1996). On 9th March 2018, a 5 Judge Bench held that the right to die with dignity is a fundamental right. An individual's right to

execute advance medical directives is an assertion of the right to bodily integrity and self-determination and does not depend on any recognition or legislation by a State.

### Conclusion

Euthanasia is a very emotional and sensitive issue that needs to be handled very carefully. Euthanasia has been legalized in the Netherlands, Belgium, Colombia, Canada, etc., but in India it is still a very gray area. Government should come forward and take a decision regarding euthanasia taking into consideration all issues sympathetically including human rights.

### References

1. Tagore Rabindranath, the Nobel laureate poet, writer, philosopher, *Kari o Kamal: a collection of poems*, 1886.
2. Jha Dr. Mrinal Kanti, Pal Dr. Ranabir, *Euthanasia: Indian Scenario*, Indian Journals.com, 2012; 12(1). <http://www.indianjournals.com/ijor.aspx?target=ijor:jpafmat&volume=12&issue=1&article=010> (Visited on 23-01-2021)
3. *Journal of the Royal Army Medical Corps*, 147(3):367-70. *The Euthanasia Debate*, November 2001, [https://www.researchgate.net/publication/11592035\\_The\\_Euthanasia\\_Debate](https://www.researchgate.net/publication/11592035_The_Euthanasia_Debate) (Visited on 23-01-2021)
4. *FAQ Euthanasia. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act in Practice*, 2010. <https://cdn.factcheck.org/UploadedFiles/faq euthanasia.pdf> (Visited on 24-01-2021)
5. *Euthanasia*, From Wikipedia, the free encyclopedia, <https://en.wikipedia.org/wiki/Euthanasia> (Visited on 28-01-2021)
6. *Ibid.*
7. *Oxford English and Spanish Dictionary, Thesaurus, and Spanish to English Translator*, <https://www.lexico.com/definition/euthanasia> (Visited on 29-01-2021)
8. *The Ethics of Ending Life: Euthanasia and Assisted Suicide, Part 1*, Gail Van Norman, [https://csahq.org/docs/default-source/news-and-events-docs/csa-bulletin-docs/volume-61-number-1/end\\_of\\_life\\_61\\_1.pdf?sfvrsn=2](https://csahq.org/docs/default-source/news-and-events-docs/csa-bulletin-docs/volume-61-number-1/end_of_life_61_1.pdf?sfvrsn=2) (Visited on 29-01-2021)
9. Murkey PN, Singh KS. *Euthanasia (mercy Killing)*. Review article.- *J. Ind. Acad. Forensic Med. & Toxicol.* 2008; 30(2):92-95.
10. Vij Krishan, *The Textbook of Forensic Medicine & Toxicology*, 4<sup>th</sup> edi. 2008, 488-490.
11. *What is Euthanasia (Mercy Killing)-Definition-Is Euthanasia Allowed?* <https://www.medicotips.com/2011/04/what-is-euthanasia-mercy-killing.html?m=1> (Visited on 05-02-2021)
12. *Euthanasia and Human Rights*, <http://www.legalserviceindia.com/article/1118-Euthanasia-and-Human-Rights.html> (Visited on 05-02-2021)
13. *Thalaikoothal or Senicide*, Dr KK Aggarwal, *Indian Journal of Clinical Practice*, 2019, 30(6). <https://ijcp.in/Pages/PostDetail.aspx?wid=20477> (Visited on 04-02-2021)
14. *The Week, Old-age poison*, By Lakshmi Subramanian, from 2015. [https://www.theweek.in/theweek/statescan/traditional-form-of-senicide-in-tamil-nadu.html?fb\\_comment\\_id=1327208590713983\\_1548581145243392](https://www.theweek.in/theweek/statescan/traditional-form-of-senicide-in-tamil-nadu.html?fb_comment_id=1327208590713983_1548581145243392) (Visited on 05-02-2021)
15. Verma JS, "The New Universe of Human Rights", 2011,p.3

16. Euthanasia, Dr. Brian Pollard, 1998, <http://www.bioethics.org.au/Resources/Online%20Articles/Other%20Articles/Euthanasia%20%28Pollard%29.pdf>
17. Last Human Rights, The Times of India, May 21, 2015, <https://timesofindia.indiatimes.com/blogs/toi-editorials/last-human-right/?source=app&frmapp=yes>
18. Ibid.
19. Euthanasia-Indian View, Achal Gupta, Published on November 28,2020, <https://www.scconline.com/blog/post/2020/11/28/euthanasia-indian-view/>
20. Right to die, Supreme Court Observer, <https://www.scobserver.in/the-desk/right-to-die?slug=p-rathinam-v-union-of-india> (Visited on 18 February 2021)