

The Concept of Euthanasia and it Being A Right Under Article 21 of the Indian Constitution-An Empirical Study

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Abstract: *Euthanasia is the act of intentionally ending someone's life in order to relieve them from suffering due to a terminal illness or an incurable condition. Euthanasia is a controversial and complex topic that raises ethical, moral, and legal issues. Patients have the right to make decisions about their own treatment and care. However, the decision to end one's life is a controversial issue, and there is a concern that patients may be coerced or pressured into making such a decision. In Indian culture, it is common for families to care for their elderly and sick relatives. The idea of abandoning or ending the life of a loved one may be seen as a violation of cultural values. For the purpose of this research, an empirical method was followed and the data was collected through online survey forms. The SPSS software by IBM was used to calculate the descriptive statistics. The sample size is 204. Dependent variables are euthanasia being considered as an act of humanity, the possible changes on the enactment of a specific law in regulating it, the opinion on legalising euthanasia and views of the public on it, active euthanasia staying illegal in Chennai. Independent variables are Age, Gender, Marital Status, Educational Qualification, Occupation and Monthly income. One of the conclusions obtained through this research work is that the right to die can also be added with the right to die with dignity. The respondents are of the opinion that one's right to life also gives him an indirect right to take his life as well.*

Keywords: Euthanasia, murder, killing, legality, prohibition, guidelines

I. INTRODUCTION

Euthanasia is the act of intentionally ending someone's life in order to relieve them from suffering due to a terminal illness or an incurable condition. The term comes from the Greek words "eu" meaning good, and "thanatos" meaning death. There are different types of euthanasia, the distinction between different types of euthanasia made by Justice DY Chandrachud states: involuntary euthanasia, non-voluntary euthanasia, voluntary euthanasia, active euthanasia and passive euthanasia does nothing to preserve life. Euthanasia is a controversial and complex topic that raises ethical, moral, and legal issues. Some argue that it is a compassionate way to end someone's suffering, while others believe that it goes against the sanctity of life and the Hippocratic Oath taken by medical professionals. Euthanasia is legal in some countries while against law in others. In countries where it is legal, there are often strict regulations and guidelines that must be followed. The Indian government has not yet taken any initiatives to legalise euthanasia, but there have been several court cases and discussions regarding the issue. In P Rathinam V UOI(1994), the court held the right to not live. In Gian Kaur v State of Punjab(1996), the Court held that the right to life does not include the right to die. But the right to live with human dignity includes the right to die with human dignity. In 2011, the Supreme Court of India issued a landmark judgement in the case of Aruna Shanbaug, a nurse who had been in a vegetative state for 42 years. Aruna Ramachandra Shanbaug v UOI(2011), the court did not permit passive euthanasia. In Common Cause v UOI was filed in the court in 2014 but Aruna died in 2015. The Court later Common Cause v UOI judgement(2015) allowed passive euthanasia, which involves withdrawing life support measures, for patients who are in a permanent vegetative state or



have no hope of recovery and introduced the concept of living will. However, the decision emphasised that passive euthanasia can only be carried out with the permission of the High Court. In 2018, the Law Commission of India submitted a report to the government recommending the legalisation of passive euthanasia and the creation of guidelines and safeguards to prevent abuse. The report also recommended the creation of a legal framework for advance medical directives, which allow patients to decide in advance the medical treatment they want to receive in case they become incapacitated. However, the government has not yet taken any action on the recommendations of the Law Commission. For example, Hinduism considers life to be a sacred gift, and taking one's life is viewed as a sin. Euthanasia is not legal in India, and the absence of a legal framework for the practice has created confusion and ambiguity.

The lack of clarity on the issue has led to legal battles and debates in courts. Medical professionals in India are bound by the Hippocratic Oath, which states that they will do no harm to their patients. Euthanasia can be seen as a violation of this oath, as it involves intentionally ending a patient's life. Patients have the right to make decisions about their own treatment and care. However, the decision to end one's life is a controversial issue, and there is a concern that patients may be coerced or pressured into making such a decision. In Indian culture, it is common for families to care for their elderly and sick relatives. The idea of abandoning or ending the life of a loved one may be seen as a violation of cultural values. Advances in medical technology have made it possible to keep patients alive for extended periods of time, even in cases where there is little hope of recovery. This has led to an increase in the number of cases where patients are kept on life support for prolonged periods, which has fueled the debate on euthanasia. In Oregon, Washington, Vermont, California, Colorado, Hawaii, Maine, New Jersey, New Mexico, and Montana, physician-assisted dying is legal under certain conditions. The District of Columbia also has a similar law in place. In most states where euthanasia is legal, patients must meet certain eligibility criteria, such as being diagnosed with a terminal illness and having a life expectancy of six months or less. In states where euthanasia is legal, patients must make a request for assisted dying, which is then reviewed by their doctor and a second physician. Patients must also be deemed mentally competent to make the decision and must self-administer the medication that will end their life. Euthanasia remains a controversial topic in America, with opinions divided among the public, medical professionals, and religious groups. Some argue that it is a compassionate option for patients suffering from a terminal illness, while others view it as morally wrong and a violation of the sanctity of life.

OBJECTIVES

The chief objectives of the present study are as follows:

- To know about euthanasia being considered as an act of humanity.
- To analyse the possible changes on the enactment of a specific law in regulating it.
- To know about the opinion on legalising euthanasia and views of the public on it.
- To get a clear view on active euthanasia staying illegal in India.

II. REVIEW OF LITERATURE

(Dowbiggin 2003) Passive euthanasia has been made lawful in India completely in 2018 by the High Court of India while concluding the Aruna Shanbaug case. It has additionally permitted living wills and has even planned rules for this benefit. Yet, this excursion of the Indian Legal executive for making passive euthanasia lawful in India was set apart with a few debates and even now likewise there are conclusions for and against this legitimacy. There has been a lot of discussion on the issue regardless of whether the Right to Life incorporates the Option to Pass on. This Article, consequently, endeavours to concentrate on the idea of killing with its different legitimate boundaries in various nations across the world and will likewise attempt to grasp the Indian lawful angle on this. The article will additionally zero in on the different contentions for and against killing in India to figure out the legitimacy of killing regulations in India. **(Donnellan 2005)** It tends to be seen that euthanasia is for sure a disagreeable issue, with the core of the discussion lying at dynamic deliberate willful extermination and physician assisted self destruction. Its legitimate status in Australia is that of a crook offence, giving homicide or murder accusations as per the criminal regulation as well as



precedent-based regulation across Australian states. Australia's restriction and criminalisation of the act of killing and helped euthanasia reflects the legitimate business as usual that is available in most different nations all over the planet. Interestingly, there are a couple of nations and states that have legitimized demonstrations of willful extermination as well as help assisted suicide. **(Shibata 2017)** In most nations, euthanasia is a taboo method of the hardship of the patients' life, while its detached structure is normally acknowledged. This qualification among dynamic and voluntary euthanasia has no legitimization, saw through the crystal of profound quality and morals. Doctors in Serbia are separated on this issue, however a gathering that considers euthanasia and assisted suicide as morally unsuitable is a smidgen more various. **(Fontalis, Prousalis, and Kulkarni 2018)** Euthanasia is an exceptionally dubious moral issue consolidating both doctor helped passing on and deliberate dynamic willful extermination. Most clinicians stay undeveloped in such navigation, with fears against crossing key moral partitions. Because of the rising number of instances of helping kicking the bucket and absence of agreement, our survey empowers the coordination of moral and lawful angles and works with direction.

(Sinmyee et al. 2019) Euthanasia is lawful in a few nations and we have surveyed the techniques ordinarily utilized, standing out from an examination of the death penalty in the USA. That's what we anticipated, since a typical empathetic point is to accomplish obviousness at the mark of death, which then, at that point, happens quickly without torment or misery, there may be a solitary method being utilised. Notwithstanding, the significant heterogeneity in strategies recommends that an ideal technique for accomplishing obviousness stays unclear. This raises a worry that a few deaths might be uncaring, and we have utilised examples from the latest investigations of coincidental mindfulness during sedation to portray an ideal that could more readily accomplish obviousness. **(Picón-Jaimes et al. 2022)** Euthanasia is an undeniably significant subject because of advances in biomedical exploration and the foundation of new teachers in proof based medication and bioethics. Suicide and assisted suicide are two terms generally examined in medication, which cause disappointment on many events and cause alleviation on others. **(Evenblij et al. 2019)** As of late, euthanasia and assisted suicide (EAS) in patients with mental issues, dementia, or a gathering of medical conditions has assumed a conspicuous position in the public discussion. to gauge the recurrence of mentioning and getting EAS among individuals with (likewise) a mental issue, dementia, or a gathering of medical conditions; to investigate purposes behind doctors to give or deny a solicitation; and to depict contrasts in qualities, including the presence of mental issues, dementia, and collection of medical issues. **(Cossio-Urbe and Moreno-Molina 2021)** Do not resuscitate (DNR) request implies the going to specialist isn't expected to revive a patient in the event that their heart stops and is intended to forestall pointless misery. Despite the fact that DNR is considered as latent killing, it is polished in most areas of the planet absent a lot of legitimate issues. Normal circumstances which make patients look for killing are critically ill disease patients, AIDS and other at death's door conditions where there is no dynamic treatment. **(De Lima et al. 2017)** Reports about guidelines and regulations on euthanasia and assisted suicide (PAS) are turning out to be progressively normal in the media. Considering that these conversations as well as the new and proposed regulations and guidelines might effectively affect patients, parental figures, and medical services suppliers, the Worldwide Relationship for Hospice and Palliative Consideration (IAHPC) has arranged this articulation. **(Rutherford 2020)** The research is an endeavour to separate numerous features of killing, and question the ethicality of suicide, the specific damages it postures to society as a public strategy and guideline that would be expected to sanction dynamic willful extermination.

(Harris 2005) The principal end result of this is that it implies in any event a portion of the ethical places that individuals hold to treat them distinctively are illogical. The people who are on the irreversible condition as a contention against the death penalty are additionally dedicated to it as a contention against euthanasia. **(Garrett and Kovarsky 2018)** In this review, the ongoing circumstance of the present world practices and formative patterns are analysed by assessing instances of capital punishment, early termination, and euthanasia according to the point of view of the right to life. This finding is deciphered as state run administrations qualifying culprits who perpetrate violations compared to capital punishment as "inactive individual" or "superfluous individual" and non-restorable within a reasonable time-frame. In the review, it was resolved that foetus removal is definitely not an 'erratic' act yet has come about because of a 'need' with regards to social and monetary variables. In the review discoveries were deciphered as willful extermination/helped self destruction rehearses have acquired public acknowledgment as of late. **(Griffiths,**



Bood, and Weyers 1998) Late exploration recommends that public perspectives toward the death penalty are on a very basic level worth expressive instead of instrumental. This study investigates the expressive premise of the death penalty mentalities by dissecting the connections between different spaces of life and the law. These discoveries lend qualified help to the reliable life ethic structure and worthy expressive premise of the death penalty perspectives. **(Steck et al. 2013)** Legal in a few European nations and US states, assisted suicide physician assisted suicide and euthanasia stay under banter in these and different nations. The point of the study was to examine numbers, attributes, and patterns over the long haul for help passing on in locales where these practices are legitimate: Belgium, Luxembourg, the Netherlands, Switzerland, Oregon, Washington, and Montana. **(Loewy 1992)** Doctors are customarily charged regardless of anything else to "cause no damage." As a general rule, "causing no damage" is deciphered as influencing just the insignificant measure of avoidable or inadvertent mischief important to accomplish an objective commonly wanted by persistent doctors. Anticipating doctors "to avoid any mischief at all" would sentence the advanced doctor to virtual inaction. The paper inspects the suitability, under certain conditions, of legitimising euthanasia. Examining these issues without isolating them is unbeneficial. **(Leone 1999)** The paper presumes that large numbers of the key contentions which brought about the annulment of capital punishment in Australia support the proceeded with forbiddance of willful extermination in Australia and should be tended to by advocates of progress however its essential point is to empower further assessment of the degree to which learnings applicable to the ongoing killing discussion can be acquired by analysing the contentions and experience of the death penalty. **(Munk 2015)** General society expects that euthanasia was to be authorised they would be completed by doctors. The effect of portraying euthanasia as 'clinical treatment' on doctors' proficient character and on the organisations of medication and regulation ought to be analysed in purviews where self destruction and killing have been de-condemned. **(Roehr 2021)** The primary individual on the planet to pass on under a particular regulation on the option to kick the bucket was Bounce Gouge, in 1995 in Darwin, northern Australia. After two years the Australian parliament made the exceptionally surprising stride of toppling the regional regulation that had permitted the system. Indeed, even in the western world, it isn't so much that quite a while in the past that patients were some of the time not told that they had terminal malignant growth. **(van der Heide 2014)** The issue of helped passing was broadly announced by the global media after the principal legitimate euthanasia case was held in Colombia. Likewise in this equivalent year, assisted suicide was sanctioned in Canada and in the territory of California in the US. A superior comprehension of the subject has all the earmarks of being basic to the development of feelings and the support of additional conversations. **(Sarika 2022)** Euthanasia is one of the most charming moral, clinical and regulation issues that noticeable the entire XX 100 years and start of the XXI 100 years, strongly partitioning the logical and informal public to its allies and rivals. It additionally shows up as one of the places where each of the three significant religions (Catholic, Universal, and Islamic) have a similar view. In this paper, creators have made a short correlation of the arrangements that exist in a few Islamic nations, where euthanasia is a homicide, with Western nations, where it addresses totally decriminalised operation.

III. METHODOLOGY

The exploration strategy followed is empirical research. The information is gathered through a survey and the sample size is 204. Convenience sampling method is embraced in the review to gather the information. The samples were gathered from the overall population with extraordinary reference to the Chennai locals. The independent variables are gender, age, education qualification, occupation, monthly income, marital status of the respondents. The dependent variables are euthanasia being considered as an act of humanity, the possible changes on the enactment of a specific law in regulating it, the opinion on legalising euthanasia and views of the public on it, active euthanasia staying illegal in Chennai. Graphs are used to analyse the data collected.

HYPOTHESIS

This research study is assigned to assess the relationship between euthanasia being considered as a right to life and the age of the respondents in India. Using a convenient sampling method various dependent and independent variables have been used as stated above.

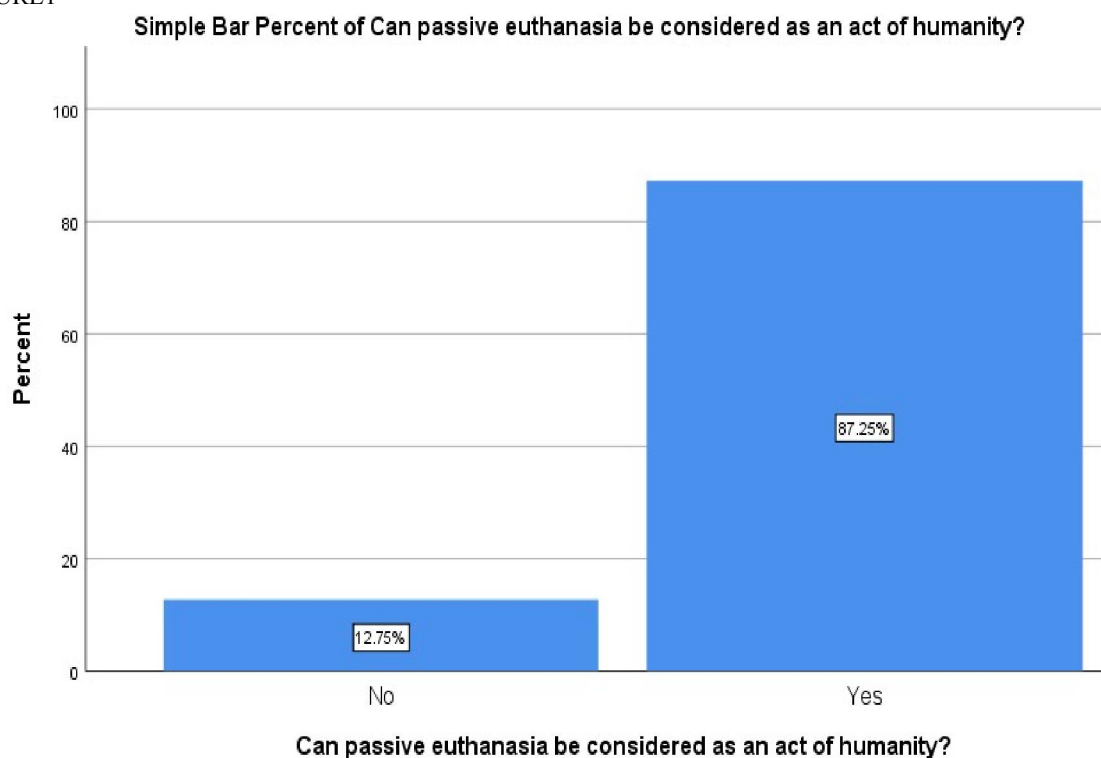


Null (H₀): There is no significant association regarding euthanasia being considered as a right to life with the age of the respondents.

Alternate (H_A): There is a significant association regarding euthanasia regarding euthanasia being considered as a right to life with the age of the respondents.

IV. ANALYSIS

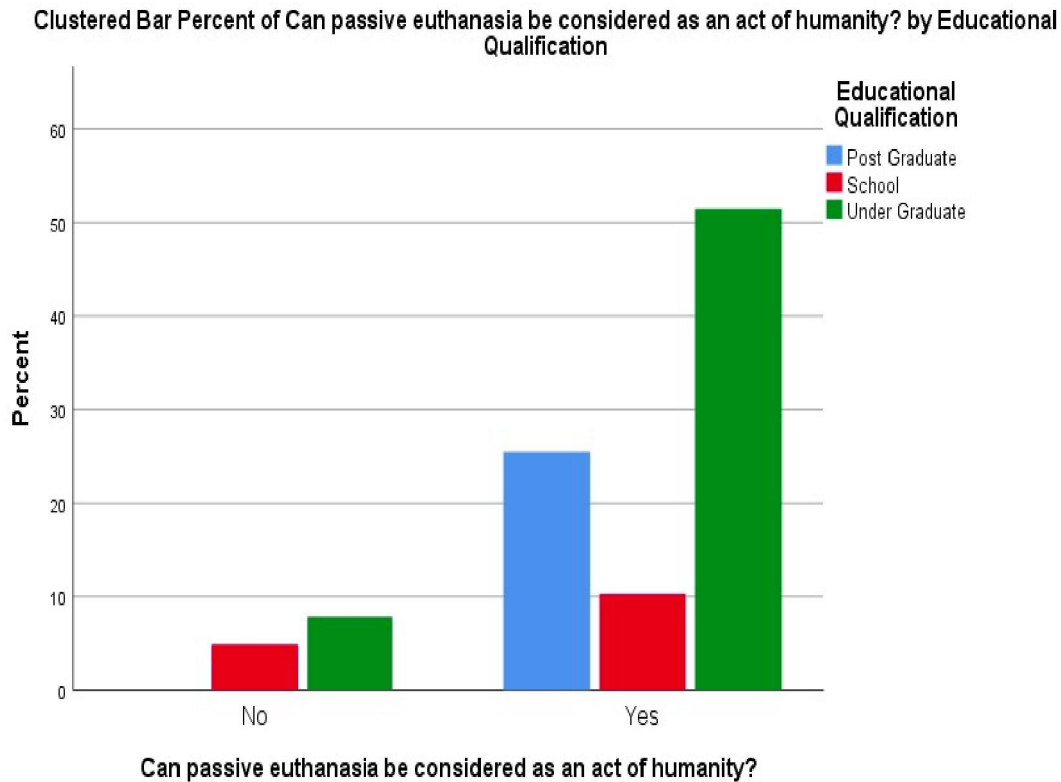
FIGURE1



Legend: This figure shows the simple bar graph on passive euthanasia being considered as an act of humanity with percentage as statistics.



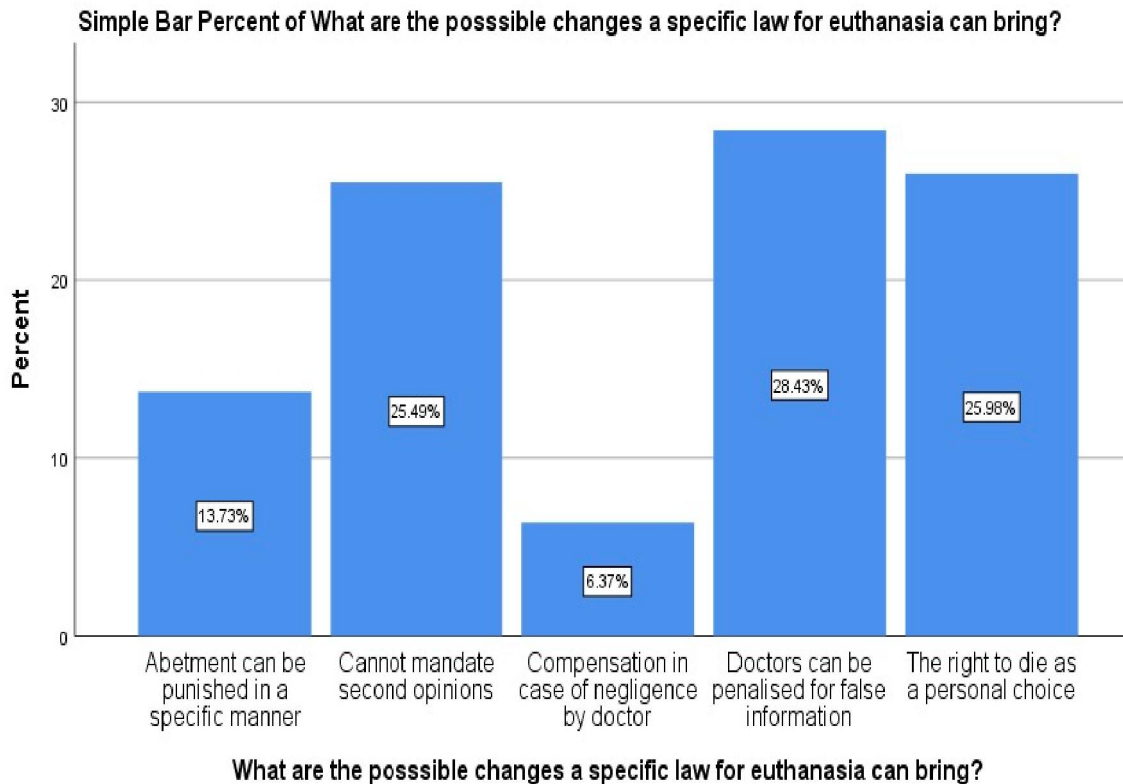
FIGURE2



Legend: This figure shows the clustered bar graph between passive euthanasia being considered as an act of humanity and the educational qualification of the respondents.



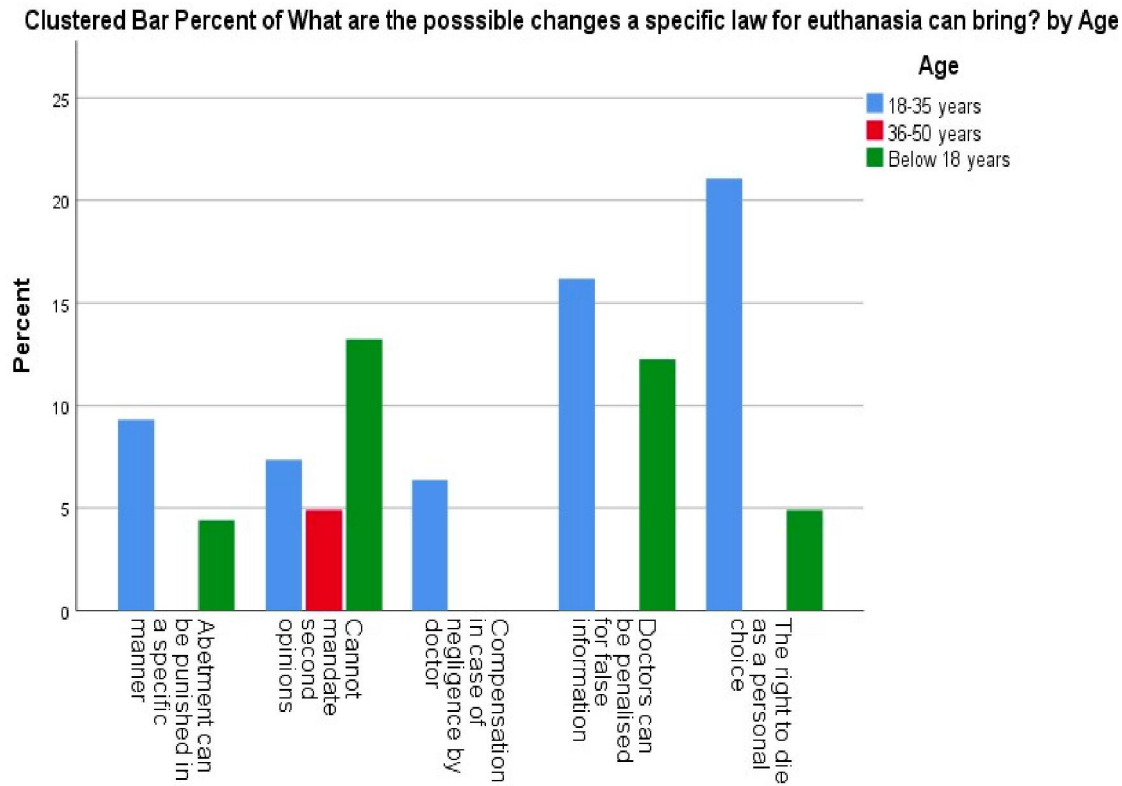
FIGURE3



Legend: This figure shows the simple bar graph on the possible changes a specific law for euthanasia can bring with percentage as statistics.



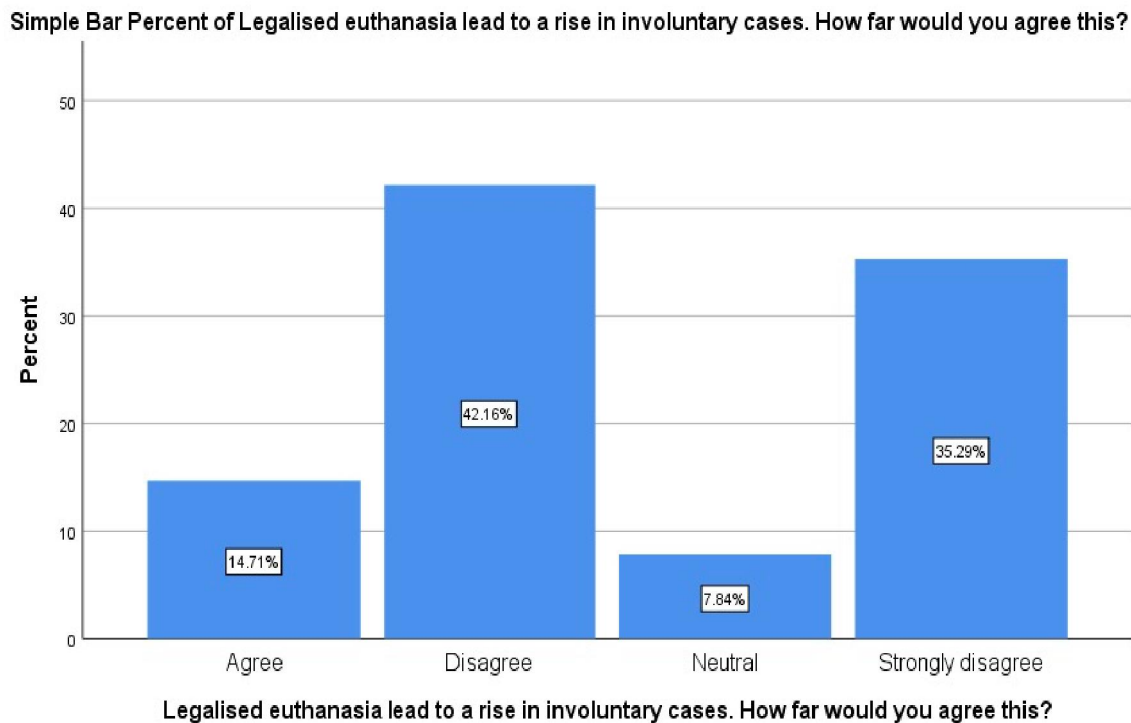
FIGURE4



Legend: This figure shows the clustered bar graph between the possible changes a specific law for euthanasia can bring and the age of the respondents with percentage as statistics.



FIGURE5

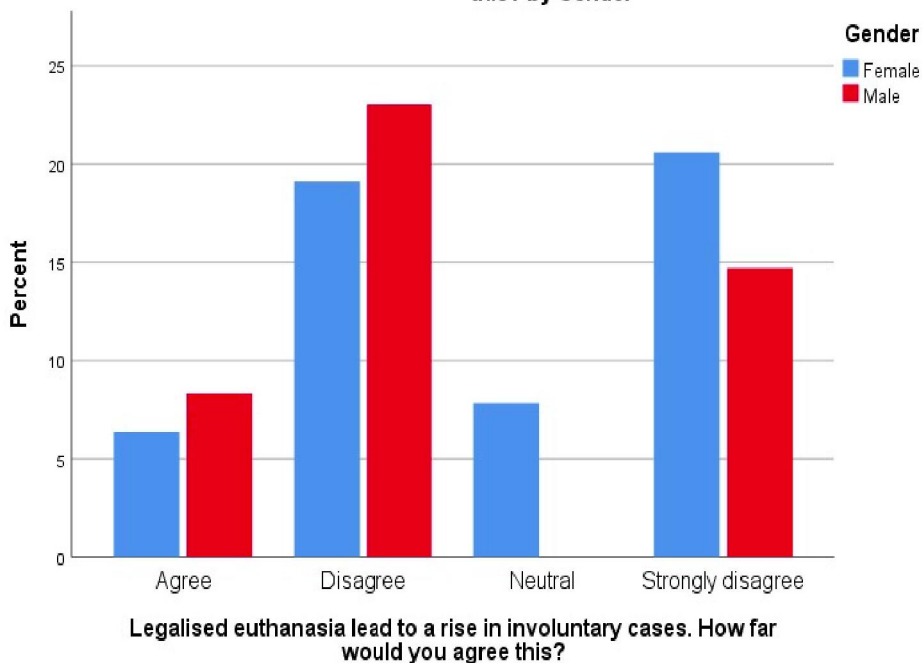


Legend: This figure shows the simple bar graph on the legalisation of euthanasia may lead to a rise in involuntary cases with percentage as statistics.



FIGURE6

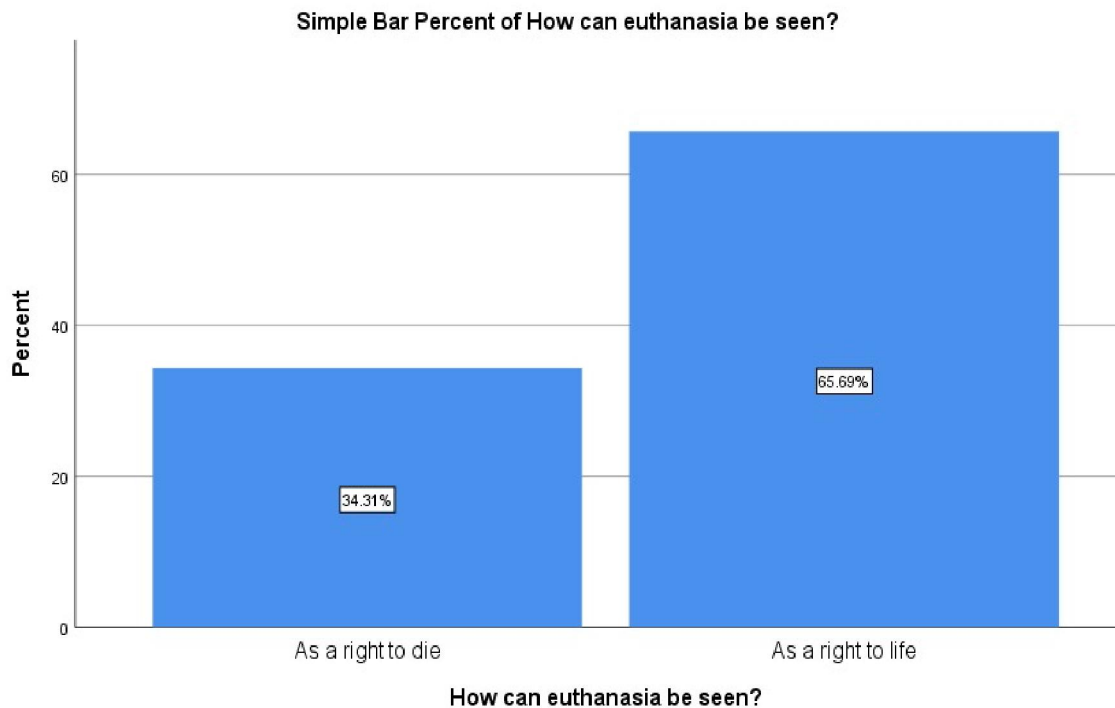
Clustered Bar Percent of Legalised euthanasia lead to a rise in involuntary cases. How far would you agree this? by Gender



Legend: This figure shows the clustered bar graph between the legalisation of euthanasia may lead to a rise in involuntary cases and the gender of the respondents with percentage as statistics.



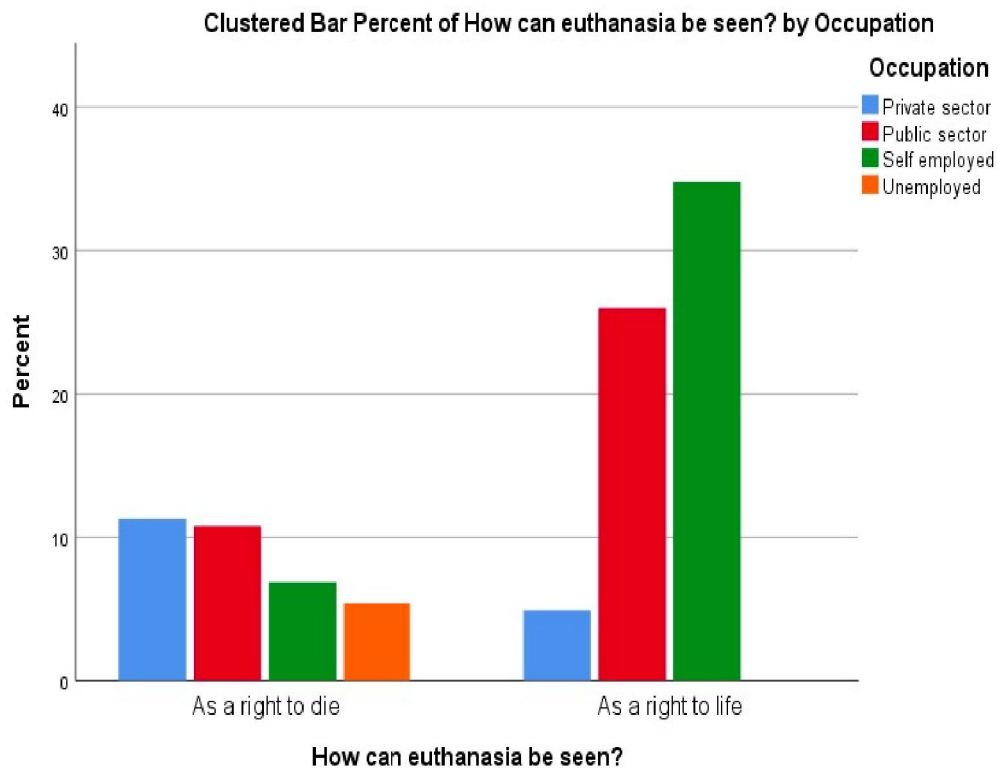
FIGURE7



Legend: This figure shows the simple bar graph on how can euthanasia be seen with percentage as statistics.



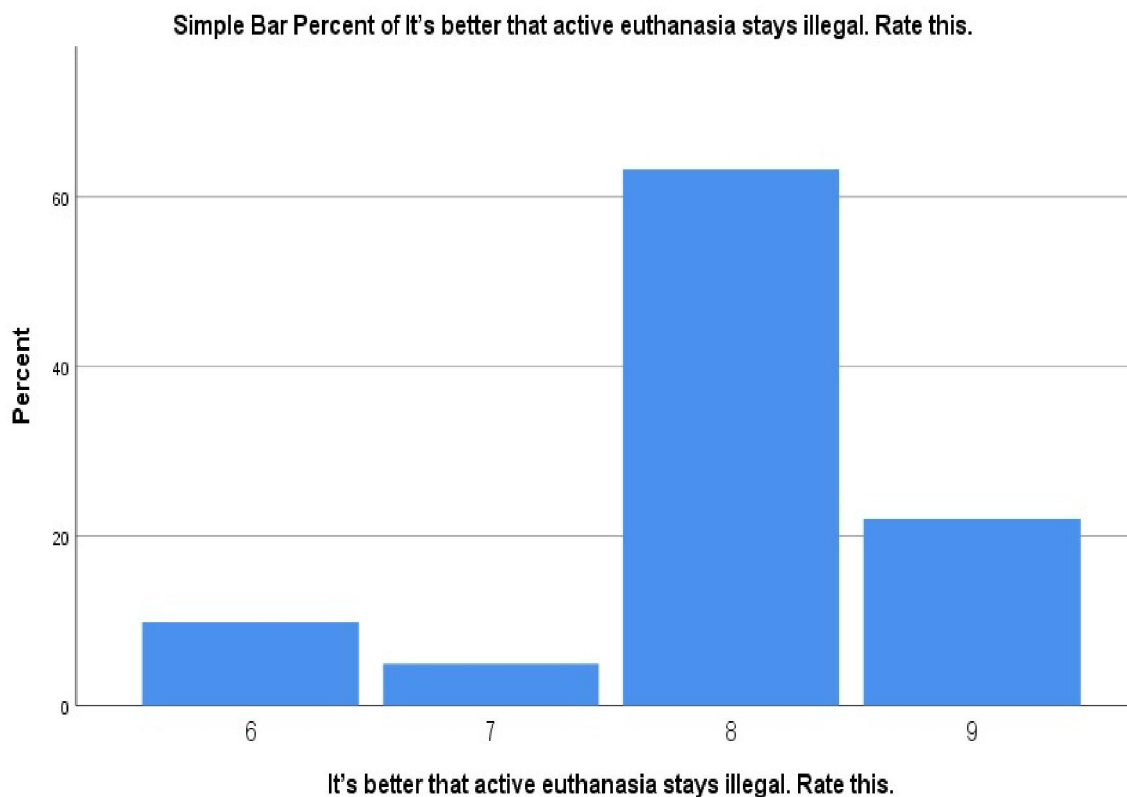
FIGURE8



Legend: This figure shows the clustered bar graph between how can euthanasia be seen and the occupation of the respondents with percentage as statistics.



FIGURE9

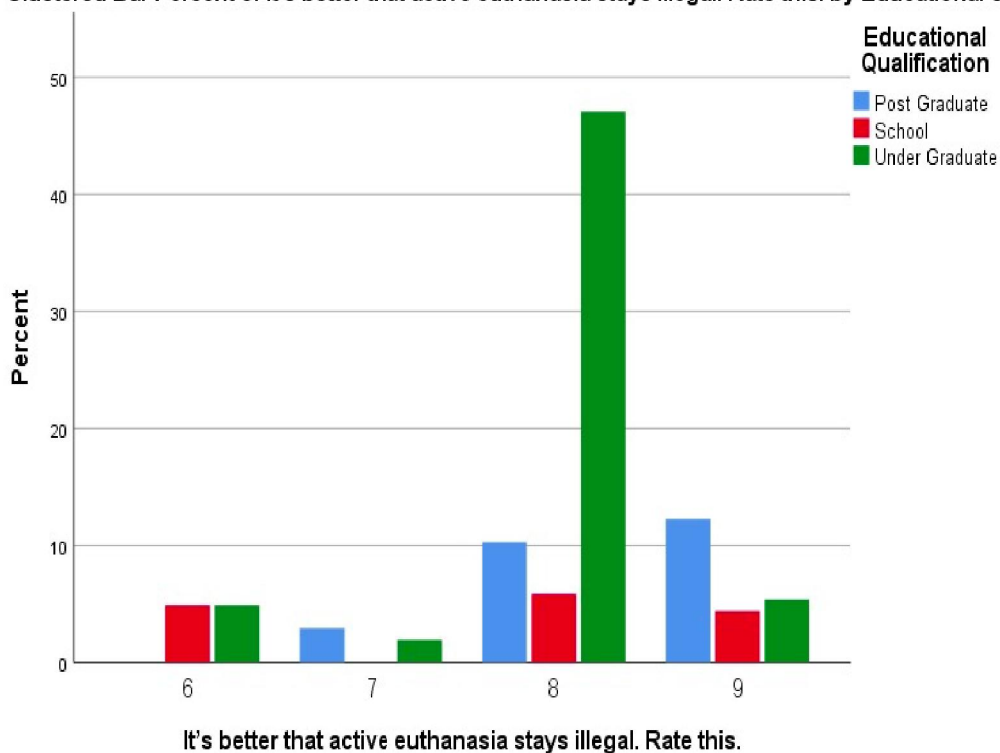


Legend: This figure shows the simple bar graph on the ratings of the respondents in active euthanasia staying illegal with percentage as statistics.



FIGURE10

Clustered Bar Percent of It's better that active euthanasia stays illegal. Rate this. by Educational Qualification



Legend: This figure shows the clustered bar graph between the ratings of the respondents in active euthanasia staying illegal and the educational qualification of the respondents with percentage as statistics.



V. RESULTS

Figure 1 87.25% of the respondents have agreed to consider euthanasia as an act of humanity and 12.75% of the respondents disagreed. **Figure 2** Undergraduate respondents have agreed the most. 10% of the school respondents also agreed. Less than 10% of the Undergraduate respondents have disagreed. **Figure 3** 28.43% of the respondents have agreed that doctors can be penalised for false information. 25.49% of the respondents to not mandate second opinions. **Figure 4** Respondents of 18-35 years have agreed that the right to die is a personal choice. Respondents of below 18 years have agreed the most to not mandate second opinions. **Figure 5** 14.71% of the respondents have agreed that legalised euthanasia will lead to a rise in the involuntary cases. Surprisingly 35.29% of the respondents strongly disagreed and 42.16% disagreed. 7.84% stayed neutral. **Figure 6** 5.5% of the female respondents and 7% of the male respondents have agreed. 23.56% of the male respondents have disagreed and 20.8% of the female respondents have strongly disagreed. **Figure 7** 65.69% of the respondents have agreed to see euthanasia as a right to life and 34.31% have agreed to see it as a right to die. **Figure 8** 32% of the self employed respondents have agreed the most to see euthanasia to see as a right to life. 11% of the public sector employees have agreed to see it as a right to die and the least by the unemployed respondents to view it as a right to die with less than 6%. **Figure 9** Almost 60% of the respondents have agreed that active euthanasia stays illegal. **Figure 10** Undergraduate respondents have agreed the most. Every single response is positive in which the respondents of school education have voted the least by less than 5% but positively.

VI. DISCUSSION

Euthanasia on one side is considered a beneficial one since this act cuts down the sufferings of the patient that is neither living nor non-living. Keeping someone alive in a vegetative state also depends on the economic conditions of the family. There are also chances that people can misuse this euthanasia, it can be used as a revenge against people (**Figure1 & 2**). When it was found that the doctors had indulged in doing euthanasia which is not completely legal in India, he can be penalised under a specific act if it is enacted. It can also be laid down as a right to die as a personal choice but no person has the right to take off his life. Compensation shall also be given by the doctor who under negligence did euthanasia. Such compensation can be given under directions (**Figure3 & 4**). Euthanasia is not properly governed or monitored in India. Even if someone gives euthanasia that was not brought into light. The disagreement towards such a statement might be if a law is enforced for this and if every single person decides to stand against euthanasia then it can be prevented. (**Figure5 & 6**). Right to life includes the right to live with dignity. In the same view, the right to die can also be added with the right to die with dignity. The respondents are of the opinion that one's right to life also gives him an indirect right to take his life as well. This opinion has to be changed. (**Figure7 & 8**). Most of the respondents have agreed that it will be better if active euthanasia stays illegal and when committed, the wrongdoer can be penalised. If it is made legal on only considering the positives, there will be a lot of misuse of powers by the doctors and they can be easily manipulated or convinced to do euthanasia. This is violative of an individual's right and also defames the profession of doctors (**Figure9 & 10**).

VII. LIMITATION

One of the major limitations is the use of convenience sampling methods that give a biased output which cannot be avoided. And there was a very short span of time to conduct and complete the research. Another limitation is we can't be able to assume the thoughts of the entire population in a country, state or city with the limited sample.

VIII. SUGGESTIONS

Calling for a clear legislation on euthanasia.

Legal reforms should balance **compassion with caution**, ensuring that people who suffer unbearably have the right to die with dignity, without opening the door to abuse or exploitation.

Public awareness and legal literacy on living wills.

strengthening palliative care and mental health support alongside euthanasia.



IX. CONCLUSION

Moving forward, India must enact robust legislation that regulates euthanasia with well-defined criteria, transparent consent procedures, and multi-layered safeguards to prevent misuse. The law must not merely reflect what is legally permissible, but what is morally and humanely justifiable in a society that values both life and the dignity with which it is lived—and ended. Equally, ethical concerns and medical responsibilities must be integrated into this framework, ensuring that patients receive compassionate care and that euthanasia remains a choice of last resort—guided not just by legality, but by humanity. This balanced approach neither glorifies euthanasia nor rejects it blindly; rather, it acknowledges the dignity of the individual while upholding the values of a democratic society. Ultimately, the goal is not to promote death, but to ensure that every life ends with the same dignity with which it was meant to be lived. The legal system must rise to this challenge—not only by protecting life, but by honoring the right to choose how that life concludes, when all hope of recovery has faded and only suffering remains. By allowing a person to predetermine their medical choices in situations where they may no longer be able to communicate their wishes, living will bridge the gap between personal dignity and medical decision-making. Although the Supreme Court of India recognized the validity of living wills in the Common Cause v. Union of India judgment, their practical implementation remains limited due to procedural complexities and lack of awareness. Strengthening palliative care infrastructure—through policy support, training of medical professionals, and public funding—must go hand-in-hand with any legal recognition of euthanasia. Only then can individuals truly exercise meaningful choice, knowing that their decision is informed not by the absence of options, but by the presence of compassionate care. Hence the right to life under Article 21 be truly meaningful.

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