Review

Euthanasia: Universal Human Concern- An Analytical Study in Jurisdictions of Netherlands, Canada and India

Ishita Saboo, Fakkiresh S. Sakkarnaikar

Abstract:
The recent inventions in the Information Technology (IT) have transformed the world into a global village wherein the geographical boundaries have vanished significantly. The recent pandemic Covid-19 has again proved the affiliation of the world. IT coupled with the Artificial Intelligence has revolutionized the medical science. It has demystified various terminal diseases; however, the *"man is still mortal".* A good number of diseases are still terminal and cause incurable, unbearable pain, mental and financial trauma for the victims and their family. The surety of death in near-term originated the thought of Euthanasia or mercy killing. *Euthanasia* in simple words refers to a voluntary/consent as given by the patient to terminate the life in a dignified manner to get relieved from sufferings. Different countries have different variation of Euthanasia. This Article aims to study the euthanasia practice in Netherlands, Canada, and India. India is a country where recently Supreme Court has recognized passive Euthanasia and Living Will.

JK-Practitioner2023;28(3-4):01-06

Author Affiliations
Ishita Saboo: PhD Research Scholar; **Fakkiresh S. Sakkarnaikar** ;Professor of Law, Gujarat National Law University, Gandhinagar, Gujarat, India.
Correspondence: Ishita Saboo, PhD Research Scholar, Gujarat National Law University
Email: ishita.saboo@gmail.com, (M) 9439474460 .
Indexed EMBASE ,SCOPUS, IndMED,ESBCO, Google Scholar besides othernational and International Databases:
Cite This Article as: Saboo I, Sakkarnaikar FS:Euthanasia: Universal Human Concern- An Analytical Study in Jurisdictions of Netherlands, Canada and India. JK Pract 2023;28(3-4):01-06.
Full length article available at **jkpractitioner.com** one month after publication.
Keywords: Active and passive Euthanasia, LivingWill,MAID**.**

Introduction

Euthanasia refers to a voluntary/consent as given by the patient who is suffering from incurable diseases with no prospect of cure to end or terminate the sufferings [1] in a dignified manner. Euthanasia has been legalized in different geographies of Europe and Western countries but still many countries are in the discussion mode while their citizens are very vocal in favor of Euthanasia. Among the Asian countries, Supreme Court of India has given the approval for passive Euthanasia [2] in recent decisions. India is one such progressive country which is working proactively towards giving a green signal for the act of Euthanasia. The proactive and liberal approach on Euthanasia by a few countries is encouraging "Euthanasia tourism" among Euthanasia restricted countries [3].

This Article reviews and analytically studies the legal accreditation of Euthanasia by Netherlands, being the first European country approving Euthanasia, Canada very recent country (March'21) issued detail guidelines under "Medical Assistance in DyingAct" (MAID) [4] and India where Supreme Court has recognized Passive Euthanasia and the execution of "Living Will". India is the only one among SARRC countries where positive thoughts on Euthanasia has gained momentum India is experiencing the similar to psyturve in legal decisions like that in Canada. The study of Euthanasia changeover in Netherlands, Canada may be helpful to India which is in still in nascent stage of set up the legal system in the country.

In terms of the jurisprudential argument in terms of the theory as given by Thomas Acquinas, *"the principle of double effect"* wherein "it may be permissible to bring about as a foreseeable side effect a harmful event that would be impermissible to cause intentionally, particularly when the potential benefit outweighs the side effect's harm" [5]. Hence, it holds the view that terminating or shortening the process of dying in order to relieve the sufferings is justifiable by the Physicians [6].

Indian philosophy and culture have not been in complete favor of the practice of Euthanasia in its entirety and hold a conservative approach. The legal professionals or the medical fraternity in India are also not comfortable with the idea of Euthanasia or self-killing by the individuals [7]. India's journey shares a close association with the path as followed by Canada. The origin of Right to Die with respect to Right to Life and subsequently passing law on Passive Euthanasia and Living Will has been analyzed and traced in detail via the judicial pronouncements.

The Netherlands legal system on Euthanasia: Netherlands is one such country, which holds the

feather in its cap for passing a law/Act on Euthanasia, **"Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act**[8]**"**in April 2001which came into force on 1st April2002. Although, the enactment of law was an active outcome of the brainstorming as done by the stakeholders for more than two decades, the issue gained momentum later in nineteens. Netherlands has formulated a structured legislation on Euthanasia serving as a skeleton role model for the other nations to follow.

The distinguishing feature of the Act is that it has clearly laid down the criteria with respect to Euthanasia as christened as "*Assisted Suicide*". The Act has also imposed the legal duty of due diligence on the medical professionals/physicians who shall ensure meticulous compliance of the Act to avoid any criminal action and get full protection for assisting in suicide of the patient who voluntarily wishes to terminate the sufferings. In other words, according to the provision of this Act, "Euthanasia and physician-assisted-suicide" are not a punishable offence if the physician administering Euthanasia, acts in accordance with the doctrine of "due care" [9].

As explained above, Euthanasia is essentially the active/passive termination of the life of the patient who is suffering from terminal disease and bearing incurable and unbearable pain and mental trauma. In Netherlands[11], the Physicians can assist in life termination only after obtaining the voluntary and the well-informed request of the patient. Only physicians are allowed to perform Euthanasia or terminate the sufferings of the patient. It should be discussed with the patient and his family, and it can be initiated when there is no any other alternative is available for a dying patient.

The physician who is providing medical treatment should take an independent opinion from other physician who is not related with the treatment to avoid any malpractice/ or motives, the "Royal Dutch Medical Association (KNMG)" has prepared a panel of independent, expert doctors known as SCEN physicians (SCEN: Support and Consultation on Euthanasia in the Netherlands). SCEN physicians are available for support, information and formal consultation [8].

According to the Act [8], there is a provision of "Review Committee" wherein the Physicians are under the legal obligation to report the Euthanasia cases. There has been established a five regional Review Committee who are given the task of dealing with the cases of Euthanasia or that of the Assisted Suicide. Each Committee consists of three members, the usual one and the three alternate members who are legal expert, physician and one expert on the ethical issues. The Physician who is going to assist the patient must inform and make a report of the Euthanasia to one out of the five Regional Review Committees as established for carrying out Euthanasia. The committee acts as a checks and balance mechanism and evaluates that whether the medical professional(s) who are assisting the Euthanasia are complying with the due care norms or not. Abiding by the same ensures greater consistency and the transparency in the manner the cases are reported and thereby assessed. Any casual approach or laxity on the part of physician may be prosecuted.

The most recent watershed news on Euthanasia in Netherlands is the case of *Noa Pothoven*, a Dutch Author and an eminent mental health activist [10]. She died at the age of seventeen that had led to a global controversy owing to the public statements made by her about her wish to die[11]. She wrote her autobiography, "*Winnen of Leren*" [10], wherein she described her own battle with PTSD as a result of the sexual assault, anorexia and her self-harm tendencies. Around May 2019, she had completely stopped eating and drinking. She subsequently expired on June 02, 2019 and media falsely and allegedly reported that she died of an assisted suicide, however she had stopped eating and drinking which eventually led to her death and not by administration of any lethal drug or assisted suicide [12]. This is one such instance of "passive euthanasia" done by her. AndriesPostma (1973) [13] is a landmark case which initiated the debate on Euthanasia in Netherlands. At that time Euthanasia was not permitted in Netherlands. Dr. Postma was a physician and found guilty of voluntarily euthanasia and was convicted. Mother of Dr. Postma was 78-year-old and undergoing the recovery treatment from a cerebral hemorrhage. She expressed her desire to die and be relived of all the sufferings to her daughter as well as the staff of the nursing home. Dr. Postma administered the Euthanasia on her mother to relive her of all the sufferings. This case initiated the legal arguments and discussion on euthanasia. Thirty years after of this case, Euthanasia got the legal approval and Netherlands became the first country for legal recognition to Euthanasia. Thisled to the formulation of Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act as passed in 2002 [8] which absolves the physicians of criminal liabilities while administering euthanasia if they comply with the following guidelines strictly:

- If the suffering of the patient is unbearable and it shows no signs of improvement.
- The request should be made at the instance of the patient voluntarily and should persist over a period.
- There should be an awareness of the condition, prospects, and the options to the patient.
- There should be a consultation regarding the same with at least one independent doctor who confirms owing to the facts of the circumstances in the given case.
- The procedure of administering the death should be done in a medically appropriate

fashion by the doctor or that of the patient and the former must be mandatorily present.

- The patient in question shall be at least 12 years old (patients who are between the age of 12 and 16 years required the valid consent from their parents).

Though in the above-mentioned case [13], the administration of lethal drug to end the sufferings of the patients was not accepted, subsequently over the years, a proper law has been formulated to accept such act of assisted suicide and criminal liability is not imposed on the physicians who are performing the same.

Therefore, the progress in the journey of Netherlands serves as a role model for other nations to follow. They are more liberal in supporting the Euthanasia [14].

Legal battle on Euthanasian in Canada:

Canadian Parliament passed the Criminal Code [15] in 1892. When the code was introduced, the offence of *"suicide"* and *"attempted suicide"* was attracting the criminal punishment under "Section 241(b)", but it was repelled in 1972. However, abetment or assisting suicide continues to be a criminal offence under "Section241(a)" and an imprisonment up to 14 years may be imposed under the code. This law is still in existence [15].

Sue Rodriguez [16] was resident of Victoria, British Columbia. In 1991, she was diagnosed with "Amyotrophic Lateral Sclerosis (ALS), which is a rare neurological disease that primarily affects the nerve cells (neurons) responsible for controlling voluntary muscle movement (those muscles we choose to move). Voluntary muscles produce movements like chewing, walking, and talking. The disease is progressive and get worst over time". Rodriguez sought assisted suicide at her convenient time and challenged the constitutionality of "Section 241 (b) of the Criminal Code" in the Supreme Court of British Columbia in December 1992. She pleaded that it violates the section 7 of "the Canadian Charter of Rights and Freedoms" which guarantees the right to life, liberty and security to everyone. But Rodriguez lost the case and appealed on 8thMarch, 1993 in Supreme Court of Canada. Unfortunately, Supreme Court with 5-4 majority also ruled out her appeal on 30th September 1993, upholding that *"Section 241(b) provision was constitutional and did not violate the Canadian Charter of Rights and Freedoms".* Rodriguez died by assisted suicide in February 1994 with the help of anonymous physician.

"Physician-Assisted Suicide Becomes Legal in Canada (2015)": The British Columbia Civil Liberties Association (BCCLA) again filed a case in 2011, challenging the law against assisted suicide on the same ground on which Rodriguez [16] fought. This time the case was on behalf of Kay Carter (died in 2010), who suffered from "degenerative spinal stenosis", and Gloria Taylor (died in 2012), who was suffering from ALS. However, this time the Supreme Court of British Columbia ruled in favor of the plaintiffs. The decision came in June,2012and the federal government decided to appeal the ruling. The Court of Appeal for British Columbia reversed the decision in October, 2013 and then the BCCLA took up the matter to the Supreme Court of Canada. Considering contrary to the Canadian Charter of Rights and Freedom, The Supreme Court of Canada overruled the decision.

The Supreme Court in case of Carter vs. Canada [17] held that the infringing provisions of the Criminal Code void so far as they impose prohibition on the physician-assisted death for that of the competent adult person who:

- Clearly has given consent to the termination of his or life.
- The person is suffering from a grievous and irremediable medical condition which in turn causes the suffering which is intolerable as per the given circumstances of the conditions of the individual.

Hence, the Supreme Court allowed physician-assisted suicide for a person who is suffering from terminal painful disease with irremediable medical conditions and the patient has given his explicit consent for assisted suicide. The court recognized that the Criminal Code [15] prohibition was unconstitutional because it breached the rights to life, liberty and security of the person, as enshrined in Section 7 of the Charter[15]. The Supreme Court provided 12 months' time to frame a new law approving assisted suicide and further extension of four months was allowed uptoJune,2016.

Although no new law was framed but w.e.f. 6th June, 2016, Physician Assisted Suicide became legal in Canada just as the case of Netherlands [13]. House of Commons had passed "*Bill C-14*"and it became law. Hence, *"The Medical Assistance in Dying (MAID) Act"* [4] prescribed the procedure to ensure that it is used for genuine cases only. Assisted Suicide would be applicable on those patients who are above 18 years of age and suffering from terminal diseases and passing through "grievous and irremediable medical condition" that causes "enduring physical or psychological suffering that is intolerable" to the patient. Moreover, they must be in an "advanced state of irreversible decline," in which their "natural death has become reasonably foreseeable."

In February 2020, the Liberal government introduced a bill approving Euthanasia which is christened as "*Bill C-7*, which proposed to allow Medical Assistance in Dying (MAID) for those patients whose natural death *was not reasonably foreseeable* [18]. Pandemic delayed the discussion in parliament and thereafter, the federal government modified some of the amendments and presented a revised version the Bill. The same was therefore duly approved by the

House of Commons and the Senate and became a validly existing law on 17 March 2021".**Euthanasia: An Indian Landscape:**

Alike Canada, India also witnessed a stormy debate off the legal platform as well on the legal landscape. Indian society has witnessed a large amount of prevalence of self-immolation instances right from the Vedic era wherein Lord Ram and Lord Krishna accepted "dehtyag" (death) by renouncing the will to live more. This mythological origination depicts that the practice of "self-killing" has been in existence in the Indian context since ancient times and the clamor for the act of Euthanasia as existing now is not something that is novel.

In India, the trace of the origin of the Right to Dignified Death emancipates from that of Right to Life as laid down under Article 21 of the Indian Constitution. The same is silent on Right to Die with dignity or Euthanasia and explicit does not cover the ambit of Right to Die. Seven decades back at the time of independence of India, medical science was in evolving stage and many diseases were unknown. Constitution thinkers and makers could not envisage that one day society will seek for right to die with dignity also. But in a series of civil suits, the High Courts and Supreme Court have recognized the need of mercy killing or Euthanasia in case of terminally ill patients.

The case wherein the debate originated on the notion of Right to Diein India can be seen in the case of *P. Rathinam v. Union of India & another* [19], the writ petitions to challenge the constitutional validity of the Section 309 of the Indian Penal Code. This Section imposes punishment on anyone who attempts to commit suicide. The punishment which is imposed who attempts to commit suicide is of simple imprisonment up to one year. Supreme Court in this case, drew a parallel analogy with that of the other fundamental rights *for instance*; the "freedom of speech and expression as guaranteed under the Article 19 of the Constitution of India" gives not only the right to speak but also it includes under its ambit the right not to speak; the right to live as provided under the Article 21 of the Indian Constitution also gives the Right not to Live. Therefore, in the same manner, "*Section 309 was held to be unconstitutional"*. This implies that Right to Life does include under its ambit the Right to Die.

In *"Gian Kaur v. the State of Punjab*[20]*"* case, Gian Kaur and her husband Mr. Harbans Singh were convicted by the trial code under the provisions of the Section 306 of the Indian Penal Code. They were being sentenced to the imprisonment of six years along with the fine of RS. 2,000/- for abetment of the suicide to Ms. Kulwant Kaur, "*Section 306 of the Indian Penal Code punishes any person who abets the commission of suicide and that of Section 309 anyone who attempts to commit the suicide*". This case argued that the preceding case (*P. Rathinam v. Union of India*) held that the Article 21 of the Indian Constitution, which guarantees Right to Life, includes under its ambit the Right to Die. It argued that a person abetting the commission of suicide of another person is merely performing the act of assistance in the enforcement and the application of the Article 21 of the Indian Constitution. Therefore, the five-judge bench of the Supreme Court in this case overruled the P.Rathinam case. It held that the analogy stated in that case was wrong one and not applicable in all the circumstances. The other fundamental rights include the "the right not to…"; for instance, the analogy of right to speak is an omission, while on the other hand that of the taking a life is an act itself[21]. Hence, the court finally upheld the constitutional validity of the Section 306 and 309 of the Indian Penal Code.

In *"Aruna Ramchandra Shanbaug v. Union of India & Others"*[22], the "next friend" of MsAruna Shanbaug had filed the petition before Supreme Court of India, since she was in a persistent vegetative stage and not in a condition to express or give her consent. The petition was filed to direct the hospital to stop feeding her through mechanical or artificial means and allow her to die peacefully. She has been in the Persistent Vegetative State (PVS) since she had been sexually assaulted in the year 1973. The court in this case had formulated a team of three doctors in order to examine her condition and submit a report about both, her mental and physical condition. "The court though did not allow the removal or withdrawal of the medical treatment to Ms. Shanbaug, it did discuss the issue of Euthanasia in detail and permitted passive Euthanasia". The court in this case defined "Passive Euthanasia" as deliberate withdrawal of the treatment with deliberate intention in order to cause the death of the patient. It held that the same can be allowed or permitted only if the doctors work as per the notified medical opinion and withdraw the life supporting system only taking into consideration the "best interest" of the patient. The court also invoked the principle of "*Parens Patriae*" which means the parent of the nation and held that the court has the ultimate and absolute power to decide what factors constitute and fall as the "best interest" of the patient. This is one such instance in the Indian context wherein the courts have adopted and applied this doctrine. In the landmark decision in Common Cause v. Union of India [23], the Supreme Court of India under the "Article 32 of the Indian Constitution", briefed the following;

- *The Right to Die with Dignity as a fundamental right as under Article 21 of the Indian Constitution.*
- *The Court to issue directions to the Union Government to allow or permit the terminally ill patients or that suffering from incurable diseases to execute living wills for conduction of the appropriate cause of action in case they have admitted to the hospitals.*

- *As an Alternative Prayer, it sought guidelines form the Court of law on this issue and the appointment of that of an expert committee to be comprised of that of the doctors, lawyers and social scientists in order to determine concept of living within the Indian context".*

On 9thMarch 2018; a five judge Bench was constituted that had held that the "Right to Die with dignity is a fundamental right". It also held that the individual's right of execution of the "advance medical directive" or that of the "Living Will" is itself am assertion which embodies within itself the right to "bodily integrity and self-determination" which thereby does not depend upon any of the recognition or enactment of any of the legislature by the state. Thus, as mentioned above, shows how the idea of Euthanasia has been interpreted and given recognition in the context of various jurisdictions at the international level with the help of the landmark cases in comparison to that of India. The timeline of India gives an insight as to how Right to Die evolved. It was recognized, overruled, and then again recognized. It shows that India has adopted a progressive attitude towards the concept of Euthanasia.

In India, the Constitution of India and the other statutes are dynamic in nature and change with the changing needs of the society. This approach ultimately led to the recognition of the right to die and subsequently passive Euthanasia. In view of the same, in January 2023, Supreme Court had agreed to hear the plea and simplify the process of Euthanasia and Living Will based upon the representations as given by the Petitioners, to be applicable throughout the country pursuant to the Order [24] is awaited [25]. However, this Order serves as a fruitful measure for framing the law on Living Will or Advanced Medical Directives in India. The need of improvising the guidelines for Living Will and Euthanasia in Indian context by Supreme Court [26]reflects the liberal and pro-active approach and in sync with the existing laws globally. This shows that India though started on a conventional approach but gradually shifted to a more liberal take on such issue and is working proactively.

Conclusion:

In last decade, due to public pressure and judicial activism, a good number of countries have passed the law in favor of Euthanasia. Netherlands, Canada, India has seen a drastic and dynamic transition from their initial legislation on Euthanasia to that of the final law as passed. The common thread which binds these nations journey is that it all begins from a debate which finally gets crystalized into a judicial enactment. India for instance followed the foot-steps as that of Canada. It is passing via the similar phase and transition in terms of legalizing the practice of Euthanasia and can thereby learn and implement the same for positive results. Although Euthanasia is much talked in the developed and democratic countries but now it is becoming evident in developing countries like India also. Therefore, nations have been advocating in favor for the practice of Euthanasia, it has been a popular part of art, culture and media as well. However, the approach differs from the evolving needs of the society. Netherlands started off with this discussion much ahead of time and has a proper legalized legislation in place; Canada's journey though began more than two decades ago, the law could be formulated recently only and India's approach has been based on the jurisprudential aspect of the pronouncements, overruling previously passed judgments and then finally coming into a conclusion. These jurisdictions have witnessed their own ups and downs in achieving the milestone which they have now.

References:

1. Cuerivo Pinna, MA Rubio. Qualitative Research on Euthanasia. Elsevier Espana, Volume 31,2015. DOI: 10.1016/j.cali.2015.07.002.
2. Rosolina D'Amico Lopez, Ginno Alessandro de Benedictis Serrano. Medicina y Etica-Julio, Volume 31, 2020. DOI: https://doi.org/10.36105/mye.2020v31n3.
3. Chung-En Yu, Jun Wen and Fang Meng. Defining Physician-Assisted Suicide Tourism and Travel. Sage Publication, Volume 44, 2020.DOI:https://doi.org/10.1177/1096348019899437.
4. Medical Assistance in Dying Act, Canada, passed in 2016. Available on: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>.
5. Burt RA. "Death Is That Man Taking Names: Intersections of American Medicine, Law, and Culture". Berkeley, 2002, University of California Press, 232 pages, ISBN: 9780520243248.
6. Billings JA. Double Effect. Journal of Medical Ethics, Volume 37, 2011.DOI: 10.1136/jme.2010.041160.
7. Vinod K Sinha, S. Basu and S. Sarkhel. Euthanasia: An Indian perspective. Indian Journal of Psychiatry, Volume 54, 2012.DOI: 10.4103/0019-5545.99537.
8. Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002 of Netherlands, Available on: <https://wfrtds.org/dutch-law-on-termination-of-life-on-request-and-assisted-suicide-complete-text/>.
9. Lewis M. Cohen. Murder and Euthanasia Accusations Against Physicians. Mayo Foundation for Medical Education and Research,Volume 87, 2012. DOI: 10.1016/j.mayocp.2012.05.016.

10. Nao Pothoven. Winnen of Leren. Netherlands, 2018, Boekscout, 373 pages, ISBN: 9789402248234.
11. Kasey Joyce. The Legal and Practical Framework for Psychiatric Diagnoses as Bases for Requests for Euthanasia and Physician-Assisted Suicide in the Netherlands. Florida Journal of International Law, Volume 31, 2020. Available on: <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3731647>.
12. BBC News Article. Available on:<https://www.bbc.com/news/world-europe-48541233>.
13. *Andries Postma Case District Court*, Leeuwarden. 21 February [1973], N.J. 1973, No. 183. Available on: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1796690/>.
14. Cohen J. Different trends of Euthanasia acceptance across Europe. European Journal of Public Health, Volume 23, 2013. DOI: https://doi.org/10.1093/eurpub/cks186.
15. Canada Criminal Code, 1985. Available on: <https://laws-lois.justice.gc.ca/eng/acts/c-46/>.
16. *Rodriguez v British Columbia (AG)* [1993] 3 SCR 519. Available on: <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/1054/index.do>.
17. *Carter v Canada (AG)* [1992] 1 SCC 441. Available on: <https://bccla.org/wp-content/uploads/2012/06/Carter-v-Canada-AG-2012-BCSC-886.pdf>.
18. Debbie Selly. Medical Assistance in Dying (MAID): A Descriptive Study. American Journal of Hospice and Palliative Care, Sage Publications, Volume 37, 2019.DOI: https://doi.org/10.1177/1049909119859844.
19. P. Rathinam vs Union of India And Another, AIR 1994 SC 1844, 1994. Available on:< https://www.casemine.com/judgement/in/5609aca5e4b014971140f67e#144>.
20. Gian Kaur vs The State Of Punjab, AIR 1996, 946. Available on: <https://main.sci.gov.in/jonew/judis/15825.pdf>.
21. Jamie K. Fujioka. Implementation of Medical Assistance in Dying: A Scoping Review of Health Care Provider's Perspectives. Journal of Pain and Symptom Management, ELSEVIER,Volume 55, 2018. DOI: https://doi.org/10.1016/j.jpainsymman.2018.02.011
22. *Aruna Ramchandra Shanbaug vs Union of India & Others*, (2011) 4 SCC 524. Available on:<https://main.sci.gov.in/supremecourt/2005/9123/9123_2005_Judgement_09-Mar-2018.pdf>.
23. Common Cause vs. Union of India, 2018, Writ Petition (Civil) No. 215 of 2005. Available on:<https://main.sci.gov.in/supremecourt/2019/25360/25360_2019_3_504_41295_Judgement_24-Jan-2023.pdf>.
24. Common Cause vs. Union of India, 2023, Miscellaneous Application No. 1699 of 2019 in Writ Petition (Civil) No. 215 of 2005. Available on:<https://main.sci.gov.in/supremecourt/2019/25360/25360_2019_3_504_41295_Judgement_24-Jan-2023.pdf>.
25. SSC Online by Eastern Book Company (EBC). Available on: <https://www.scconline.com/blog/post/2023/01/25/supreme-court-simplifies-procedure-to-withhold-life-support-of-a-terminally-ill-patient-modifies-guidelines-given-in-2018-euthanasia-judgment-legal-research-legal-news-updates/>.
26. Passive Euthanasia – A Relook. Report No.241, August, 2012. Available on: < https://indiankanoon.org/doc/133438875/>.