

Dignity in death: Exploring the ethics of euthanasia

Every person has the right to life, yet a peaceful and dignified death is not always assured.

Euthanasia refers to the deliberate act of ending a person's life with the intention of relieving unbearable and incurable suffering. The word is derived from the Greek term "euthanatos," meaning "good death."

The subject of euthanasia involves complex legal, ethical, and moral questions. This presentation, however, will examine the issue primarily from medical and personal perspectives. Therefore, a clear understanding of euthanasia is essential.

There are many reasons to support euthanasia like the right to choose death for relief from prolonged intractable suffering. Maintaining a good quality of life is much more important than mere survival.

There are several reasons for opposing euthanasia.

- Sanctity of life: Human life is considered precious, and medical ethics emphasises the principle of "do no harm"

- Slippery slope concerns: There is a fear that euthanasia could be misused, and elderly or disabled individuals may wrongly be viewed as a burden on society

- Possibility of medical errors:

● **Gautam Mukhopadhyay** is a surgical oncologist trained at Tata Memorial Hospital, Mumbai. At present, he is the clinical lead, surgical oncology, Narayana Health

Since death is irreversible, an incorrect diagnosis or improper assessment could lead to tragic consequences

Euthanasia is broadly divided into two categories — active and passive.

In active euthanasia, medications are deliberately administered to cause death. It is not legal in India.

In passive euthanasia, life support and artificial feeding are withdrawn when there is no chance of recovery and increased suffering. Irreversible brain damage, prolonged vegetative state or terminal cancer are some examples. These situations must be medically certified.

The distinction between active and passive euthanasia is a dichotomy between "killing" and "letting die". It stipulates that intentionally ending a person's life is morally wrong, whereas allowing a natural and inevitable death to occur by withdrawing or withholding medical treatment may be considered permissible.

Euthanasia can also be voluntary or non-voluntary, depending on the express or implied request of the person.

If the patient is comatose voluntary consent is not possible. A doctor helping a person to end life by providing medications which the person takes themselves is physician-assisted suicide. It is illegal in India.

In 2018 the Supreme Court legalised the "living will" also called an advance medical directive. It is a legal document made by a person when healthy and mentally competent. The



HEALING POTION

GAUTAM MUKHOPADHYAY

person states in advance regarding the treatment desired in a dying state when incapable of making decisions.

Landmark judgment

In March 2026, the Supreme Court approved passive euthanasia for Harish Rana, a 32-year-old man who had remained in a persistent vegetative state for 13 years. Rana suffered severe injuries after falling from the fourth floor, which resulted in paralysis of all four limbs and left him in a comatose condition.

A feeding tube in the stomach, a breathing tube in the neck, and a urinary

catheter were necessary to sustain him. Two medical boards agreed that no further medical improvement was possible in his case. The apex court subsequently granted permission for passive euthanasia.

All forms of life support, including artificial feeding, were withdrawn because they constituted medical treatment. However, from a medical perspective, questions remained, as denying food to a paralysed person who was unable to communicate could also be viewed as starvation.

Terminal illness

Passive euthanasia is gen-

erally permitted in cases of terminal illness with intractable symptoms where no possibility of recovery exists.

In severe neurological conditions such as that of Harish Rana, the suffering and medical dependence may continue for more than a decade. In contrast, in terminal cancer, intense suffering may persist only during the final few months of life. During this period, both the patient and the family often experience immense physical and emotional distress and may seek a dignified solution.

In such circumstances, an important question arises: within the existing legal framework, is it possible to obtain a verdict for passive euthanasia within a few months? The probable duration, cause, and nature of the terminal illness must therefore be carefully considered.

Another important issue concerns advanced cancers, particularly Stage 4 cancers. With significant advancements in medical treatment, not all advanced cancers can be considered terminal illnesses with no hope of recovery. For instance, in Stage 4 thyroid cancer, the disease may spread to the lungs or bones, yet the condition can still be treatable and even curable. Therefore, it cannot automatically be classified as terminal cancer.

This highlights the need to distinguish between different forms of terminal illness rather than treating all cases alike. Proper segregation

and evaluation are essential.

End-of-life care

Relief of suffering at the end of life is mandatory. Presently, analgesics and sedatives are used, but anaesthesia is also an option. General anaesthesia (GA) is legal in all countries, even where euthanasia is illegal.

The first description of GA at the end of life was described by an anaesthetist, John Moyle, in 1995. The depth of the GA was not adequate for a surgical procedure but ideal for a dying patient to relieve symptoms.

In a large online survey, 88% people preferred to be unconscious at the end of life. Though GA appears to be an attractive option, adequate infrastructure may not be available.

Conclusion

Requests for passive euthanasia are rare in Calcutta, but in certain cases, families and patients may feel that no other option remains. At the same time, significant deficiencies exist in the care of terminally ill patients in the city.

Some of the major concerns include:

- Inadequate infrastructure for palliative care and hospice facilities in Calcutta

- The severe financial burden of terminal illness, as insurance policies rarely cover end-of-life home care

- Legal complexities and procedural delays may prevent deserving patients from obtaining timely permission for passive euthanasia