ORIGINAL ARTICLE

Death on Demand; A Comparison between Euthanasia Laws in the Netherlands and India, 2001 to 2020

Abstract

Euthanasia is the act or practice of painlessly putting to death persons suffering from incurable and distressing disease as an act of mercy. This act is illegal in many countries as it is against medical ethics. It has been legalised in few countries during the early 21st century.

The objective of this article is to review the current status of euthanasia, the status of the act in the Netherlands and to compare the same with the laws in India. It is also aimed at giving an analytical review of the laws in the two countries during the period 2001 to 2020.

Euthanasia in the Netherlands is regulated by the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act", 2002. The numbers of requests in the Netherlands for euthanasia have risen to more than double over the period of ten years and as seen the numbers of requests fulfilled have not followed the same trend over these years.

In India, the act of euthanasia has been classified as unethical except in cases where the life support system is used only to continue the cardiopulmonary actions of the body. In such cases, subject to the certification by the term of doctors, the life support system may be removed. Passive euthanasia is permissible under the supervision of law in exceptional circumstances. There are various arguments for euthanasia based on principles of autonomy whereas the central argument against legalizing euthanasia is society's view of the sanctity of life.

Key words: Euthanasia, Netherlands and India, History, Ethics

Received: 17 Jun 2021; Accepted: 25 Jul 2021; Online published: 28 Aug 2021

Research on History of Medicine/ 2021 Aug; 10(3): 185-194.

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Citation:

Kannan R, Thottath D. Death on Demand; A Comparison between Euthanasia Laws in the Netherlands and India, 2001 to 2020. *Res Hist Med*. 2021; 10(3): 185-194.

Introduction

The term Euthanasia has been derived from Greek words "eu" meaning good and "thanatos" meaning death. (Sivula, and Suckow, 2018, p. 35; Sinha, Basu, and Sarkhel, 2012, pp. 177-183) Black's Law dictionary (11th edition) defines Euthanasia as the act or practice of painlessly putting to death persons suffering from incurable and distressing disease as an act of mercy. Oxford dictionary definition of euthanasia is the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma. (*Euthanasia; Definition of euthanasia in English by Lexico Dictionaries*, n. d., p. 1103) Euthanasia is usually characterized as Voluntary (with the consent of the patient whose life is being terminated), involuntary (where the consent is obtained from the guardian of the patient as the patient is incapable of doing so); Active (Act of Commission by the doctor), Passive (Act of Omission - withholding of treatment) and physician Assisted (where the physician prescribes the medicine and the patient or the third party administers the medication to cause death). (Sinha, Basu, and Sarkhel, 2012, pp. 177-183; Annadurai, Danasekaran, and Mani, 2014, pp. 477-478; Global inequities and the international health scene Immunisation and informed decision making Off-label prescribing: Legal & ethical concerns The future of personalised cancer therapy Australian Medical Student Journal,2016)

Physician-assisted euthanasia (PAE) is a condition in which the doctor administers a lethal dose of a drug to a patient, at the patient's request, in order to bring about his or her death. This act is illegal in many countries as it is against medical ethics. But, PAE has been legalized in four countries – the Netherlands, Belgium, Luxembourg and Canada. In addition to this, the Netherlands and Canada have legalized Physician-assisted suicide (PAS), where the doctor provides lethal drugs for self-administration by the patient. (Cipriani, and Di Fiorino, 2019, pp. 54-59) The distinction between euthanasia/PAS and the administration of high-dose pain medications that may hasten death is premised on the intent behind the act. In euthanasia/PAS, the intent is to end the patient's life, while in the administration of pain medications that may also hasten death; the intent is to relieve suffering. (Sinha, Basu, and Sarkhel, 2012, pp. 177-183) Other terminology like Do not resuscitate (DNR) order means the attending doctor is not required to resuscitate a patient if their heart stops and is designed to prevent unnecessary suffering. Even though DNR is considered passive euthanasia, it is practised in most of the world without any legal issues.

Common conditions which make patients seek euthanasia are terminally ill cancer patients, acquired immune deficiency syndrome (AIDS) and other terminally ill conditions where there is no active treatment. Physical conditions that affect the quality of life in these patients are unbearable pain, nausea and vomiting, difficulty in swallowing, paralysis, incontinence, and breathlessness. Psychological factors include depression, feeling a burden, fearing loss of control or dignity, or dislike of being dependent. But some argue that suicidal ideation and inadequate palliative care might also be the underlying reasons for seeking euthanasia. (*BBC - Ethics - Euthanasia: Ethics of euthanasia* (introduction), n. d.; Sinha, Basu, and Sarkhel, 2012, pp. 177-183; Foley, 1995, pp. 163-178)

In ancient Greece and Rome helping others die or putting them to death was considered permissible in some situations. For example, in the Greek city of Sparta newborns with severe birth defects were put to death. Euthanasia had its most vigorous outbreak during

the mid-20th century when it was being carried out deliberately in Nazi Germany. Almost all religions were always against any kind of euthanasia. (Gajić, n. d., pp. 173-177; Cipriani, and Di Fiorino, 2019, pp. 54-59)

The objective of this article is to review the current status of euthanasia, the status of the act in the Netherlands and to compare the same with the laws in India. It is also aimed at giving an analytical review of the laws in the two countries during the period 2001 to 2019.

The Netherlands

2001 Act: During the early 90s, multiple reports came up regarding physician-assisted suicide and euthanasia. In 2001, The Netherlands passed a law creating an exception to the Criminal Code. Under the criminal code, ending another person's life or assisting suicide was, and remains, a criminal offence. The 2001 Act created an exception whereby the Code would not apply if a physician had terminated the life, or assisted the suicide, of a patient on request and if certain 'due care' criteria had been observed. The 2001 law allowed for children aged 12–16 years to be euthanized if consent is provided by their parents, even though this age group is generally not considered capable of making such decisions. (Smets, et al, 2009, pp. 181-187) The law even allows physicians to proceed with euthanasia if there is a disagreement between the parents. By 2005, the Groningen Protocol, which allows euthanasia of newborns and younger children who are expected to have "no hope of a good quality of life," was implemented. In 2006, legislators in Belgium announced their intention to change the euthanasia law to include infants, teenagers, and people with dementia or Alzheimer disease. (Verhagen, et al, 2005, pp. 261-266; Sheldon, 2009, p. 5474)

In April 2002, the Netherlands became the first European country to legalize euthanasia and assisted suicide. Euthanasia in the Netherlands is regulated by the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act", 2002. (The Netherlands, the first country to legalize euthanasia, 2006, p. 265; Banović and Turanjanin, 2014, pp. 1316-1323; *Dutch law on Termination of life on request and assisted suicide* (complete text), n. d., p. 113) It states that euthanasia and physician-assisted suicide are not punishable if the attending physician acts by the criteria of "due care". It legalizes euthanasia and physician-assisted suicide in very specific cases, under very specific circumstances.(Cipriani, and Di Fiorino, 2019, pp. 54-59; Leget, 2017, pp. 261-266) But the law allows a medical review board to suspend prosecution of doctors who performed euthanasia when each of the following conditions is fulfilled.

- The patient's suffering is unbearable with no prospect of improvement.
- The patient's request for euthanasia must be voluntary and persist over time (the request cannot be granted when under the influence of others, psychological, illness, or drugs).
- The patient must be fully aware of his/her condition, prospects and options.
- There must be consultation with at least one other independent doctor who needs to confirm the conditions.
- The death must be carried out in a medically appropriate fashion by the doctor or patient, in which case the doctor must be present.
- The patient is at least 12 years old (patients between 12 and 16 years of age require

the consent of their parents).

Out of a total of 49,287 deaths from PAE or PAS notified to the regional euthanasia review committee (RTE) over the 15 years from 2002 to 2016, the RTEs have ruled that only 89 (less than a quarter of 1%) failed to meet the 'due care' requirements of the 2001 Act. (Preston, 2018, pp. 145-155)

Although the Dutch legal requirements seem to function in practice, in the literature there is a lack of clarity about what is meant by unbearable suffering. In an integrative literature review, Dees et al defined unbearable suffering in the context of a request for euthanasia as "a profoundly personal experience of an actual or perceived impending threat to the integrity or life of the person, which has a significant duration and a central place in the person's mind".(Dees, et al, 2010, pp. 339-352) By defining 'unbearable' as a "profound personal experience" and something "in the person's mind", it becomes a category that is directly related to spirituality, since it is directly connected to the personal way in which people find meaning in life.

In a study in the Netherlands, among the physicians regarding their opinion on Euthanasia or Physician-assisted suicide (PAS) in the year 2010, 793 physicians had participated.(Cipriani, and Di Fiorino, 2019, pp. 54-59) Physicians often had a preference for euthanasia than for PAS. Most physicians in this study agree that PAS underlines the patient's autonomy, free choice and/or own responsibility and that this could be a reason for them (the physicians) to choose for PAS instead of euthanasia. However, PAS as a possible alternative for euthanasia is often not discussed with the patient and hardly ever performed. A physician's preference for PAS is related to psychosocial suffering. Reasons for not discussing and performing PAS were mostly practical; 39% of physicians reported that PAS entails less psychological burden.

The developments in the Netherlands that have led to the practice of euthanasia are based on a culture in which value orientations like openness, freedom, transparency, mercy, authenticity, equality, self-determination, and responsibility play a central role. The way these values are understood and interrelated can be understood against the historic background of the secularization process and emancipation from traditional hierarchical and religious structures. In such a context, spiritual care has been developed as a way of supporting patients in their search for meaning, purpose, and transcendence, which can be articulated either in a religious or secular way. (Gijsberts, et al, 2019, p. 25; Holyoke and Stephenson, 2017, p. 24)

In Dutch discussions, euthanasia is increasingly seen by the general public as a patient right (which it is not) rather than as the last option when there seem to be no more alternatives to relieve suffering. However, from an ethical perspective and in line with the central value of freedom, one could critically ask how free the patients and their families are when they formulate a euthanasia request.

The numbers of requests for euthanasia have risen to more than double over the period of ten years and as seen the numbers of requests fulfilled have not followed the same trend over these years. This trend could be due to the dilemma among the medical fraternity and also fear of the judicial system about the law.

India

The legal position of India cannot and should not be studied in isolation. India has

drawn its constitution from the constitutions of various countries and the courts have time and again referred to various foreign decisions. In India, euthanasia is undoubtedly illegal. Since in cases of euthanasia or mercy killing

there is an intention on the part of the doctor to kill the patient, such cases would clearly fall under clause first of Section 300 of the Indian Penal Code. (*Section 300 in The Indian Penal Code*, n. d., 345; Khan, and Tadros, 2013, pp. 101-105) However, as in such cases there is the valid consent of the deceased, Exception 5 to the said Section would be attracted and the doctor or mercy killer would be punishable under Section 304 for culpable homicide not amounting to murder. (*Section 300 in The Indian Penal Code*, n. d., p. 344) But it is only cases of voluntary euthanasia (where the patient consents to death) that would attract Exception 5 to Section 300.

The law in India is also very clear on the aspect of assisted suicide. Right to suicide is not an available "right" in India – it is punishable under the India Penal Code. The right to life is an important right enshrined in the Constitution of India. Article 21 guarantees the right to life in India. It was initially argued that the right to life under Article 21 includes the right to die. But after the decision of a five-judge bench of the Supreme Court in Gian Kaur v. the State of Punjab (*Smt. Gian Kaur vs The State Of Punjab on 21 March 1996*, n. d.) it is well settled that the "right to life" guaranteed by Article 21 of the Constitution does not include the "right to die".

Under section 20A read with section 33(m) of the said Act, the Medical Council of India may prescribe the standards of professional conduct and etiquette and a code of ethics for medical practitioners. Exercising these powers, the Medical Council of India has amended the code of medical ethics for medical practitioners. There under the act of euthanasia, it has been classified as unethical except in cases where the life support system is used only to continue the cardio-pulmonary actions of the body. In such cases, subject to the certification by the term of doctors, the life support system may be removed.

Recently, the judgment of our Supreme Court in Aruna Ramchandra Shanbaug(Bhat, Dar and Deshpande, 2017, p. 21383) opened the gateway for the legalization of passive euthanasia. In this case, a petition was filed before the Supreme Court for seeking permission for euthanasia for one Aruna Ramchandra Shanbaug as she was in a Persistent Vegetative State (P.V.S.) and virtually a dead person and has no state of awareness and her brain is virtually dead. Supreme Court established a committee for medical examination of the patient for ascertaining the issue. Lastly, the Court dismissed the petition filed on behalf of Shanbaug and observed that passive euthanasia is permissible under supervision of law in exceptional circumstances but active euthanasia is not permitted under the law. The court also recommended decriminalized attempts to suicide by erasing the punishment provided in the Indian Penal Code.

Discussion

Euthanasia is one of the most baffling issues faced by the world today when it comes to the life of a person with a terminal illness.(Cipriani, and Di Fiorino, 2019, pp. 54-59) Due to the development of science and technology in the last century, the concepts of life and death has been changed. Nowadays, a person who is in a persistent vegetative state, whose sensory systems are dead, can be kept alive by ventilators and artificial nutrition for years. In the light of these developments, legal, moral and ethical issues have arisen

as to whether a person who is under ventilator and artificial nutrition should be kept alive for all time to come till the brain-stem collapses or whether, in circumstances where an informed body of medical opinion states that there are no chances of the patient's recovery, the artificial support systems can be stopped. If that is done, can the doctors be held guilty of murder or abetment of suicide? These questions have been raised and decided in several countries and broad principles have been laid down. 'Withdrawal of life support systems' is different for 'Euthanasia' or 'Assisted Suicide'. Withholding or withdrawing life support is today permitted in most countries, in certain circumstances, on the ground that it is lawful for doctors or hospitals to do so. Courts in several countries grant declarations in individual cases that such withholding or withdrawal is lawful.

Arguments for Euthanasia

Rights-based argument: Advocates of euthanasia argue that a patient has the right to decide when and how they should die based on the principles of autonomy and self-determination. The notion of autonomy is related to the right of an individual to control their own body and should have the right to make their own decisions concerning how and when they will die. Furthermore, it is argued that as part of our human rights, there is a right to make our own decisions and a right to a dignified death.

Beneficence: It is said that relieving a patient from their pain and suffering by performing euthanasia will do more good than harm. (4) Advocates of euthanasia express the view that the fundamental moral values of society, compassion and mercy, require that no patient be allowed to suffer unbearably, and mercy killing should be permissible.

Arguments Against Legalizing Euthanasia

The central argument against legalizing euthanasia is society's view of the sanctity of life and this can have both secular and religious bases. There is intense opposition from religious groups and people from the legal and medical profession. According to them, it is not granting the 'right to die' rather it should be called 'right to kill'. It is totally against medical ethics. Medical ethics call for nursing, caregiving and healing and not ending the life of the patient. The Hippocratic Oath states, "I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice that may cause his death." Thus, the possibility that a physician may directly hasten the death of a patient – one whom the physician has been presumably treating to extend and improve life – contradicts the central tenet of the medical profession.

In the present time, medical science is advancing at a great pace. Even the most incurable diseases are becoming curable today. Thus, instead of encouraging a patient to end his life, the medical practitioners should encourage the patients to lead their painful life with the strength which should be moral as well as physical. This can be effectively conveyed by taking the example of the eminent scientist Stephen Hawking, who was crippled in a wheelchair, but with all the shortcomings, he gave the world a major contribution.

The decision to ask for euthanasia is not made solely by the patient. Even the relatives of the patient play an important role in doing that. Thus, it is probable that the patient comes under pressure and takes such a drastic step of ending his life. Of course, in such cases the pressure is not physical; it is rather moral and psychological which proves to

be much stronger. Also, added to that is the economic pressure. The patient starts feeling himself as a burden on the relatives when they take such a decision for him and finally he also succumbs to it.

Another major argument against euthanasia being legalized is that if such a person were to kill and claim that he acted out of compassion, who could prove otherwise? Even if euthanasia is legalized, who or what determines the criteria of the suffering; individual is facing to allow him to embrace death. Should it be the recommendation of a recognized doctor that the patient so named cannot be cured? Or it should be testified by the parents or near relatives that their ward cannot survive but with acute pain and suffering, which they cannot withstand?

Decisions left in the hands of doctors or relatives are also very risky. It might not always be clear that relatives and doctors are always acting in the patient's best interests. A doctor may be waiting for an organ for a transplant, for instance, or for a bed to become free and relatives may simply wish to be relieved of the burden of an ill member of the family. It has been contended that if such legislation is to take effect, euthanasia should be administered at or upon the consent of the patient but this point of consent being taken by the supporters of euthanasia also fails to consider that if one is in great pain or is suffering from mental problems then the person is nor in a position to make a free and balanced decision. The elements of free consent also need to be imported in our case and for any patient who gives such consent. It could be argued that his consent was vitiated by undue influence.

It is argued that when a healthy person is not allowed to commit suicide then why a deceased person should be allowed to do so. It is pointed out that suicide in a person who has been diagnosed with a terminal illness is no different from suicide for someone who is not considered terminally ill. Depression, family conflict, feelings of abandonment, hopelessness, etc. lead to suicide – regardless of one's physical condition. Studies have shown that if pain and depression are adequately treated in a dying person – as they would be in a suicidal non-dying person – the desire to commit suicide evaporates. Suicide among the terminally ill, like suicide among the population in general, is a tragic event that cuts short the life of the victim and leaves survivors devastated.

Another favourite argument is that of the "slippery slope". The slippery slope argument, in short, is that voluntary euthanasia would over the years lead to a slide down the slippery slope and eventually we would end up permitting even non-voluntary and voluntary euthanasia. (Benatar, 2011, pp. 206-207)

Legalized euthanasia would produce huge social pressures on very vulnerable people to 'volunteer', causing much stress and suffering. Human life is a gift of God and taking life is wrong and immoral human beings cannot be given the right to play the part of God. The one who suffers pain is only due to one's karma. (*Karma; Definition of karma by Lexico*, n. d.) Thus euthanasia devalues human life.

Even without it being explicitly stated, legalizing euthanasia would mean that the state was offering it as an alternative to people who were seeking benefits for sickness or unemployment or to pensioners, to refugees and people with disabilities. If it were legalized, why not then insist that such people have 'euthanasia counselling' before they receive care or benefits?

When the advocates of euthanasia are mostly members of the chattering classes who seems to be having difficulty in coming to terms with their own mortality, the victims

would predominantly be the most disadvantaged members of society; the old, poor, disabled, infirm and unemployed.

A close perusal of the arguments against euthanasia that have been summarized above tends to indicate that all the talk about the sanctity of life notwithstanding, the opposition to euthanasia breeds from the fear of misuse of the right if it is permitted. It is sought only to agree to the legalization of voluntary (both active and passive) euthanasia. This is because though there may be some cases of non-voluntary or involuntary euthanasia where one may sympathize with the patient and in which one may agree that letting the patient die was the best possible option, yet it is believed that it would be very difficult to separate each case from other cases of non-voluntary or involuntary euthanasia. Thus, it is believed that the potential of misuse of provisions allowing non-voluntary and involuntary euthanasia is far greater than that of the misuse of provisions seeking to permit voluntary euthanasia.

No such law could be guaranteed to be free to the possibility, if not the likelihood, of abuse, chiefly centered on the lives of other sick persons who did not want their lives taken. An especially dangerous aspect is that such abuse may be easily made undetectable. Thus, although mercy killing appears to be morally justifiable, its full-proof practicability seems near to impossible.

Dying is a societal issue not only a medical issue. We must bring to bear multiple components in our society to provide improved care for the dying. The World Health Organization Cancer Pain and Palliative Care Unit, in its recommendations to all governments, has stated that governments should not consider legislation of physician-assisted suicide and euthanasia until they have assured all of their citizens of pain treatment and the provision of palliative care. Palliative care should be focusing on physical, psychosocial, and spiritual problems and needs. (Gijsberts, et al, 2019, p. 25; Quill, Lo, and Brock, 1997, pp. 2099-2104) However, there are many misconceptions about this last dimension of care. This should be the starting point for this debate, recognizing that we will advance both the goals of medicine and society to respect the rights of humans.

Conflict of Interest

None.

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