

## LEGALIZING ASSISTED DYING – POLITY

NEWS: France's National Assembly has adopted an **End-of-Life Bill** legalizing assisted dying under strict conditions for adults with incurable illness, pending Senate approval.

### WHAT'S IN THE NEWS?

#### Key Provisions of the French End-of-Life Bill (2024 Draft)

- **Definition of Assisted Dying:**  
Assisted dying is defined as a process where a person voluntarily takes a prescribed lethal medication to end their life due to intolerable suffering.
- **Physician Assistance:**  
If the patient is physically incapable of self-administering the lethal drug, medical professionals are legally permitted to assist in administering it.
- **Eligibility Criteria:**
  - Must be an adult (18 years or older).
  - Must be a French citizen or permanent resident.
  - Must suffer from an incurable illness in an advanced or terminal stage.
  - Must be experiencing physical suffering that is deemed both intolerable and untreatable.
  - **Exclusions:** Patients with severe psychiatric conditions or neurodegenerative diseases like Alzheimer's are excluded from eligibility.
- **Procedural Safeguards:**
  - The request must originate voluntarily from the patient.
  - A mandatory reflection (cooling-off) period is required before approval.
  - A team of medical professionals must jointly verify and confirm the patient's eligibility.
  - The patient may choose to take the lethal medication at home, in a nursing home, or in a healthcare facility.

#### Complementary Palliative Care Bill

- **Purpose:**  
To ensure that pain relief and patient dignity are upheld, irrespective of whether a patient chooses assisted dying.
- **Provisions:**
  - Strengthens access to quality palliative care.
  - Encourages training of healthcare professionals in palliative services.

- Aims to ensure that patients are not forced to choose assisted dying due to lack of adequate pain management.

### **Euthanasia vs. Assisted Dying – Key Comparisons**

<b>Aspect</b>	<b>Euthanasia</b>	<b>Assisted Dying (Assisted Suicide)</b>
<b>Definition</b>	Direct administration of lethal medication by a doctor to end life and relieve suffering.	Doctor prescribes lethal medication which the patient voluntarily self-administers.
<b>Voluntariness</b>	Requires informed and explicit voluntary consent from the patient.	Requires the same, but the final act must be carried out by the patient.
<b>Role of Medical Professional</b>	Active role – doctor administers the lethal substance.	Indirect role – doctor only prescribes the medication.
<b>Palliative Context</b>	Considered when palliative care fails to alleviate suffering.	Often chosen when patients reject prolonged palliative care in terminal stages.
<b>Patient Autonomy</b>	Shared between patient and doctor.	Fully rests with the patient.
<b>Examples</b>	Legal in the Netherlands, Belgium (including minors under strict conditions).	Legal in Switzerland and US states like Oregon under the Death with Dignity Act.

### **Ethical and Legal Concerns Regarding Ending Life**

- **Respect for Autonomy and Dignity:**
  - Supports individual rights over life decisions, including choosing to die with dignity.
  - Seen as upholding personal liberty, especially for terminal patients enduring prolonged suffering.
- **Concerns about True Autonomy:**
  - Critics argue autonomy may be compromised by emotional distress, physical pain, or mental illness.
  - Patients may not be in a fully rational or voluntary state to make such life-ending decisions.
- **Risk of Coercion and Exploitation:**
  - Vulnerable groups (elderly, disabled, chronically ill) may feel pressured to opt for death.
  - Emotional, social, or economic burdens may subtly coerce decisions.
- **Impact on Palliative Care Systems:**
  - There is fear that legalizing euthanasia might lead to underinvestment in palliative care.
  - May reduce policy and societal focus on long-term care improvements.
- **Slippery Slope Argument:**

- Legalisation for terminal cases may gradually extend to non-terminal or psychological conditions.
- Some countries have faced criticism for expanding eligibility over time, raising ethical red flags.
- **Legal Safeguards and Oversight:**
  - Supporters argue that regulation brings transparency and accountability.
  - Measures like multi-physician approval, documentation, and mandatory reflection periods help prevent misuse.
- **Religious and Cultural Opposition:**
  - Major religions (Christianity, Islam, Judaism, Hinduism) generally oppose euthanasia, viewing life as sacred.
  - Emphasize that only natural death should end life; suffering may hold spiritual meaning.
  - However, traditions like **Santhara** in Jainism illustrate culturally accepted forms of voluntary death.
- **UN Human Rights Council's Position:**
  - The Council has not officially endorsed euthanasia.
  - It stresses a rights-based healthcare model that emphasizes autonomy, dignity, and quality palliative care.

## **India's Stance on Euthanasia and Assisted Dying**

### **A. Legal Framework**

- **Passive Euthanasia:**
  - Legal under specific conditions following the Supreme Court's judgment in **Common Cause v. Union of India (2018)**.
  - Involves withdrawal or withholding of life-sustaining treatment.
  - Recognized as part of **Article 21 – Right to Life**, including the **right to die with dignity**.
- **Living Wills/Advance Directives:**
  - Legally recognized to allow terminally ill patients to express their refusal of life-prolonging treatment.
  - Must follow legal procedures, including notarization and medical board approvals.
- **Active Euthanasia:**
  - Remains **illegal** in India.

- Punishable under **Bharatiya Nyaya Sanhita, 2023**:
  - **Section 101**: Murder
  - **Section 106**: Culpable homicide not amounting to murder

## B. Judicial Precedents

- **Aruna Shanbaug Case (2011)**:
  - First recognition of passive euthanasia.
  - Required prior approval from a High Court bench, using the *parens patriae* principle.
- **Common Cause Case (2018)**:
  - Landmark verdict affirming the right to die with dignity.
  - Legalized passive euthanasia and recognized advance medical directives.
  - Reaffirmed the importance of **individual autonomy** and **privacy** in end-of-life care decisions.

## C. Recent Policy Development

- **Draft Guidelines (2023–24)**:
  - Issued by the Ministry of Health and Family Welfare to standardize procedures for withdrawal of life support.
  - Aims to implement the Supreme Court's directives in clinical settings more effectively.
  - Provides procedural clarity for doctors, patients, and caregivers.

Source: <https://globalnews.ca/video/11199702/bill-legalizing-assisted-dying-approved-by-french-national-assembly-as-calls-for-it-increase>