Active vs Passive Euthanasia

Prelims: *Current events of national and international importance | Judiciary*

Why in News?

*The Supreme Court of India recently permitted **passive euthanasia** for a 32-year-old patient, Harish Rana, marking the first time the Court has issued such an order to relieve a patient's suffering.*

- **Euthanasia -** It is the ***intentional practice of ending a life*** to relieve intractable pain and suffering.
- **Types - Passive vs. Active Euthanasia**
  - **Passive (Legal) -** Withdrawing or withholding medical treatment (like ventilators or feeding tubes) to allow a terminally ill patient to die in the natural course.
  - **Active (Illegal) -** Using lethal substances to end a patient's life, which remains a criminal act in India.
  - Patients or their families can refuse treatments such as cardio-pulmonary resuscitation, ventilator support, chemotherapy, radiotherapy, dialysis or specialized nutrition.

Active Euthanasia is legal in countries such as the US, Canada, Australia, and parts of Europe but not in India.

- **Timeline of Key Judicial Pronouncements**

Case Name	Year	Key Outcome / Ruling
Aruna Shanbaug v. Union of India	2011	**Legalized Passive Euthanasia -** While denying the plea for Aruna (a nurse in PVS for 42 years), the SC laid down guidelines for passive euthanasia for the first time.

Common Cause (Modification)	2023	**Procedural Reform -** The SC simplified the cumbersome 2018 guidelines, making it easier to execute Advance Medical Directives (Living Wills).

- **Recent Supreme Court Verdict -** The Supreme Court of India, recently, authorized passive euthanasia of 32-year-old Harish Rana, who has been in a persistent vegetative state (PVS) for the last 13 years, following an accident in 2013.
- These ruling builds upon the legal foundation established by the Common Cause vs. Union of India (2018) case, which recognized the **"Right to Die with Dignity"** as a fundamental right under **Article 21** of the Constitution.

- **Procedure for passive euthanasia in India**
- In 2024, the Union Health Ministry released a set of draft guidelines, based on the top court's 2023 directives, detailing the process hospitals must follow to withhold or withdraw care.
- First, the treating physician needs to decide if the patient has any hope of recovery or having a good quality of life if treatment measures remain in place.
- Then, a primary board has to assess the case and reach a consensus.
- This board comprises the treating physician and two subject experts with *5 or more years of experience.*
- The doctors then need to discuss the prognosis with family and whether they want any other treatment.
- A shared decision has to be taken and the team of doctors has to come up with a consistent plan for care.
- If the doctors and the family decide that the measures should be withdrawn, they need to submit a request to be submitted to a secondary medical board.
- This board consists of a doctor nominated by the chief medical officer (CMO) of a district and 2 subject experts with 5 or more years of experience.
- This board has to take a decision within 48 hours.
- Hospitals must also inform magistrates before withdrawal of treatment, though their approval is not required.

Reference

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