

Right to die

The term passive euthanasia is used when a patient dies because physicians stop doing something that keeps the patient alive. The sequence of events that led to legalisation of passive euthanasia in India and the status of euthanasia across countries

1973

KEM Hospital nurse Aruna Shanbaug was sexually assaulted and strangled by a ward boy. She remained in a vegetative state following the assault on November 27, 1973

2009

Journalist Pinki Virani, who authored a book on Shanbaug, approached the SC with a petition seeking passive euthanasia, which would involve stopping all of her active treatment

2011

The SC in response to the petition allowed 'passive euthanasia' for patients in permanent vegetative state. But it turned down the mercy killing plea for Shanbaug

2013

Shanbaug was shifted to the ICU with severe pneumonia. It once again led to a debate on the right to die

2015

After spending five days in the ICU, she suffered a cardiac arrest, leading to her death on May 18

Laws surrounding assisted dying across some countries

Netherlands
In 2002, the Netherlands became the first country to legalise euthanasia and assisted suicide

U.S.
Doctors are allowed to prescribe lethal doses of medicine to terminally ill patients in five States, but euthanasia is illegal

Germany
Physician-assisted suicide is legal if the drug is self-administered by the patient

South Korea
Since 2018, 'die-well' law allows the incurably ill South Koreans to refuse life-prolonging treatment

Places where euthanasia is illegal:

U.K., Australia, New Zealand & Phillipines

For the terminally ill, the right to meet death halfway

Judges draw on philosophy

KRISHNADAS RAJAGOPAL
NEW DELHI

The Supreme Court's landmark verdict upholding passive euthanasia is replete with philosophical quotes drawn from the judges' own collective experiences of life and ancient texts.

Justice A.K. Sikri, before reading his separate opinion, pays homage to the judgments of Chief Justice of India Dipak Misra and Justice D.Y. Chandrachud for transcending the statute books to derive the strength and philosophy which became the foundation for their final opinions that dying with dignity is as much a part of a man's "meaningful existence" as his years of life is.

"The Chief Justice has dealt with the philosophy in his inimitable style. Justice Chandrachud has also delved into it," Justice Sikri said.

The Chief Justice began his reading of the opinion with the inevitability of death. "For one to have life, one has to die every moment for it."

At one point he declared that "I do not fear death" as he quotes Epicurus "Death

is nothing to us, since when we are, death has not come, and when death has come, we are not."

Chief Justice Misra said the fundamental question that puzzled the court was "whether the Hippocratic oath should prevent us from entering the dark tunnel of death with dignity."

'To be is to die'
Answering the vexatious question whether the "right to life includes the right to die", Justice Chandrachud concluded that "life and death are inseparable."

He said the only constant is change, the slow process of dying as we live. "We are in a state of flux, change being the norm. To be is to die," he read out in the courtroom.

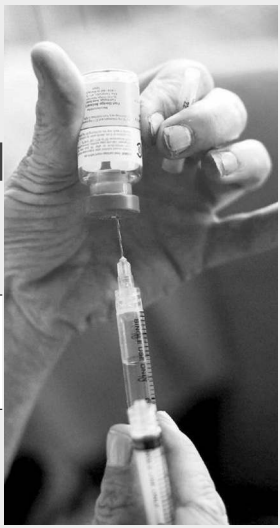
"There is no antithesis between life and death. Death represents the culmination, dying is the process," Justice Chandrachud reasoned.

"As we age, simple tasks become less simple," he said. The right to decide for ourselves to die without suffering is the last vestige of dignity we can afford ourselves, he said.

Forms of euthanasia

Definitions of euthanasia and physician-assisted suicide (PAS) vary across countries. These can be narrowed down to three categories as below

Categories	Definition
Voluntary active euthanasia	When a physician administers a medication, such as a sedative and neuromuscular relaxant, to intentionally end a patient's life with the mentally competent patient's explicit request
Involuntary or non-voluntary active euthanasia	When a physician administers a medication to intentionally end a patient's life but without the patient's request. It is allowed in The Netherlands
Physician-assisted suicide	When the physician provides medication at the explicit request made by a patient with the understanding that it will be used to end life. Legal in Germany



'Endless life support is inhuman'

BINDU SHAJAN
PERAPPADAN
NEW DELHI

"Just as every person has the right to life, he/she also has the right to die with dignity. It is inhuman to force anyone to live on life support endlessly. It is a torture for the person and the family and is known to push families into poverty and debt," said former Indian Medical Association president Dr. K.K. Aggarwal, responding to the Supreme Court allowing a 'Living Will'.

Setting out strict guidelines, the apex court has allowed an individual to draft a 'Living Will' specifying that they not be put on life support if they slip into an incurable coma.

Dr. Rajesh Pande of BLK Super Speciality Hospital said that the Living Will must be judiciously used. Dr. Sumit Ray, Department of Critical Care, Sir Ganga Ram Hospital cautioned, "In India, where out-of-pocket expense for medical care is taxing, the danger of misuse is high. We also need to explore the implication of the Living Will for the disabled."



Narayan Lavate and Iravati. ■ VIVEK BENDRE

Elderly couple seeks active euthanasia

SPECIAL CORRESPONDENT
MUMBAI

In December 2017, an elderly couple from Mumbai wrote to the President seeking permission for active euthanasia. Narayan Lavate, 88 and his wife, Iravati, 78, stated that they have led fulfilling lives and did not want to suffer if their health failed.

The Lavates said the Supreme Court's judgment was irrelevant to them. "Our idea is not to wait till the suffering starts. Ours is also a plea for the right to die with dignity but this order will still not help us," said Mr. Lavate, a retired Maharashtra State Transport employee.

Passive euthanasia involves withholding or dis-

continuing treatment for a terminally ill person where as active euthanasia involves injecting a lethal dose to a terminally ill person. Active euthanasia is banned in India.

Wish to be independent

The couple does not have children. "We don't want to be in a situation where one of us is left alone or taking care of the other. We also don't want anyone else to have to take care of us," said Ms. Lavate, a retired school principal.

"The court should have allowed active euthanasia as well for people like us who have lived lives to their fullest and are seeking to go in peace", he said.

Right to avoid protracted pain

Poser on survival urge addressed

LEGAL CORRESPONDENT
NEW DELHI

The Supreme Court judgment upholding a person's advance directive to refuse medical treatment attempts to answer the government's poser whether the concept of 'Living Will' acts against a person's "instinctive urge to survive".

Additional Solicitor General P.S. Narasimha, for the government, had illustrated how it is unknown whether the struggle to survive is still going on within a dying or a comatose patient, even at the point of time when doctors and relatives resolve to act upon his own advance directive.

Chief Justice Dipak Misra, who headed the five-judge Constitution Bench, addressed this argument by observing that "a patient in a terminally ill or persistent vegetative state exercising the right to refuse treatment may ardently wish to live but, at the same time, he may wish to be free from

An adult is presumed to have the capacity to consent to or refuse medical treatment

any medical surgery, drugs or treatment of any kind so as to avoid protracted physical suffering. Any such person who has come of age and is of sound mind has a right to refuse medical treatment."

"Suffering is a state of mind and a perception, which varies from individual to individual and depends on various environmental and social factors. Continuous advancement in medical science has made possible good pain management in patients of cancer and other terminal illness," the government had argued. To this, the court said "there is a presumption of capacity whereby an adult is presumed to have the capacity to consent to or refuse medical treatment."

Verdict leaves Mumbai crusaders elated

Minoo Masani was the first to talk about mercy killing; Pinki Virani's plea on Aruna Shanbaug triggered a fresh debate

JYOTI SHELAR
MUMBAI

Two important events that took place in Mumbai have played a key role in pushing the cause of passive euthanasia and giving it a country-wide momentum. Late Mumbai-based social activist and politician Minoo Masani was among the first to openly talk about the sensitive topic and also form The Society for the Right to Die with Dignity (SRDD) back in 1981. And then, in 2009, journalist Pinki Virani's mercy killing

petition in the Supreme Court for KEM Hospital nurse Aruna Shanbaug, who was in a vegetative state since she was sexually assaulted in 1973, triggered further debates.

"Talking about taking away someone's life even if there is terminal illness was not considered right. There are apprehensions even now. To talk about this back in the 1980s was very bold of Mr. Masani", says Dr. Surendra Dhelia, joint secretary of SRDD that currently has

about 500 members, mostly from Mumbai. SRDD has been for long crusading about a living will or *iccha maran*. "We are all extremely delighted with the SC order. We have been talking about it for a very long time now," said Dr. Dhelia, a family physician.

'To go peacefully'

In the early 1990s, Dr. Dhelia had decided to opt for active euthanasia for his severely ailing father. "He had senile dementia, long-standing dia-



Aruna Shanbaug

betes, paralysis on the left side due to a stroke, amputation of one leg and a prostate ailment which worsened his condition post-surgery. I

wanted him to go peacefully because I loved him and could not see his suffering," recalled Dr. Dhelia. Dr. Dhelia, with consent from other family members, decided to stop all the active treatment that his father was being given. "He passed away a few months later," he said. What Dr. Dhelia and his family finally opted for was passive euthanasia.

Pinki Virani hailed the verdict legalising passive euthanasia and living wills. In 2009, Ms. Virani had ap-

proached the SC seeking mercy killing for Ms. Shanbaug, who was in a vegetative state since the brutal sexual assault on her. In 2011, the apex court gave a landmark judgment allowing passive euthanasia for patients in a vegetative state but turned down the mercy killing plea by Ms. Virani. "The court said that I could not be treated as Aruna's 'next friend' as the nurses and doctors from the hospital were her next friends," Ms. Virani told *The Hindu*.

Shanbaug ruling flawed: SC

LEGAL CORRESPONDENT
NEW DELHI

The SC on Friday declared that its 2011 judgment in the case of Aruna Shanbaug was "flawed."

The Bench was answering doubts raised on whether passive euthanasia could only be introduced by means of a legislation as concluded in the Shanbaug judgment by a two-judge Bench led by Justice (now retired) Markandey Katju. The Bench led by Chief Justice of India Dipak Misra concluded that the 2011 judgment was based on a wrong reading of the ruling in the Gian Kaur case in 1996.

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अंतरिक्ष उपयोग केंद्र (इसरो), अहमदाबाद वैज्ञानिक/अभियंता-एसडी पद हेतु पात्र अभ्यर्थियों से आवेदन आमंत्रित करते हैं। Space Applications Centre (ISRO), Ahmedabad invites applications from eligible candidates for the post of Scientist/Engineer-SD.

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ADMISSION TO MBA PROGRAMME FOR THE SESSION 2018-19

Applications are invited for the two-year full time MBA program offered by Department of Management & Humanities of NIT Hamirpur for the session 2018-19. Last date of receiving the applications in the office of the Registrar, NIT Hamirpur, H.P. is 9th April, 2018 (5 PM). For admission prospectus, application form and other details please visit institute's website www.niith.ac.in.

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Online applications in the prescribed forms are invited for admission to Ph.D. programmes in various disciplines of Agricultural Sciences at IARI, New Delhi.

The candidates who have appeared in the Master's degree examination in the year 2018 are also eligible to apply provisionally for admission. For full details, please refer to the Information Bulletin. The Information Bulletin can be viewed from the Institute website (<http://www.iari.res.in>) from 12/03/2018. Eligible candidates may apply online only. The application fee (Rs.1000/- for General/OBC Categories and Rs.500/- for SC/ST/PC/CWSF Categories) has to be paid through NEFT at any nationalised bank as per the details given in the Information Bulletin. The hard copy of application (print out of online filled Application Form) duly signed by the candidate and complete in all respects may be submitted to the Registrar, Post Graduate School, IARI, New Delhi-110012 by 23.04.2018. Candidates are also advised to keep themselves abreast with communication from the P.G. School, IARI over their e-mail IDs.

Last Date of receipt of Online Application : 16.04.2018
Last Date of receipt of applications through proper channels and document submission : 23.04.2018
Date of Entrance Examination (SUNDAY) : 03.06.2018

All enquiries should be addressed to the Registrar, Post Graduate School, IARI, New Delhi-110012 (Ph. 011-25843438, 25846536, Fax: 011-25846420) Emails: pgschool@iari.res.in ; registrar_academic@iari.res.in

MEDICAL COUNCIL OF INDIA
Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077

PUBLIC NOTICE

This is to inform all concerned that the Medical Council of India (MCI) with the prior approval of the Government of India, Ministry of Health & Family Welfare, New Delhi has made Amendments in the "Screening Test Regulations, 2002" and also in "Eligibility Requirement for Taking Admission in an undergraduate medical course in a Foreign Medical Institution Regulation, 2002" vide Notifications dated 1st March, 2018, for the requirement of National Eligibility cum Entrance Test (NEET) in respect of the Indian Citizen/Overseas Citizen of India who are desirous for taking admission in MBBS or its equivalent medical course in a medical University/College/Institute outside the country on or after May, 2018.

Accordingly, public at large is hereby informed that in terms of Clause 4(2A) of the "Screening Test Regulation, 2002" and Clause 8(iv) of the "Eligibility Requirement for Taking Admission in an undergraduate medical course in a Foreign Medical Institution Regulation, 2002", an Indian National/Overseas Citizen of India who are desirous for taking admission in MBBS or its equivalent medical course in a medical University/College/Institute outside the country on or after 1st June, 2018 shall have to mandatorily qualify the NEET.

It is further informed that the requirement of Eligibility Certificate in respect of such person (s) who would take admission in MBBS or equivalent medical course in a medical university outside the country on or after 1st June 2018, has been dispensed off. The result of the NEET for admission to MBBS Course shall deem to be treated as Eligibility Certificate for such persons. However, such a person(s) has/have to meet the Eligibility Criteria for admission to the MBBS Course prescribed under clause 4 in the Graduate Medical Education Regulations, 1997. For more details, the person concerned is advised to refer the said Regulations which are available on the official MCI Website www.mciindia.org.

It is also informed that as per clause 4(1) of the Screening Test Regulations, 2002, any primary medical qualification (MBBS or equivalent) which is confirmed by the Indian Embassy concerned to be a recognized qualification for enrolment as Medical Practitioner in the country in which the Institution awarding such qualification is situated, can be considered/treated deemed to be recognized qualification for the purposes of the IMC Act, 1956. The Medical Council of India is maintaining a list of such universities/medical colleges which is available on the MCI website. The person concerned is therefore advised that before taking admission in such course in a medical university/medical college/Institute, refer the said list.

(Dr. Reena Nayyar)
Secretary (I/C)

Dated: 8th March, 2018