**1 Ethics**

**1.1 Reforming Passive Euthanasia in India**

The article provides a detailed analysis of the legal and ethical landscape of euthanasia in India, contrasting it with the more liberal approach in countries like the UK. It argues that while India has embraced **passive euthanasia**, its current framework is cumbersome and needs significant reform to uphold the constitutional promise of dignity in dying. This topic is highly relevant for **GS Paper 2 (Polity & Governance)** and **GS Paper 4 (Ethics)**.

**Key Points for UPSC Syllabus**

**Passive vs. Active Euthanasia**

* **Active Euthanasia**: An act of commission where a physician directly causes a patient's death, for example, by administering a lethal injection. This is illegal in India. The article highlights that introducing it in India could lead to coercion and ethical dilemmas due to expensive medical care, underdeveloped palliative care, and the potential to pressure the elderly or disabled to opt for death.
* **Passive Euthanasia**: An act of omission, allowing death to take its natural course by withdrawing life-sustaining treatment when it merely prolongs suffering. India has legally recognized this through a series of Supreme Court judgments.

**Constitutional and Legal Basis in India**

* **Right to Die with Dignity**: The Supreme Court, in the 2018 **Common Cause case**, affirmed that the right to die with dignity is a fundamental right under **Article 21** of the Constitution. However, this right cannot be stretched to mean a right to be killed. The court has maintained a careful distinction between allowing death and causing it.
* **Legal Framework and Procedural Challenges**: Despite legal recognition, the implementation is "painfully slow" and "hollow in practice" due to cumbersome procedural requirements.
  + **Living Will (Advance Directive)**: The court permitted individuals to create a living will to specify their wish to refuse life-sustaining treatment if they become incapacitated.
  + **Medical and Judicial Process**: The current process involves two separate medical boards and final approval from a judicial magistrate, which can cause significant delays.
  + These delays can amount to "cruelty" for terminally ill patients and their families, often forcing them to make informal decisions outside the legal framework.

**Proposed Reforms and the Way Forward**

The article argues that India should refine its passive euthanasia protocol rather than adopting active euthanasia.

* **Leveraging Digital Tools**: To make the process humane and efficient, it suggests a digitally driven system.
  + **National Digital Portal**: Advance directives should be registered on a national digital portal, linked with **Aadhaar** for biometric verification, allowing for easy creation, updates, and revocation.
  + **Online Validation**: A treating physician should validate the patient's mental capacity and intent online.
* **Decentralized Review Mechanism**: Instead of a central ombudsman, the article suggests a transparent, decentralized review mechanism built into hospital networks.
  + **Hospital Ethics Committees**: These committees, consisting of senior doctors, a palliative care specialist, and a neutral third party, should be empowered to authorize the withdrawal of life support within 48 hours.
* **Mandatory Safeguards**: The process must include safeguards to prevent misuse, such as a cooling-off period, psychological counseling, and palliative care review.
* **Raising Awareness**: Medical education must include training on end-of-life care, and public awareness campaigns are essential to normalize discussions on advance care planning.

**Strategic Use for UPSC Preparation**

This article provides an excellent case study for questions on legal and ethical dilemmas in governance and social justice.

* **GS Paper 2 (Polity & Governance):** The article can be used to discuss the role of the judiciary in interpreting fundamental rights (Article 21). It is a perfect example of a problem-solution approach, where you can analyze the flaws in the current system and propose specific, digitally-driven reforms.
* **GS Paper 4 (Ethics):** This is a key topic for ethics. You can use this case study to discuss:
  + The principle of **dignity** in life and death.
  + The ethical dilemmas of **coercion** and the state's responsibility to protect vulnerable populations.
  + The difference between **acts of omission and commission**.
  + The importance of **transparency** and **accountability** in a sensitive area like end-of-life care.