



## Legality and Relevance of Euthanasia: An Indian Scenario

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### ABSTRACT

Euthanasia is the intentional termination of the life of any living being this applies to severely ill patients in hospitals or animals used for experimental procedures in the laboratories. The animals are being exploited for their scientific relevance; the whole drug discovery process is dependent upon the pre clinical validation of any new chemical entity. In due course preclinical studies, every year, lots of animals are euthanized whereas human euthanasia is strictly for the people who are terminally ill and show no signs to regain consciousness in near future. Euthanasia has become one of the most debatable topics all around the world for many decades. People of different religious communities and animal rights activists have always opposed euthanasia, on the other hand, the patients suffering in the hospitals and the researchers in the laboratories have been in support of euthanasia by telling them the practicality of the approach. This review article gives the readers an insight into facts and misconceptions which revolve around euthanasia.

Keywords: Euthanasia, Physician-assisted euthanasia (PAS), Article 21, Right to die, Religious beliefs, Animal euthanasia.

### 1. Introduction

The word euthanasia is derived from a Greek word which means good death, centuries before euthanasia was devised by King Augustus with a thought to decrease the suffering of the people by giving them a quick death. It is defined as the administration of a high dose of any agent that has the potential to collapse the vital systems of the body such as respiratory, cardiovascular, and central nervous system, which decreases the chance of survival. This is done by a specialized person to curb the intolerable and incurable suffering of animals or humans. The technique can be implemented for both animals and human beings by adopting different approaches.

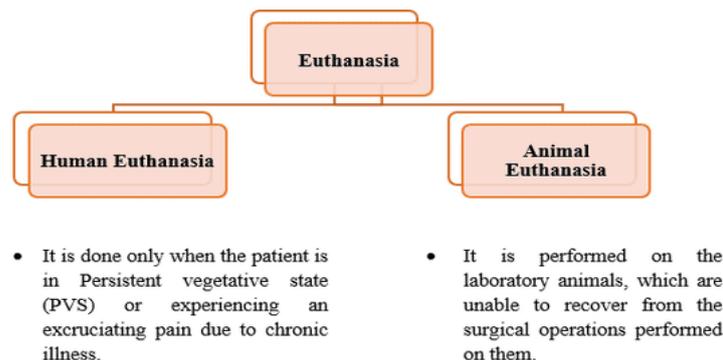


Fig.1. Types of Euthanasia

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## 2. Human Euthanasia

Human euthanasia has been a topic of debate for many decades all around the world. The intention of a physician has always been of helping the patient and to end the suffering, but over the centuries its meaning and the usage has been done in whole other ways to exploit the people. People who speak against the procedure directly challenge the Hippocratic Oath of the medical professionals, that they have sworn to take care of the people not to take their life even when they are on the ventilators. They believe that life is a gift of God, and only he has the supreme power to take it away, thus no human being can interfere with the cycle of life and death. The one who does would be punished and the act would be accounted for as murder. The people who favor the procedure counter fires to the opposition by stating the fact that living life does not mean simply breathing but it encompasses the quality of the life a person is living, by enjoying his day-to-day activities involving his family and with society as well. Whenever life falls below the level of dignity and quality because of the existing illness or disability due to which he may be experiencing excruciating pain, in such cases, he has the right to die and free his aching soul and finally be at rest.

In a developing country like India, with limited medical facilities, the resources can be righteously shifted towards the patients who have the chance of survival rather than wasting them on nearly dead individuals. In a nutshell, it's a slippery slope to conclude any aspect of euthanasia. In order to prolong the life of an individual, it violates the promise to relieve the pain whereas on the other hand to relieve the pain by euthanizing the individual violates the Hippocratic oath of a medical practitioner.

Human euthanasia can be performed in different ways:

- Passive Euthanasia
- Active Euthanasia
- Involuntary Euthanasia
- Physician-Assisted Euthanasia

### 2.1. Passive Euthanasia

This is also called euthanasia by omission as the approach involves hastening of patient's death by omitting the necessities of the patient who has been in a vegetative state for a long period and does not show any signs to regain consciousness. This approach is generally taken to hasten the death intentionally by removing all sorts of life support from the patient because of which he was alive for instance discontinuing the medications given to the patients or food, water, and other basic amenities and let the patient starve and dehydrate to death. This is also referred to as "pulling the plug" because in most of the case the patients who are on ventilators or respirator, they have been turned off by the physician.

### Active Euthanasia

This is also referred to as euthanasia by action, as the physicians will be performing the procedure with dying or terminally ill patients by intentionally giving patients a lethal dose of a particular drug which brings the patient closer to death. For instance, the common approaches taken by the doctors are giving a very high dose of morphine, which not only relieves the pain but at the same depress respiration simultaneously and the person dies due to respiratory failure cause death. There have been reports of euthanizing the patients by injecting potassium chloride, which makes the patient's heart beats irregularly and finally stops beating causing patient death.

### Involuntary Euthanasia

The procedure is performed without the consent of the patient who is severely ill for a very long time and probably will never gain consciousness. Thus, it is difficult to take the permission of the person in bed for euthanasia. This is banned in many countries including India. Exposure to carbon monoxide is one of the oldest methods exercised by the physician to euthanize the individual.

### Physician-Assisted Suicide

This has also been referred to as Voluntary Passive Euthanasia. The physician plays a key role in this as he gives all the information to the patient to attempt painless suicide by helping him to procure lethal medication, guiding him about the dose and time of intake. Physician-assisted euthanasia is opposed by the people and they claim it as a crime. It should rather be called self-deliverance because some people are so sick that they have to take the help of a physician to induce death, as their brain is alive but can't coordinate with other body parts. Blaming or punishing a physician would be like punishing the merchant who sell ropes and the person buys from him commit suicide. Would that be referred to as merchant assisted suicide?

## 3. Criteria to Perform Human Euthanasia

Euthanasia cannot be exercised on any patient in the hospitals it has some criteria which are as follows:

- i. The patients who are terminally ill or in a persistent vegetative condition for a long time.
- ii. The patients who lose the quality of their life by totally losing the capability of performing tasks on their own.
- iii. The patient experiencing excruciating pain because of the medical conditions.

- iv. The decision can only be taken by the patient with a sound mind. The law does not give authority to any other individual to decide on the behalf of the patient.
- v. The relatives or friends can only make the decisions on the behalf of the patient only when the patient has given the right by mentioning in his living will.
- vi. The procedure is not applied to healthy individuals who are suffering from mood disorders like depression and anxiety.
- vii. When upon palliative care the condition of a patient can be improved, in such cases euthanasia cannot be performed.
- viii. If the patient happens to get tired of life and has second thoughts about killing himself then also euthanasia cannot be performed.

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#### 4. Indian Constitution Article 21

According to the constitution of India Article 21 states, "No person shall be deprived of his life or personal liberty except according to the procedure established by law." It secures two major rights:

- Right to Live.
- Right to Personal Liberty.

From time to time people in India have tried to give a new dimension to Article 21. The right to live is much more than the physical right, but it includes the right to live with dignity. It meant that one must enjoy the different aspects of life from interacting and expressing oneself in any form to others to having access to basic necessities like nutrition, shelter, etc

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#### 5. Right to die law

The right to die is not incorporated in Article 21, the right to live does not permit to take the life of any individual by any means. In March 2018, the Supreme Court of India legalized passive euthanasia and approved living will for terminally ill patients or those who are in a Persistent vegetative state (PVS). This law gives an individual power to write a living will in good health and with a sound mind, encrypting the permission to euthanize him if he gets sick at any time in his life where he is suffering excruciating pain or in the condition of no revival. He can also authorize some of the family members or friends to consult with doctors and make the decision when to pull the plug.

##### 5.1. Status of euthanasia in India before 2018 legalization of passive euthanasia

Although India got freedom in 1947 the citizens didn't have any right for their own life even after seven decades of so-called freedom, how is it feels like to beg for death to the government for your own life. As it is well quoted by one of the brightest minds of the society "*Life and death are inseparable. Every moment our bodies change... life is not disconnected from death. Dying is a part of the process of living.*" The statement clearly explains that life and death are two faces of the same coin when people have the right to live, why don't have the right to die? Over the decades the same question was put forward by various people all around the world, because of which now in many countries' euthanasia has been legalized.

In India, the wave started with Aruna Shanbaug case, she was a working nurse in one of the hospitals in Mumbai, after a brutal sexual assault back in 1973 she was on life support for almost 37 years. On the behalf of Aruna, her friend filed a petition, in May 2005 stating that her existence would be against her right to live with dignity according to Article 21. But the plea was not accepted, this particular case gained the attention of many people, and with the support of different NGO's and people, after years of struggle in March 2018 the passive euthanasia was legalized by the Supreme Court of India, but they still they ruled out the active or physician-assisted euthanasia completely.

There were many cases before this where people urge passive euthanasia for their loved ones from higher authorities, because of the unbearable pain they had to suffer from no financial support to treat the disease. The decision may seem to be brutal but the people with low economic strata are left with no choice but to ask for a painless death.

In the year 2003, an acid attack victim of the state Jharkhand pleaded to euthanize her or else give her medical and financial support for the reconstructive surgery of her skin. Because of the attack, her facial skin was severely burnt deforming her nose and eyes, and the attack has also left her partially deaf. She pleaded to the government for active euthanasia or the permission to voluntarily euthanize herself. But later in the same year the plea was not looked upon and rejected eventually.

In the year 2008, Dennis Kumar resident of Tamil Nadu, Kanyakumari urges to the higher authority of his district (district collector) to give permission to euthanized his son who was few months old at the time. His son was reported to have an unknown birth disorder by the doctors. Since he was not financially in a condition to give his son proper treatment. Thus, this was the only way possible he could to stop the adversities for both of them. Later in the year, his plea was rejected by the court. In the same year a plea made to the President of India, Pratibha Patil by the father of four sons Jeet

Narayan from Mirzapur, Uttar Pradesh, he asked for active euthanasia for his four sons who were quadriplegic. Months after his plea was also rejected. In 2014, a widowed woman who lost her husband to the disease muscle dystrophy pleaded and wrote to Prime Minister, Narendra Modi for passive euthanasia for her daughter, Anamika Mishra who had the same disease as her father. She was unable to give the huge capital for the treatment for which she thought euthanasia is the best option for her child than to see her in pain and suffering, later PM responded and rejected her request.

## **6. Facts And Misconceptions Around Euthanasia**

### **6.1. Facts:**

#### **The burden on families:**

The people who are aware of their condition where they rely on their family members for most trivial tasks, they feel they are being an unnecessary burden for their family, according to one survey this was one of the main reason people ask for euthanasia as according to them living in such pathetic condition is worse than the death, as it is demoralizing for them which causes an unacceptable loss of personal dignity. Therefore, they urge their family members to ask physicians for euthanasia. In-country like India there have been many cases reported every year where children abandon their parents when they advance to their old age and sometimes leave them alone to survive on their own. Such elderly couples often urge the government and higher authorities to euthanize them, as being in such an old age they cannot do anything but to wait for death.

#### **The burden to health care workers:**

People who are ill and do not show any signs of recovery are somehow burdened to the medical professionals as a lot of resources are being wasted on them which can eventually be channelized to the one who has the chance of recovery.

#### **Refuse to take medical support:**

People who are in the final stages of their life and they knew their probable fate, do not tend not to take any sort of assistance or care which could increase their life expectancy rather they accept the reality and shun the medical treatment. It has been seen with patients suffering from incurable diseases like Multiple sclerosis, Huntington's disease, or the last stages of cancer. The right to refusal of treatment is mentioned in the law, thus this particular approach is accepted by many terminally ill patients who can take decisions on their own. They want the capital to be saved and invested wisely in other tasks rather than spending a huge amount for the treatment of an incurable disease. These decisions give the person a chance to live the last few days or months of his life with his family and friends where he could cherish all his life achievements and memories rather than lying on the death bed with nobody around. People often opt for this approach as they like to die amid their family rather than alone in the hospital bed.

#### **Organ transplantation:**

This can be looked through a whole new approach that the patient who are in vegetative conditions for years they can be useful for the ones who are on the road to recovery and can help the people who are looking for organ donors. This particular decision by the patient or by the family could be life-saving for the other person.

#### **Fear of left alone without their partners:**

Generally, the people with no health issues, an elderly couple who fear for their future with no one to look for them after one of them passes away. In 2014, an elderly couple named Mr. Narayan Lavate and Mrs. Irvati Lavate with no health complication wrote to President for mercy killing, just for the fact of being terminally ill in the near future and one of them would be left alone and will not able to cope up with the society on their own.

#### **Incapabilities of the health care system:**

In developing countries like India, there has not been advancement in the medical field and the majority of the population does not even have any health insurance to back them up during the time of medical adversities. People with no hope and economic support from time to time urge authorities to permit to end of the life of their loved ones or even themselves. Such cases can be the eye-opening for the government, to see where do their health care system stands, where people of the free democratic country have to end their life over no having enough money to pay to the big hospitals for the treatment. The people who live almost half of their life in the hospital bed consciously or unconsciously, they also have they too have the right to decide the fate of their own life. A woman who was terminally ill for a long period by the disease named Lou's Gehrig's she was devastated by her condition, later in her plea for active euthanasia, she stated "If I cannot give consent to my death, whose body is this? Who owns my life?" such statements from the patient's seems to be rhetoric, where no one has the answer to make them satisfied and somehow shows the helplessness of the individual in those conditions.

#### **Influence of other family members:**

In India, people look up to their parents' property and money thus can manipulate their elders to take this extreme step for the good of their grandchildren and forthcoming generations. Out of love and helplessness, the elder individual agrees to give their consent for performing euthanasia.

#### **No surety of the approach:**

Because the approach is not very prevalent in society, the doctors and other caretakers are ill-informed about the procedure. In one survey it was found out

that physician-assisted euthanasia failed in 16% of the cases as the medication did not work accordingly. And in about 18% of cases, the physician has to intervene to carry out the procedure. Similarly, the cases of active euthanasia have not always been successful as in 3% of the cases patient did not die due to the inability of the doctors. According to the stats in 6% of the cases, the patient took a longer time to die or woke up from the coma after injecting the fatal concentration of the drug.

### **6.2. Misconceptions:**

#### **Impede Research:**

The people opposing euthanasia believe that the law will impede the new ways to treat diseases like neurodegenerative and other non-curable diseases which lead the patient to a completely vegetative stage in his later years of life.

#### **Escape for Doctors:**

The doctors will not try their best to save the life of any patients, as for his comfort he would opt to perform euthanasia on the patients rather than spending years treating the patients. Some believe that this approach will sanctity of the profession will fade away. It might lead to an increase in the casual attitude of health care personnel ultimately leading to private killings for covering up wrong diagnoses and treatments.

#### **Doctor's Negligence:**

There can be a probability where doctors misjudge the patient's history and current situation and have the possibility of revival, some referring to the cases where the patients revive from a coma and considering it as a miracle.

#### **Religious Connotations:**

The people opposing the procedure generally belong to the religious community, they believe life is the gift of God and only he has the supreme power to take it back. The death of a person must be natural as decided by God otherwise the soul of the person never finds peace and could be troublesome to the family. Such beliefs of the people of different religious communities can make people more stubborn to retaliate against the procedure. India being a secular nation, individuals of different communities live together and have their own beliefs. Hindus believe that the final days or hours of dying have a great significance for resurrection, afterlife, or reincarnation. Buddhists and Hindus believe in reincarnation, the belief that the sufferings do not end with the death of the mortal body. The sufferings of this life should end here only otherwise the soul will take it to the next life and the person has to suffer the same amount of pain in the next life too. The Muslim community has their own perspective towards death, they have equated euthanasia to murder in the recent fatwa issued by a mufti in Saudi Arabia, claiming that it is against Islam to take the life of an individual before his actual time of death.

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## **7. Animal Euthanasia**

Various animals are used in the experiments from lower to higher or from vertebrates to invertebrates. Depending upon the type of study and the level of physiological similarity with the human, the animals are sorted for the experiment. The procedure to handle each one of them is different. Therefore different euthanasia techniques have been formed and legalized depending upon the size of the animal. The objective of animal euthanasia is to provide painless and rapid unconscious death to the animals. It should involve minimum restraint, less excitement in the animals so that it becomes easy for the operator to carry out the whole procedure single-handedly. The procedures are performed according to the guidelines documented by CPCSEA (Committee for the Purpose and Control Supervision of Experiments on Animals) and validated and supervised by the IAEC (Institutional Animal Ethical Committee) in every institute where experiments are performed on animals.

Animals are euthanized because of various reasons-

- When the animal suffers pain, distress at the end of the experiments which is easily recognized by the altered body language and unusual behavior and sound produced by the animal.
- Whenever the experiments require any organ or tissues of a particular organ, in such cases also animals are sacrificed.
- They are sacrificed when no longer needed in the experiment or do not have desired characteristics that are needed for the experimentation.

### **7.1. Methods accepted for euthanasia:**

#### **i. Physical Methods:**

These methods involve physical trauma to the central nervous system, which is accompanied by loss of consciousness and animal dies on the spot if these techniques are performed by skilled and trained personnel. These are generally performed when the anesthetic agents show interference with the pharmacological actions of the drugs to be tested. These methods should not be carried out in front of other experimental animals, as their physiology has been greatly affected by seeing other animals going through the process. These methods are harsh.

The physical methods include:

**Concussions (Stunning)**

It employs a blow directly on the head of smaller animals such as newborn rats, mice, guinea pigs, birds, amphibians, etc which renders the animal insensible. In larger animals, sharp, blunt metal or wooden rod is pierced directly into the skull of the animal at a particular angle so that it passes to the midbrain and causes the depression of the central nervous system. This is followed by exsanguination to ensure the death of the animal. Instead of rods, high-pressure water jets are also used to stun the pigs.

**Electrical Stunning**

In this method, the electrodes are applied on either side of the head of the animal by tongs (scissor-like). The animal is restrained and high voltage is applied which renders the animal unconscious. The animal may experience cardiac arrest if the electrodes are applied around the head and at the back at the same time.

**Cervical Dislocation**

In this method the tail of the animal has pulled very fast and accurately that it should break the connection between the spinal cord and the brain, the animals lose consciousness immediately if performed with accuracy. Later to ensure the death the animal must be exsanguinated.

**Decapitation**

This method can be an approach to sacrifice both warm and cold-blooded organisms used in the laboratories, it involves the beheading of the animal by using a sharp instrument. The whole procedure must be done in one go by guillotines especially designed for this purpose to ensure rapid amputation in the correct position.

**Maceration**

This technique is performed for euthanizing the animals which are to be killed in large numbers such as chicks, fishes. This is performed by specially designed macerators.

**Microwave Irradiation**

It involves the focused microwave beam directed to a specific part of the brain; it is regarded as one of the best humane methods of euthanasia as death occurs in milliseconds.

**Shooting**

These are performed specifically on large animals (horses, cows, bull, camel, etc). This particular technique can be done with two distinct methods.

The free bullet approach - involves the use of a rifle or pistol through which the animal is shot from a distance. This gives an advantage that it directly causes massive damage to the brain of an animal.

Captive bolt - in this approach animal is held captive in a particular position. The animal is shot with a specially designed captive bolt gun which is placed directly on the head of an animal causes permanent damage to the brain.

**ii. Chemical Methods:**

The anesthetic medications in a larger dose are used to euthanize the animals. The selection of particular agents depends totally upon the animal physiology. Thus, the chemicals can be classified into-

**Inhalational Agents**

These agents are exposed at a very high concentration to the animals. The agents which are used exclusively to induce unconsciousness within the animals are:

**Anesthetic agents** - These agents are used at the higher dose they generally act on the respiratory and cardiovascular system and depress them, due to which animal eventually dies. The commonly used agents used are halothane, enflurane, and isoflurane.

**Carbon monoxide** - It has a high affinity to bind with hemoglobin in red blood cells and displaces oxygen thus produce hypoxic conditions in the body, which leads the animal to death.

**Carbon dioxide** - It acts as the anesthetic agent when used above 60% concentration and produces loss of consciousness in animals, it is known to act on the respiratory centers of the brain at high concentration.

**Injectables**

Barbiturates - These agents at a very high dose depress the central nervous system along with the cardiovascular and respiratory system. The potent among the family is sodium pentobarbitone causes euthanasia without any discomfort experienced by the animal.

**T-61**

This agent is the combination of a local anesthetic salt (neuromuscular blocker agent) and a hypnotic salt. It not only depresses the activity of the brain but also acts on skeletal muscles and relaxes them. This leads the animal unconscious without any control over the skeletal muscles.

**Other methods which are performed on unconscious animals:**

These are performed after the above-mentioned procedure to ensure the death of an animal. After these procedures, there is no possible chance for animals to survive. These include

**Exsanguination**

It involves the drainage of blood from the animal body. It involves the usage of a very sharp knife; the size of the knife depends upon the animal on which it has to be performed. The researchers have to make sure that the knife should be inserted fully below the jaw of animal. This is done to damage major veins and arteries (jugular vein and carotid artery) and also damage the windpipe of the animal. Similarly, the brachial veins can be severed by lifting the right leg of the animal and inserting a knife deep into the skin.

**Pitting**

This technique directly damages the brain of the animals. It involves the insertion of a rod directly to the brain which pierces the skull and damages the brain. A well-trained researcher can use the rod to damage the spinal cord along with the brain. This is generally employed in reptiles and amphibians.

**Potassium Chloride**

Injecting a saturated solution of potassium chloride given intravenously induces cardiac arrest as it is regarded as a cardiotoxic agent. 120ml KCl is enough to cause instant death. It can be injected into any vein in the body but the most jugular vein is targeted. The injection must be rapid it shows the action within minutes. It has to make sure that this approach should not be conducted in a conscious animal.

**Exposure to Nitrogen/Argon**

These gases are only used when an animal is fully anesthetized. These two gases displace the oxygen from the RBCs and cause hypoxic conditions within the body. Therefore, leave the animal to suffocate to death.

The euthanasia techniques have been refined over the decades because the increasing sensitivity of the people for the animals has rose the conflict even on their experimentation in the laboratories. Animals' rights have been protected by the committee like PETA (People for Ethical Treatment of Animals) and other small-scale organizations working on different levels. The institutes where animal experimentation is exercised now most follow the Russel and Burch 3R's out of them one is Refinement, taking this into account the techniques of animal euthanasia have been refined to a very appreciable level. A few decades back animals were being euthanized by the physical method such as cervical dislocation, decapitation, pitting, exsanguination, etc. These methods were brutal and inhumane. These methods are now not being used rather the simple chemical methods have been used extensively. It involves a high dose of anaesthesia which makes the animal go into a deep sleep and no further revival to his senses. This has decreased a lot of pain and suffering the animal has to suffer during the physical euthanasia techniques. In recent years there was the addition of one more R to the Russel and Burch 3R's that states for the Responsibility or Rehabilitation. Earlier it was in the practice that even healthy animals after any experimentation were euthanized so that they must not be used for any other purposes but because of the introduction of new R, the animals are given to the animal care centers to spend their rest of the life. Thus, with the enforcement of the law, the responsibility of the scientist and the research scholar increases to properly treat the animals and appropriately sacrifice them.

**8. Conclusion**

People have a misconception regarding death. It has always seen something ominous, whereas death is inevitable and a reality which everyone has to go through, waiting to complete the lifespan of a patient in a coma is always not a practical approach. He has been dead for the society and to the family along before, the idea of keeping the patient on a ventilator and waiting for that person to die a natural death seems cynical at times. Being alive doesn't solely means a person should breathe rather it encompasses all the activities which normally everyone does in their life. The advancement of science and technology has provided numerous means to live a better life, when all the means are exhausted and the individual is left high and dry, euthanasia should not be considered a crime.

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**REFERENCES**

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1. Constitution Law of India.
2. Goel Vaibhav. (2008). Euthanasia – A Dignified end of life. *International NGO Journal*. 3(12): 224-231.
3. Tyagi Shashank, Singh Shreya. (2018). Euthanasia: A study an Indian perspective. *International Journal of Law*. 4(2) : 236-237.
4. Rateesh Sareen. (2019). India Decides on Euthanasia: Is the Debate Over? *Health Care: Current Reviews*. 7(3):1-3.
5. Rodriquez, Eduardo. (2001). The Arguments for Euthanasia and Physician-Assisted Suicide: Ethical Reflections, "The Linacre Quarterly: Vol. 68: No. 3, Article 7.
6. Math B Suresh, Chaturvedi K Santosh. (2012). Euthanasia: Right to life vs Right to die. *Indian Journal of Medical Research*. 136(6): 899–902.
7. Priyanka Vartak. (2018) Euthanasia: Aruna Shanbaug, and 4 other prominent cases in India where mercy killing was sought. *The Free Press Journal*.
8. The right to life includes the right to die: Supreme Court (2018). *Times of India*: available from [http://timesofindia.indiatimes.com/articleshow/63239760.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/63239760.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)
9. Riya Jain. Article 21 of Constitution of India – Right to Life and Personal Liberty: Available from- <https://www.lawctopus.com/academike/article-21-of-the-constitution-of-india-right-to-life-and-personal-liberty/>
10. India has quite a list of people who have made pleas for euthanasia. (2015). *The News Minute*. Available from- <https://www.thenewsminute.com/article/india-has-quite-list-people-who-have-made-pleas-euthanasia>
11. L. Cristina, Traina H. (1998). Religious Perspective on Assisted Suicide. *Journal of Criminal Law and Criminology*. 88(3): 1147-1154.
12. Euthanasia of experimental animals. (1997). *European Communities: Belgium*.
13. Mahmud Adesina Ayuba. (2016). Euthanasia: A Muslim's Perspective. *Scriptura* 115 (2016:1), pp. 1-13
14. IOWA State University, College of Veterinary Medicines. Available from <https://vetmed.iastate.edu/vdpam/about/production-animal-medicine/dairy/dairy-extension/humane-euthanasia/humane-euthanasia/exsanguination-pithing-intravenous-injection-kci> Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2000). The art of writing a scientific article. *Journal of Science Communication*, 163, 51–59.