

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:157

ANSWERED ON:02.08.2006

MERCY KILLING LAW

Reddy Shri Magunta Sreenivasulu;Singh Shri Chandrabhan Bhaiya

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Union Government is deliberating on a proposal to bring about consensus on the mercy killing Law;
- (b) if so, the details thereof;
- (c) whether the law commission has recommended mercy killing for those patients who are suffering from incurable diseases or dependent upon the life support system;
- (d) if so, the details thereof;
- (e) the number of cases wherein the requests have been made for the mercy killing in the country so far; and
- (f) the names of the countries where the Law related to the mercy killing is in force?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)&(b): A statement is laid on the Table of the House.

(c)&(d): The Law Commission has intimated that the Commission in its 196th Report on the subject of Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners) has made some observations of 'Euthanasia' and 'Assisted Suicide'.

(e): Till date, Government has not permitted Euthanasia. Applications for the same cannot be entertained.

(f): This information is not available.

STATEMENT REFERRED TO IN REPLY TO PARTS (a) & (b) OF LOK SABHA STARRED QUESTION NO. 157 FOR 2ND AUGUST, 2006

The subject matter regarding mercy killing has already been examined in this Ministry in the year 2003 and the Ministry has taken the position that mercy killing is not to be allowed for the following reasons:-

1. Hippocratic oath is against intentional/voluntary killing of the patient.
2. Progression of medical science to relieve pain, suffering, rehabilitation and treatment of so-called incurable diseases will suffer a set back.
3. An individual may wish to die at a certain point of time, his/her which may not be persistent and only a fleeting desire out of transient depression.
4. Suffering is a state of mind and perception, which varies from individual to individual and depends on various environmental and social factors.
5. Continuous advancement in medical science has made possible good pain management in patients of cancer and other terminal illnesses. Similarly, rehabilitation helps many spinal injury patients in leading near normal life and euthanasia may not be required.
6. Wish of euthanasia by a mentally ill patient/in depression may be treatable by good psychiatric care.
7. It will be difficult to quantify suffering which may always be subject to changing social pressures and norms.
8. Can doctors claim to have knowledge and experience to say that the disease is incurable and patient is permanently invalid?
9. Defining of bed-ridden and requiring regular assistance is not always medically possible.

10. There might be psychological pressure and trauma to the medical officers who would be required to conduct euthanasia.