Life and death

If we enjoy the right to live on our terms, the right to die on our terms must necessarily follow. It has taken years for that necessity to be recognised, but with the Supreme Court accepting the validity of the "living will", the long trail blazed by the Aruna Shanbaug case has finally reached its destination.

It will now be possible for citizens to forestall the possibility of a meaningless existence on life support in an unforeseeable future, in the event that they contract a terminal illness. In its 2011 ruling, the Supreme Court had recognised passive euthanasia — hastening the death of the terminally ill by ceasing the prolongation of life. The idea of a living will did not pass muster at the time, but now, anyone with foresight can take control of the question of life and death.

Last October, the Centre vetted the draft Medical Treatment of Terminally III Patients (Protection of Patients and Medical Practitioners) Bill, but was not in favour of the living will. There are real grounds for caution. In a culture where elders are venerated in public but often neglected or abused in private, and with a healthcare system which does not always inspire confidence, imperfect information and misguided choices may face the person making the will.

The court, however, chose to re-examine the question, because human dignity was at stake. What had changed in the six years that intervened? Perhaps it was the concern for sovereignty and ownership over the self, which was thrown up by the debate on data privacy and unique identity. Sovereignty and freedom are the foundations of human dignity, and it would be absurd to argue that while we are sovereign owners of our data, we have no control over the very life which generates that data.

However, this is not the end of the road. The court's ruling stands until the government enacts suitable legislation, and the law will be further shaped in use. Wills, as the name suggests, are presumed to be perfect acts of the individual will. But in reality, information asymmetries, poor reasoning and even coercion cannot be ruled out. This is not a serious deficit in a will for the transmission of property since it can be contested. But a will determining the natural span of life is irrevocable once the author is incapable of making choices.

Besides, the state of the art in medicine when a living will is executed may have advanced since it was written, and fresh options may be available. Since the patient would be incompetent at the time, who would have agency to alter the will? It must be assumed that the law of the happy death will reach its final form in use.

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