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Legislating Life and Death: Ethical Quandaries in End-of-Life Policy

Ms. Reshma Hayat¹

ABSTRACT

End-of-life policy is a profoundly intricate area of healthcare legislation, grappling with ethical quandaries surrounding euthanasia, physician-assisted suicide (PAS), advance directives, palliative care, and the cessation of life-sustaining treatments. This chapter investigates the moral intricacies of developing laws to regulate these critical decisions, emphasizing the tension among four foundational ethical principles: autonomy, beneficence, non-maleficence, and justice. These principles frequently clash, as evidenced by debates over whether euthanasia upholds patient self-determination or endangers vulnerable groups, and conflicts regarding the precedence of advance directives versus surrogate decision-making. Utilizing global case studies- such as Oregon's Death with Dignity Act, which established PAS with stringent protections,¹ India's 2018 ruling on passive euthanasia,² and the Terri Schiavo case, which revealed deficiencies in advance directive laws³- the chapter explores pivotal issues: establishing criteria for euthanasia eligibility, ensuring advance directives are clear and culturally attuned, securing equitable palliative care access, and clarifying authority for withdrawing treatment. By analyzing legislative models in regions like the Netherlands, where euthanasia constitutes 5.1% of deaths, ⁴ Canada's progressing Medical Assistance in Dying framework,⁵ and resource-limited contexts like South Africa,⁶ it underscores the balance between universal ethical norms and localized realities. The chapter advocates for end-of-life policies that incorporate broad stakeholder input, precise legal frameworks, strong safeguards against misuse, fair resource distribution, and flexibility to adapt to evolving medical and social landscapes. With aging populations and technological advancements amplifying these challenges, it emphasizes the necessity for empathetic, ethically sound legislation to address the moral complexities of end-of-life care, promoting dignity and equity for all.

KEYWORDS

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