



## Euthanasia: Should it be lawful or otherwise?

*Causing the death of a person, who is in a permanent vegetative state with no chance of recovery, by withdrawing artificial life-support is only an 'omission (of support to life)' and not an 'act of killing'. - The Supreme Court of India.*

On March 7, 2011, while dismissing Aruna Ramchandra Shanbaug's euthanasia petition, the Constitution bench of the Indian Supreme Court comprising Honorable Justice Markandey Katju and Honorable Justice Gyan Sudha Mishra held that "a decision to discontinue life support has to be taken either by the parents or the spouse or other close relatives, or in the absence of any of them, such a decision can be taken even by a person or a body of persons acting as a next friend. It can also be taken by the doctors attending the patient. However, the decision should be taken bona fide in the best interest of the patient."<sup>1</sup> Additionally, in view of the absence of any laws governing petitions seeking mercy killing, the Supreme Court highlighted the existing powers extended by Article 226 of the Indian Constitution to High Courts, and provided a detailed procedure that each High Court was required to adopt when such an application was filed until Parliament made legislation on this subject.

### The Incident

On the evening of November 27, 1973, Aruna Ramchandra Shanbaug, aged 24 years, a nurse at the King Edward Memorial (KEM) Hospital, Mumbai, was attacked by Sohanlal Bhartha Walmiki, a sweeper working in the same hospital. Allegedly enraged at her for threatening to report his misconduct, Sohanlal assaulted Aruna in a basement room within the hospital premises. He wrapped a dog chain around her neck while sodomizing her. Due to strangulation, the oxygen supply to her brain was cut off resulting in brain stem contusion injury and cervical cord injury apart from leaving her cortically blind. Since then the victim had been lying in a persistent vegetative state (PVS)<sup>2</sup> in the same bed in a side-room of ward number four of KEM Hospital.

The assailant was traced soon after the crime and was convicted. He served two concurrent

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*Omkar D. Palsule-Desai and N. Ravichandran, Indian Institute of Management Indore, prepared this case as the basis for class discussion rather than to illustrate either effective or ineffective handling of an administrative situation.*

This case was prepared based on the secondary source of information details of which are provided in the footnotes. The purpose of this case is not to comment on or to criticize either the Supreme Court of India or its judgment in a particular case rather to discuss about the salient features involved in addressing larger issues in a context derived using a specific example.

<sup>1</sup>Katju, M. and Mishra, S. 2011. Judgment in the Supreme Court of India on Criminal Original Jurisdiction Writ Petition (Criminal) No. 115 of 2009 by Aruna Ramchandra Shanbaug (Petitioner) versus Union of India and others (Respondents). Source: <http://judis.nic.in/supremecourt/chejudis.asp>.

<sup>2</sup>For more information about terminologies from medical and legal professions used in this case, refer "Explanatory

seven-year sentences. Little was known about his whereabouts since his release from the prison.

### **Petition for Mercy Killing**

Based on her own assessment of Aruna since 1982, Pinki Virani, a National Award-winning writer, journalist, and noted social activist, was convinced that Aruna would never have wanted to live life without dignity.<sup>3</sup> Accordingly, claiming to be a next friend, Pinki Virani filed a writ petition (criminal), number 115 of 2009 under criminal original jurisdiction in the Supreme Court of India, for mercy killing on behalf of the petitioner Aruna Ramchandra Shanbaug under Article 32 of the Constitution of India. According to the petition, “Aruna cannot be said to exist in the sense a human being is supposed to live. She is virtually dead and a skeleton. Moreover, there is not the slightest possibility of any improvement in her condition and her body is lying on the bed in KEM Hospital like a dead animal, and this has been the situation for the last 37 years.” In her petition, Pinki Virani pleaded with the Supreme Court to have Aruna stopped being fed and let her die peacefully.

### **Present Condition: Pinki Virani’s Version**

In her petition, Pinki Virani described the present condition of Aruna as follows. “Aruna is featherweight and her bones are too brittle to break if her hand or legs are caught awkwardly. She is prone to bed sores as she is lying in the same bed in the flexed foetal position for more than three decades now. Her wrists are twisted inwards. Her teeth have decayed causing her immense pain. She can only be given mashed food, on which she has been surviving so long. Aruna is virtually a dead person and has no state of awareness, and her brain is virtually dead. She can neither see, nor hear anything nor can she express herself or communicate, in any manner whatsoever. She is not able to swallow any liquid food, and the process of digestion goes on in this way as the mashed food passes through her system. Her bodily functions are performed on the bed itself. Once in a while she is cleaned up but in a short while again she goes back into the same sub-human condition. Judged by any parameter, Aruna cannot be said to be a living person. Her life is totally devoid of any human element.”

### **Counter Affidavits**

After receiving the court notice in response to Pinki Virani’s petition, Dr. Amar Ramaji Pazare, Professor and Head in KEM hospital, filed a counter affidavit on behalf of the Mumbai Municipal Corporation and the Dean of KEM Hospital. In his affidavit, Dr. Pazare refuted Pinki Virani’s claims about Aruna Shanbaug’s present condition. For instance, as per Dr. Pazare’s observations, “Aruna accepts the food in normal course, and responds to commands by facial expressions or by making sounds. She appears to be happy and smiles when she receives her favorite food items. She also enjoys the devotional songs and music which is played in her room and it has calming effect on her. She makes sounds when she is in need of any help from the hospital staff. She definitely does not seem to be living a painful and miserable life.”

Similarly, Dr. Sanjay Oak, Dean of KEM Hospital, issued a statement to the Supreme Court on January 24, 2011, opposing euthanasia for Aruna. Dr. Oak had been a clinical surgeon for last three decades and an administrator of the hospital for last seven years then. He also held a Bachelor of

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Notes” section.

<sup>3</sup>Virani, P. 2011. Condemned to a painful life. The Hindu (March 20).

Law degree from Mumbai University. In his statement on Aruna, Dr. Oak said, “She means a lot to KEM Hospital. She is on liquid diet and loves listening to music. We have never subjected her to intravenous food or fed her via a tube. All these years, she hasn’t had even one bedsore. When those looking after her do not have a problem, I don’t understand why a third party who has nothing to do with her needs to worry.”

In his subsequent affidavit filed in the Supreme Court, Dr. Oak claimed, “Aruna Ramchandra Shanbaug has been admitted in a single room in ward number four which is a ward of general internal medicine patients and she has been there for last 37 years. She is looked after entirely by doctors, nurses and paramedical staff of KEM Hospital. She has been our staff nurse and the unfortunate tragic incidence has happened with her in KEM Hospital and I must put on record that the entire medical, administrative, nursing and paramedical staff is extremely attached to her and considers her as one of us. Her relatives and a gentleman (her fiance) used to visit her in the initial period of her illness but subsequently she has been left to the care of KEM staff.”

Mindful of medical, legal, and humane virtues, Dr. Oak opposed the mercy killing petition. However, he admitted, “Aruna’s smiles are not purposeful and it would be improper to interpret them as a signal of gratification.” According to him, in the world history of medicine there would not be another single case where such a person would be cared and nurtured in bed for 37 long years and would not have developed a single bed sore. He claimed, “This is a testimony of excellent nursing care that KEM nursing staff has given to her. The doctors, nurses and staff of KEM, are determined to take care of her till her last breath by natural process. This care is given not as a part of duty but as a part of feeling of oneness. This one is the finest example of love, professionalism, dedication and commitment.”

While praising the support staff at KEM Hospital, Dr. Oak also expressed his dissatisfaction with the Indian society overall. According to his affidavit, the entire society had not matured enough to accept euthanasia or mercy killing. He feared that euthanasia might get misused, and any monitoring and deterring mechanisms might fail to prevent those unfortunate incidences. He also felt that a matured society was best judged by its capacity and commitment to take care of its “invalid” ones. Further, he claimed that they were the children of Lesser God and in fact, as a developing nation we should move in a positive manner of taking care of several unfortunate ones paralyzed with deficiencies, disabilities and deformities.

### **The Supreme Court: Initial Response**

Without hearing testimony of either of the parties in its court, the bench could have dismissed Pinki Virani’s petition based on the following arguments. First, under Article 32 of the Constitution of India the petitioner had to prove violation of a fundamental right, such as the right to life. Second, in its judgment on *Gian Kaur v/s State of Punjab*, 1996(2) SCC 648 case, the apex court had concluded that the right to life guaranteed by Article 21 of the Constitution did not include the right to die, and hence, unnatural death curtailing the natural span of life could not be lawful. According to this bench, the petitioner of the current petition had not shown violation of any of her fundamental rights. Also, there was the precedence of the *Gian Kaur* case based on which the current petition could have been dismissed.

However, citing variance between the allegations in the writ petition filed by Pinki Virani and

the counter affidavit submitted by Dr. Pazare, and also in view of the importance of the issues involved, on January, 24, 2011, the Supreme Court decided to go deeper into the merits of the case. The court ordered to set up a medical panel to examine Aruna's physical and mental condition. The court also appointed T.R.Andhyarujina, learned Senior Counsel, as Amicus Curiae (friend of the court) in the case.

### **Medical Panel**

A team of three very distinguished doctors was constituted in order to examine Aruna thoroughly and submit a report about her condition. These doctors were: (i) Dr. J.V.Divatia, Professor and Head, Department of Anesthesia, Critical Care and Pain at Tata Memorial Hospital, Mumbai, (ii) Dr. Roop Gursahani, Consultant Neurologist at P.D.Hinduja, Mumbai; and (iii) Dr. Nilesh Shah, Professor and Head, Department of Psychiatry at Lokmanya Tilak Municipal Corporation Medical College and General Hospital. In addition to the prescribed examination including evaluation of physical, neurological and mental status of the patient, this team also critically analyzed the longitudinal case history and observations of last 37 years from the Dean and the medical and nursing staff of KEM Hospital. The significant findings reported by the medical team were as follows:

1. Aruna had developed non-progressive but irreversible brain damage secondary to hypoxic-ischemic brain injury consistent with the known effects of strangulation. Most authorities considered a period exceeding four weeks in this condition, especially when due to hypoxic-ischemic injury as confirming irreversibility. In Aruna's case, this period had been as long as 37 years, making her perhaps the longest survivor in this situation.
2. Aruna was clearly neither brain dead nor was she in coma. On the contrary, she met most of the criteria for being in a PVS. In this state, as the centres in the brain controlling the heart and breathing were intact, there was no threat to life, and the patient could survive for many years with expert nursing care.
3. Her dementia had not progressed and had remained stable for last many years and it was likely to remain same over next many years. Then there was no treatment available for the brain damage she had sustained.
4. She had evidence of intact auditory, visual, somatic and motor primary neural pathways. However no definitive evidence for awareness of auditory, visual, somatic and motor stimuli was observed during the examinations.

According to the panel's report, "Aruna is alive though with the help of artificial life support. During the examination, she did not demonstrate any catatonic, hostile or violent behavior, and she is mentally stable. She also does not seem to be living a painful and miserable life."

### **KEM Hospital Staff**

In addition to the medical panel, the KEM Hospital staff was one of the stakeholders that were heard by the Supreme Court in Aruna's case. In response to Pinki Virani's petition, the hospital staff including doctors, sister-in-charge of ward number four Lenny Cornielo, Assistant Matron Urmila Chauhan and others had communicated to the Supreme Court, "We are looking after Aruna

Shanbaug. Aruna is not just another patient in the hospital; she is the bond that unites us. We want to live with her and also want her to live.” The hospital staff had made similar demands in the past too. For example, in the late 1970s, when Aruna was briefly moved to another hospital in Mumbai, the KEM Hospital staff went on a three-day strike and demanded that she be brought back. Recently, Tidi Makwana, a retired nurse, who used to take care of Aruna while in the service, had even offered to continue to take care of her without any salary and without charging any traveling expenses. Reema Pawar, Senior Staff Nurse, reported, “The nurses at the KEM Hospital are overworked, and sometimes brusque, and yet, you won’t catch any nurse complaining about having to look after Aruna - maybe any other patient, but not Aruna.”<sup>4</sup>

It was reported that the hospital staff diligently fed Aruna, washed her, cut her nails, and generally took care of her, and it had been doing this not on a few occasions but day and night, year after year for last 37 years. According to the court, this was one of the finest examples of dedication and sacrifice the human kind should learn from the KEM hospital staff. Sunita Munj, one of the nurses, mentioned, “Nobody talks about the incident, no gossiping at all. We just do our duty.” Dr. Oak also reported, “Aruna means a lot to KEM Hospital. With every new batch of entrants, the student nurses are introduced to her and they are told that she is one of us and she continues to be one of us and then they whole-heartedly take care of Aruna.” According to him, the most striking feature of Aruna’s caregivers was that they went about their routines undramatically, seeking no special honor for looking after her. In a sense they were her family. Recently, the hospital staff admitted that Pinki Virani’s petition and the consequent spotlight on Aruna’s case led them to rededicate themselves consciously to the concept of service, not just for Aruna, but as a central theme of their jobs.

### **Immediate Family**

One of the most important stakeholders in this case was Aruna’s immediate family and relatives who seemed to have forgotten her long back. Her father had passed away before the tragic incident took place, and her mother, who is also no more, deserted her soon after the event. Her elder brother Balarkishna Shanbaug had been living a quiet life in Bangalore, India. Anand, Aruna’s younger brother, was a recluse living in Ankola, not far away from Mumbai. When asked about his wish for Aruna, Anand said, “I almost wished that God would give her a quick death, and deliverance from this ordeal.”<sup>5</sup> One of Aruna’s elder sisters, Shanta Nayak, who was living in Mumbai, used to visit her in the early days. Later, Shanta also stopped visiting her citing old age and health issues, but not before the hospital authorities denied Shanta’s demands for a house to live in, Aruna’s salary, a nurse and a doctor to take care of her sister, Aruna. Contrary to her brother, Shanta’s wish was that Aruna died of natural causes.<sup>6</sup> Three of her other sisters got married and moved on with their lives away from Aruna long ago.

### **Counsel Reports**

While arriving at its judgment on the current case, the Supreme Court examined the submissions

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<sup>4</sup>Iyer, K. 2011. On duty at left side room, ward no. 4. Indian Express (March 13). 13.

<sup>5</sup>Raghuram, M. 2011. Aruna Shanbaug's brother wishes her a quick death. DNA: Daily News & Analysis (March 8).

<sup>6</sup>NDTV Correspondent. 2011. Let her die when she has to: Aruna Shanbaug's sister. Source: <http://www.ndtv.com/article/india/let-her-die-when-she-has-to-aruna-shanbaugs-sister-91329>.



of the learned counsels for both the parties. Additionally, the court also heard Attorney General for India and the amicus curiae appointed in the case.

Drawing parallel with the decision of the Supreme Court in *Vikram Deo Singh Tomar v/s State of Bihar 1988 (Supp) SCC 734* case, Shekhar Naphade, learned senior counsel for the petitioner, demanded that Aruna should be allowed to die. In this case, the counselor's main argument was "life is not mere living but living in health. Health is not the absence of illness but a glowing vitality", and it was missing in Aruna's case.

On the contrary, G.E.Vahanvati, learned Attorney General for India stated that the report of the Law Commission of India on euthanasia had not been accepted by the Government of India. According to him, "Indian society is emotional and care-oriented; we do not send our parents to old age homes. There is a great danger in permitting euthanasia; the relatives of a person may conspire with doctors and get him/her killed to inherit his/her property. Also, tomorrow there may be a cure to a medical state perceived as incurable today."

T.R.Andhyarujina, Amicus Curiae in the case, reported, "In general, in common law it is the right of every individual to have the control of his own person free from all restraints or interferences of others. Every human being of adult years and sound mind has a right to determine what shall be done with his own body." <sup>footnote{ Andhyarujina, T.R. 2011. Life, death and what lies between. Indian Express (March 10). 11.}</sup> According to him, "The principle of self-determination applies when a patient of sound mind requires that life support should be discontinued. The same principle applies where a patient's consent has been expressed at an earlier date before he became unconscious or otherwise incapable of communicating it as by a 'living will' or by giving written authority to doctors in anticipation of his incompetent situation. In summary, a question is not whether it is in the best interest of the patient that he should die. The question is whether it is in the best interest of the patient that his life should be prolonged by the continuance of the life support treatment."

However, Andhyarujina differed from the view of the learned Attorney General in that while the latter opposed even passive euthanasia, Andhyarujina was in favor of it, provided the decision to discontinue life support was taken by responsible medical practitioners.

Pallav Sisodia, learned senior counsel for the Dean, KEM Hospital also submitted a report stating that Pinki Virani had no locus standi in the matter and it was only the KEM Hospital staff which could have filed such a writ petition, if they desired to do so. On this point, T.R.Andhyarujina endorsed Pallav Sisodia's opinion.

## **Euthanasia**

Based on the counselors' arguments, the Supreme Court acknowledged the distinction between the act of killing and not saving one's life. Accordingly, the court also emphasized two distinct types of euthanasia: active and passive. The definitions of two types provided by the court were as follows: "active euthanasia entails the use of lethal substances or forces to kill a person, and passive euthanasia entails withholding of medical treatment for continuance of life. An important idea behind this distinction is that in passive euthanasia the doctors are not actively killing someone; they are simply not saving them."

The court also observed that euthanasia could be further categorized as either voluntary or non-voluntary. The first was where the consent was taken from the patient, whereas in the latter, such consent was unavailable.

In reference to Aruna's case, the Supreme Court emphasized the distinction between active and passive euthanasia, and argued that such distinction was essential and valid. The court concluded, "proponents of euthanasia say that while we can debate whether active euthanasia should be legal, there can be no debate about passive euthanasia: You cannot prosecute someone for failing to save a life." In its argument, the court said, "While we usually applaud someone who saves another person's life, we do not normally condemn someone for failing to do so. If one rushes into a burning building and carries someone out to safety, he will probably be called a hero. But if one sees a burning building and people screaming for help, and he stands on the sidelines - whether out of fear for his own safety, or the belief that an inexperienced and ill-equipped person like himself would only get in the way of the professional firefighters, or whatever - if one does nothing, few would judge him for his inaction. One would surely not be prosecuted for homicide. (At least, not unless one started the fire in the first place.)"

While active euthanasia was a crime all over the world except where permitted by legislation, passive euthanasia was lawful in countries such as Netherlands, Belgium, etc. However, in India, any kind of euthanasia was not permitted by law. Moreover, there was no statutory provision in the country as to the legal procedure for withdrawing life support to a person in PVS or who was otherwise incompetent to take a decision in this connection.

### **The Supreme Court: Final Judgment**

According to the findings of the Supreme Court, the KEM hospital staff had developed an emotional bonding and attachment to Aruna Shanbaug, and in a sense they were her real family. Pinki Virani who claimed to be the next friend of Aruna Shanbaug and had filed the petition on her behalf was not a relative of Aruna Shanbaug nor could she claim to have such close emotional bonding with her as the KEM hospital staff. Hence, the court treated the KEM hospital staff as the next friend of Aruna Shanbaug and declined to recognize Pinki Virani as her next friend. In its judgment, the court stated, "No doubt Pinki Virani has written a book<sup>7</sup> about Aruna Shanbaug and has visited her a few times, and we have great respect for her for the social causes she has espoused, but she cannot claim to have the extent of attachment or bonding with Aruna which the KEM hospital staff, which has been looking after her for years, claims to have."

The court observed, "This case has no parallel in the country's medico-legal history. The country also has growing tribes of mercy killing advocates. In the past, courts have often received petitions from terminally ill patients seeking an end to their pain by asking for death but all applications have got rejected on the basis of one principle - the right of life is sacred."

The Supreme Court also noted in the writ petition filed by Pinki Virani, "It is stated that Aruna Shanbaug is in fact already dead and hence by not feeding her body any more we shall not be killing her." Challenging Pinki Virani's death claim about Aruna, the court asked, "When can a person be said to be dead?" After critically examining the medical and legal literature on evolution

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<sup>7</sup>Virani, P. 1998. Aruna's Story: The true account of a rape and its aftermath. Penguin Book, New Delhi.

of definition of death, the court concluded that a person was said to be dead if his/her brain was dead, i.e., the irreversible cessation of all functions of the entire brain, including the brain stem. The court also highlighted that this definition went beyond acknowledging consciousness, and concluded that brain death was different from a persistent vegetative state, where the brain stem continued to work, and so some degree of reactions might occur, though the possibility of regaining consciousness was relatively remote. Even when a person was incapable of any response, but was able to sustain respiration and circulation, he could not be said to be dead. The mere mechanical act of breathing, thus, would enable him or her to be “alive”. Hence, “Aruna is not dead,” the court concluded.

The court further elaborated, “In most cases, the petitions are filled by distant and blood relatives, but what makes this case unique is that a person unrelated to Aruna, moved by her unrelenting suffering, has filed this petition. In any of such cases judged earlier, it was never clarified who could decide whether life support should be discontinued in the case of an incompetent person, e.g., a person in coma or PVS.” Citing this gap between reality and the existing laws, the Supreme Court warned, “This is an extremely important question in India because of the unfortunate low level of ethical standards to which our society has descended, its raw and widespread commercialization, and the rampant corruption, and hence, the court has to be very cautious that unscrupulous persons who wish to inherit the property of someone may not get him eliminated by some crooked method. Also, since medical science is advancing fast, doctors must not declare a patient to be a hopeless case unless there appears to be no reasonable possibility of any improvement by some newly discovered medical method in the near future.” Additionally, the court categorically stated that it was experts like medical practitioners who could decide whether there was any reasonable possibility of a new medical discovery which could enable such a patient to revive in the near future.

In view of the absence of any laws on euthanasia and in order to facilitate resolutions on petitions seeking euthanasia until Parliament made such laws, the Supreme Court highlighted the existing powers extended by Article 226 of the Indian Constitution to High Courts. It also provided a detailed procedure that each High Court was required to adopt when such an application was filed. The court stated, “The approval of the High Court should be taken in this connection. This is in the interest of the protection of the patient, protection of the doctors, relative and next friend, and for reassurance of the patient’s family as well as the public. This is also in consonance with the doctrine of *parens patriae* (guardian or father of the country) which is a well known principle of law.”

In its judgment, the Supreme Court also commended the entire staff of KEM Hospital for their noble spirit and outstanding, exemplary, and unprecedented dedication in taking care of Aruna for so many long years. Although the court dismissed the original petition, it regarded Pinki Virani as a public spirited person who filed the petition for a cause she bona fide regarded as correct and ethical, and held her in high esteem.

### **Issues of Concern**

In its judgment, the court noted that two of the cardinal principles of medical ethics were patient autonomy which means his/her right to self-determination and beneficence which is acting in what is or judged to be in patient’s best interest. According to the medical reports presented in Aruna’s



case, Aruna was neither capable of conveying any of her wishes nor did she do so to any surrogate in the past. Acknowledging the enormity of potential impact of any judgment in Aruna's case that may have on the entire society and the Indian judiciary, the Supreme Court broadened its probe by posing following questions in sensitive issues such as euthanasia:

1. For a person in a PVS, should withholding or withdrawal of life sustaining therapies be permissible or 'not unlawful'?
2. If the patient had previously expressed a wish not to have life-sustaining treatments in case of futile care or a PVS, should his/her wishes be respected?
3. In case a person had not previously expressed such a wish, if his family or next of kin made a request to withhold or withdraw futile life-sustaining treatments, should their wishes be respected?
4. Aruna Shanbaug had been abandoned by her family and was being looked after for the last 37 years by the staff of KEM Hospital. Who should take decisions on her behalf?

### **Response**

The KEM Hospital staff erupted with joy as the Supreme Court rejected the mercy killing petition. They distributed sweets and cut a cake to celebrate what they termed the "rebirth" of their celebrity patient. The staff said, "We always felt happy to care for Aruna and are thrilled by the Supreme Court's ruling."<sup>8</sup>

Pinki Virani reacted to the Supreme Court's verdict as "Because of this woman (Aruna Shanbaug), who has never received justice, no other person in a similar position will have to suffer for more than three and a half-decades."<sup>9</sup> Pinki Virani's lawyer also ruled out filing an appeal saying the two-judge ruling was final till the Supreme Court decided to constitute a larger bench to re-examine the issue.

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<sup>8</sup>Reporter. 2011. Rebirth for Aruna, say joyous Mumbai hospital staff. Deccan Herald. (March 7).

<sup>9</sup>Misra, A. 2011. Because of Aruna, noone else will have to suffer. Hindustan Times. (March 7)

## Explanatory Notes

- i. **Amicus Curiae:** In Latin, the phrase means "friend of the court". An amicus curiae is someone, not a party to a case, who volunteers to offer information to assist a court in deciding a matter before it. However, the decision on whether to admit the information lies at the discretion of the court.
- ii. **Article 21 of the Constitution of India:** It is about "Protection of Life and Personal Liberty". By this article, no person shall be deprived of his/her life or personal liberty except according to procedure established by law.
- iii. **Article 226 of the Constitution of India:** It explains the power of High Courts to issue certain writs. It states, "Notwithstanding anything in Article 32, every High Court shall have power, throughout the territories in relation to which it exercises jurisdiction, to issue to any person or authority, including in appropriate cases, any Government, within those territories directions, orders or writs, including writs in the nature of habeas corpus, mandamus, prohibition, quo warranto and certiorari, or any of them, for the enforcement of any of the rights conferred by Part III and for any other purpose".
- iv. **Article 32 of the Constitution of India:** It grants an extensive original jurisdiction to the Supreme Court in regard to enforcement of Fundamental Rights.
- v. **Brain stem contusion injury:** The lower part of the human brain that connects the brain to the spinal cord is called as brain stem. Injury to the brain stem can lead to permanent damage, since the brain stem regulates almost all the daily activities of our body. Basic body functions like breathing and heartbeat can get disrupted, due to a brain stem injury. It is a very fatal health condition that can change one's memory, paralyze or change one's personality.
- vi. **Cervical cord injury:** It refers to an injury to the cervical or upper region of the spinal cord that is caused by trauma instead of a disease. Depending on where the spinal cord and nerve roots are damaged, the symptoms can vary widely, from pain to paralysis to incontinence.
- vii. **Cortical blindness:** It is the total or partial loss of vision in a normal-appearing eye caused by damage to the visual area in the brain's occipital cortex. It can be associated with visual hallucinations, denial of visual loss, and the ability to perceive moving but not static objects.
- viii. **Dementia:** It means a serious loss of cognitive ability.
- ix. **Hypoxic-ischemic brain injury:** It is a condition that occurs when the entire brain is deprived of an adequate oxygen supply, but the deprivation is not total.
- x. **Next friend:** A person who has volunteered to help or assist another person who is incapable physically or mentally or who is a minor, to file a lawsuit himself/herself. The next friend (generally a relative) is not the party to the lawsuit and his/her duty ends on completion of the lawsuit.
- xi. **Original jurisdiction:** A case that directly goes to the Supreme Court of India.

- xii. **Parens Patriae:** It implies that the King is the father of the country and is under obligation to look after the interest of those who are unable to look after themselves. The idea behind Parens Patriae is that if a citizen is in need of someone who can act as a parent who can make decisions and take some other action, sometimes the State is best qualified to take on this role.
- xiii. **Persistent vegetative state (PVS):** It is defined as a clinical condition of unawareness of self and environment in which the patient breathes spontaneously, has a stable circulation and shows cycles of eye closure and opening which may simulate sleep and waking.
- xiv. **Writ:** In common law, a writ is a formal written order issued by a body with administrative or judicial jurisdiction such as a court. Typically, a writ is passed in the absence of any formal law, procedure or an official order.
- xv. **Writ petition:** It is an application seeking a writ.