

## EUTHANASIA AND ITS LEGALITY IN INDIA

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### ABSTRACT

Euthanasia is a hotly debated topic all around the world. Because of advancements in science and technology, this esoteric issue has become more prevalent. The right to die via euthanasia or physician-assisted suicide has sparked heated disputes in many different circles. It is an essential component of the comprehensive right to life. The legislatures and judiciaries of major countries across the world have debated its validity. Even the Indian Supreme Court, in the case of *Common Cause v. Union of India*, permitted passive euthanasia if certain circumstances were met. However, the purpose is to provide a peaceful conclusion to the life of a person who is suffering. There are several circumstances in which a person should have the option to choose death. To cope with this current situation, a solid process should be put in place.

**Key Words:** Life, Dignity, Death, Medical assistance, Passive Mode

### INTRODUCTION

The right to a dignified existence is a cornerstone of the Indian Constitution. Article 21 guarantees everyone's right to life and liberty inside the country. This right is enshrined in the Universal Declaration of Human Rights as well. The right to life does not stop at animal existence; it also encompasses the quality of life.<sup>i</sup> The right to life entails the total freedom to develop one's individuality to its full potential.<sup>ii</sup> However, discussions about death with dignity have evolved to take into account the many criteria of the right to life. When considering the intricacies of the dimensions of the right to life, one issue that frequently arises is whether the right to life includes the right to die, and if so, what are the boundaries of that right to die? The ideas of the right to life and other human rights are strongly linked to ensuring dying with dignity. Even diverse faiths' ethical principles, which declare God as the ultimate creator and destroyer, do not allow for the willful shortening of life. However, no religion declares that

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living a painful life full of suffering is a good thing. The argument about ensuring a decent death and an extended life continues to rage, spanning political, social, and ethical domains. It will be fascinating to return to this topic in order to have a better understanding of the present challenges surrounding the right to life and its extent.

## **RIGHT TO DIE WITH HUMAN DIGNITY: MEANING AND CONCEPT**

Everyone has the right to live in India, according to Article 21 of the Indian Constitution. This is one of the constitutional rights that is available to everyone in the country, as contrast to other basic rights that are exclusively available to citizens. Every person in this country has the right to a dignified existence thanks to Article 21. However, when it comes to death with dignity, there are no specific constitutional provisions that guarantee it. Death with dignity is unquestionably better to death without.<sup>iii</sup> Dignity is important in life, and it is much more important when a person is dying. Human dignity is the fundamental claim that humans are deserving of respect just because they are humans. It's an idea that's inextricably linked to their humanity. The elixir of a joyful human right is the right to die with dignity. Medical personnel who are responsible for providing adequate care and treatment to terminally ill patients must also guarantee that they die with dignity. When it comes to die with dignity, euthanasia or physician-assisted suicide is frequently questioned.

## **EUTHANASIA: MEANING AND TYPES**

The phrases “euthanasia” and “thanotos” stem from two Greek words that mean “happy death.”<sup>iv</sup> It entails the purposeful act of ending the life of someone who is in excruciating pain. Euthanasia happens in a death that is planned (rather than just anticipated) in order to make the person who is dying as comfortable as possible.<sup>v</sup> It may be divided into two types: active and passive euthanasia.

Euthanasia is described by Erich Loewy, MD, a bioethics professor at the University of California, as “a direct act of killing, done at the express request of the person being murdered.”<sup>vi</sup>

Active euthanasia is a procedure in which a medication is injected into a person's body and the individual dies as a result of the injection. The medicine is administered in accordance with standard medical protocols, taking into account the person's wishes and permission. Passive Euthanasia, on the other hand, refers to the withholding of medical help or life support from a terminally sick individual or a person in a Persistent Vegetative State (PVS). Passive euthanasia includes any failure to provide any form of life support system to a terminally sick patient. Simply put, if a person is alive on a ventilator or a life support equipment, then the removal will result in passive euthanasia. Passive euthanasia, for example, is the removal of a feeding tube from a person who is in a prolonged vegetative state. Because such a person will be unable to feed themselves, the failure of an external feeding apparatus will result in death. Passive euthanasia is sometimes defined as failing to provide a dying individual with the medications he or she requires.<sup>vii</sup>

Euthanasia, both active and passive, can be classified as voluntary, involuntary, or non-voluntary. The term “voluntary euthanasia” refers to euthanasia performed at the patient's wish. Voluntary passive euthanasia occurs when a person refuses to receive life-saving therapy after learning that the treatment may fail, or when a person on his deathbed decides to turn off the ventilator or heart machine that was keeping him alive. Involuntary euthanasia is euthanasia that is carried out against the will of the person. In most circumstances, a person is not asked for their consent. Involuntary euthanasia is most commonly associated with lethal injections administered to criminals or the gas chambers used by the Nazis during the Holocaust in Germany.

In the instance of non-voluntary euthanasia, the patient would be unable to consent to the act, either because they are a minor or because they are in a chronic vegetative condition. In this case, the person cannot explicitly consent to euthanasia. In the famous case of *Airedale National Health Service Trust v. Tony Bland*<sup>viii</sup>, In a case involving euthanasia, a man called Bland was hurt while watching a soccer game at Hillsborough Stadium. Bland was pushed hard, his ribs and bones were crushed, oxygen flow to his brain stopped, and he slipped into (PVS) Persistent Vegetative State owing to the tremendous rush to the ground and a stampede-like circumstance. Despite the fact that he still had a heartbeat and his respiratory and digestive

functions were okay, Bland needed to be fed through a tube since he was unable to feed himself, and physicians feared Bland would never be normal again and would not be able to survive if medical treatment was discontinued. Bland's parents and physicians agreed that continuing to provide medical support to him was pointless since he would never be able to recover from his tragedy. The physicians at Airedale Hospital, still unsure about the legal ramifications of their decision to stop providing medical care to Bland, sought an opinion from the Court of Justice. "It is perfectly acceptable for the doctors in charge to conclude that there is no positive advantage to Anthony Bland in continuing the intensive medical operations that are critical to his survival," the Judges said. As a result, Bland's medical assistance was removed, and the physicians were not charged with murder. This case brought attention to the subject of euthanasia and emphasised the need of considering the best interests of the person who is suffering.

## **INDIAN LEGAL POSITION AND CONSTITUTIONAL PROVISIONS**

Every citizen of our country has been granted certain rights in order to guarantee that their lives are lived with dignity and value. The Indian Constitution, as the ultimate law of the nation, provides everyone certain fundamental rights that are valued by Indians across the country. For the people's basic existence, these rights are essential. We now live in a free society. Everyone has the right to do anything they want as long as they stay within the legal anatomical framework. The people's essential rights have been safeguarded in the constitution, and they cannot be taken away from them. The right to life is one such treasured right. The right to life, which is guaranteed and secured by Part III of the constitution, is a basic right that protects and ensures a dignified existence. In the prominent case of *Kharak Singh v. the State of U.P.*, The Supreme Court broadened the definition of life to include more than just animal existence.<sup>ix</sup> The resistance to its deprivation extends to all of the limbs and abilities that are required to enjoy life. The right to life does not permit mutilation of the body or the amputation of an arm or a leg. The voluntary destruction of any organ of the body is not covered by Article 21.<sup>x</sup> In the case of *Sunil Batra v. Delhi Administration*, A healthy lifestyle was considered to be an element of the right to life.<sup>xi</sup>

The Supreme Court is the last arbiter of the legislature's legislation. The legislature passes laws to protect the well-being of all members of society. While drafting laws, lawmakers consider the socioeconomic conditions that exist in society and adopt laws that reflect those situations. Every living being has the right to a dignified existence. No one can be denied access to fundamental amenities that make life easier. In a series of decisions, the court has viewed this right as a basis of Article 21. This article guarantees that everyone has the right to the necessities of life. Food, clothes, and shelter are all necessities for survival. They protect people's dignity. Article 21 is about more than just life. It speaks with dignity and respect for life. It is not possible to have a life that is only based on animal existence.<sup>xii</sup> Although Article 21 is not a “brahmastra” for the judiciary to employ to legitimise any regulation, it has been utilised by courts to guarantee that conditions are sufficient to support life. The Supreme Court, on the other hand, has repeatedly warned against courts misusing the article, stating that the judiciary is not in a position to solve every situation.<sup>xiii</sup>

### **ATTEMPT TO COMMIT SUICIDE (SECTION 309 IPC)**

An attempt to commit suicide is punishable under Section 309 of the Indian Penal Code. Anyone who tries suicide or does anything to aid in the commission of such an offence is subject to a sentence of up to one year in prison, a fine, or both, according to the clause.

In a society where everyone is guaranteed a right to life with dignity, the question arises as to whether one has the right to die without it being deemed a crime. At this time, it is believed that attempted suicide is a crime punishable under the Indian Penal Code. But the point of contention is that when a person attempts suicide, when he or she is taking such a drastic step of ending one's life, there may be traumatic events in that person's life that forced that person to take such a drastic move. So, whether the provision of penalising someone who tries to relieve the agony but fails is correct or not is debatable.

The Mental Health Care Bill of 2016, as previously said, aims to legalise suicide. Suicide is included in the bill as a kind of mental anguish. A person trying suicide is already under a great deal of stress, so treating suicide as a criminal violation is not the best solution.

Article 21 of the Constitution states that no one may be deprived of his or her life or personal liberty until he or she has followed the legal procedure. The right to life encompasses many different aspects, yet it does not include the right to die.

## **ROLE OF THE LAW COMMISSIONS**

The Law Commission has historically played a vital role in addressing a variety of societal challenges. In its 42nd Report, the Commission addressed the topic of attempted suicide. By introducing a new clause 126 under I.P.C., it aimed to abolish Section 309 of the I.P.C. Section 309 I.P.C., which punishes and penalises an attempt to commit suicide, was criticised as severe by the clause. Clause 131 of the Indian Penal Code (Amendment Bill), 1978, which attempted to remove Section 309, was not enacted before the Lok Sabha was dissolved, and therefore the bill expired.<sup>xiv</sup> Another report (156th) of the Commission, issued in the context of the Gian Kaur case, recommended that Section 309 of the IPC remain unchanged.<sup>xv</sup>

In 2008, the Commission issued a new report,<sup>xvi</sup> which sought to legalise suicide once more. Suicide attempts and abetment are both criminal offences in India under sections 309 and 306 of the Indian Penal Code. Even if the act was not performed, the attempt has been declared illegal. A person's right to life does not include the ability to be forced to live a life that he or she does not enjoy. No one should be compelled to do anything they don't want to do. Suicide attempts should not be made illegal. Rather, adequate care must be given to that individual. This part of the IPC should be eliminated. Though it is permissible to penalise someone who helps another person commit suicide, attempting to commit suicide should not be. In discussing dying with dignity, the committee stated that the right to life entails and encompasses a life lived with dignity and respect. If a person is in excruciating pain, he or she should not be compelled to continue living that way. "If a person is unable to take proper care of his body or has lost all of his senses, and his true goal is to leave the world, he cannot be forced to remain with anguish and suffering." A person's sufferings must be put to an end. It is not the way to live a nasty and torturous existence. It is hardly a dignified existence.<sup>xvii</sup>



In both the 196th and 241st reports, the commission addressed the topic of the right to die with dignity. The Law Commission examined the therapies that must be offered to terminally ill patients in its 196th report, *Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners)*. In its report, the Commission also addressed the question of euthanasia. According to the Commission, any terminally ill patient can refuse treatment if he has been properly informed about the nature of the treatment to be administered, as well as the alternative treatments available to the patient, as well as the consequences of those treatments as well as the consequences of not availing of the treatments. If a doctor delivers therapy to patients against their will, it may be considered a battery, and if the patients do not survive the treatment and die, it may be considered murder.<sup>xviii</sup> As a result, the notion of a competent patient was established, and if such a person makes an educated decision to refuse treatment, it would not be considered suicide under Section 309 of the I.P.C.

In its report, the Commission also proposed that passive euthanasia be legalised in our nation if certain conditions are met. A competent adult patient has the right to refuse to be placed on life-saving devices such as ventilators, and medical professionals who help them do so should not be penalised.<sup>xix</sup>

## **THE MENTAL HEALTH CARE ACT, 2017**

The 2016 Mental Health Care Bill sought to give mental health treatments to persons who were suffering from mental illness. It tried to legalise suicide by stating that anybody who tries suicide while suffering from a mental disease shall not be prosecuted or penalised under the I.P.C. The Act imposes on the government the responsibility of providing required therapy and care to those who have tried suicide in order to prevent them from doing so again.<sup>xx</sup> In the year 2017, the measure was enacted into law. The Mental Health Care Act, India's first of its type, provides mental healthcare services to those with mental illnesses. It strives to safeguard the rights of mentally ill individuals and establishes measures to guarantee that they receive competent health care.<sup>xxi</sup>

The Act defines mental health care as the assessment and diagnosis of a person's mental state, as well as treatment, care, and rehabilitation for that person's mental disease or suspected mental illness.<sup>xxii</sup>

“A substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgement, behaviour, capacity to recognise reality, or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation, which is a condition of arrested or incomplete development of a person's mind, especially characterised by subnormality of intelligence, according to the Act.”<sup>xxiii</sup>

Without regard to sex, religion, culture, caste, social views, political convictions, disability, or other factors, every mentally sick individual has the right to get high-quality mental healthcare.<sup>xxiv</sup> The Act prohibits the separation of a mentally ill individual from his or her family.<sup>xxv</sup> However, one of the most important aspects of this legislation is that it grants those with mental illnesses the right to a dignified existence. Suffering from any mental disease does not deprive someone of their right to a dignified existence. Any cruel or inhumane living circumstances should be avoided for such a person. Such persons should be provided with adequate sanitary facilities, education, leisure, recreational facilities, and religious practises; their right to privacy should be protected; they should not be forced to shave their hair; and, most importantly, they must be prepared for a life back in the community.<sup>xxvi</sup>

Section 115, which was enacted to legalise suicide, is one of the most important sections contained in this Act. An attempt to commit suicide is impliedly decriminalised by the Act. Section 115 of the Act begins with a non-obstante clause, which presumes that a person who tries suicide is already under a great deal of stress and hence should not be penalised under the law.<sup>xxvii</sup>

## **JUDICIAL REACTION IN INDIA**



When it comes to upholding the right to die in India, the judiciary has always been essential. In several occasions, the courts have analysed and discussed whether this right is valid or if it is part of the right to life. The Delhi High Court in the case of *State v. Sanjay Kumar Bhatia*<sup>xxviii</sup> “Section 309 of the Indian Penal Code should be eliminated from law books since its survival is an anachronism not appropriate for a caring society like ours,” the court said. The court stated that if a young person attempts suicide, it is likely that he or she is in anguish, and that instead of sending that person to psychiatric care, punishing and imprisoning him or her with other offenders is a very heinous conduct. Suicide has been decriminalised in the United States, Europe, and certain Asian nations. Suicide is still considered a crime in India.

In another case of *State of Maharashtra v. Maruti Sripati Dubal*<sup>xxix</sup>, The Bombay High Court ruled that the right to die is included in Article 21 of the Constitution's right to life. In this case, the High Court declared Section 309 of the IPC, which imposed a penalty for suicide, to be unconstitutional. In the case of *C.A. Thomas Master v. Union of India*, an 80-year-old man who wanted to end his life and donate his organs but did not want to commit suicide went to court after being denied permission by state hospitals and filed a writ of mandamus to establish Voluntary Death Clinics or 'Mahaprasthana Kendra.' However, because active euthanasia and suicide are prohibited in our nation, and there is no distinction between intentionally ending one's life and suicide, the petition was denied by the Supreme Court.<sup>xxx</sup>

In *Nikhil Soni. v. Union of India* case,<sup>xxxi</sup> The right to die was put in the scope of privacy rights by the court. The freedom to die willingly is a right of privacy, and self-termination of life should not come between an individual and his conscience, according to the ruling. This case included santhara, which is the practise of fasting until death for the sake of advancing a social or political cause. The Jain faith believes that when all of life's goals have been achieved, one must fast until death to acquire moksha. Articles 25-29 of India's constitution grant people the freedom to profess religion and engage in religious activities, however the court ruled in this instance that the practise of Santhara was illegal and should be deemed suicide. As a result, attempting to undertake Santhara may result in criminal charges under Section 309 of the Indian Penal Code.<sup>xxxii</sup>

Even the Supreme Court has attempted to address this conflict on several times. The Court contended in *P. Rathinam v. Union of India* that section 309 of the Indian Penal Code should be repealed.<sup>xxxiii</sup> The case of *Gian Kaur v. the State of Punjab*, on the other hand, took a different path, with the Supreme Court ruling that provisions penalising people who attempt suicide were justifiable, and that the right to life does not include the right to die. The Supreme Court determined that a person's right to life does not include the right to commit suicide. The right to live does not include the right to die.<sup>xxxiv</sup> “Euthanasia is one of the most mystifying subjects which the courts and legislators all over the globe are grappling with today,” the Apex Court remarked in *Aruna Ramchandra Shaunbag v. Union of India*, a historic case in which the court explored the question of euthanasia. Aruna Shaunbag was a rape victim who was strangled by her rapist with a dog chain during an attempted rape. The blood flow to her brain had been cut off as a result of the strangling, and she had plantar extensors disease. Despite the fact that the tragedy occurred more than 36 years ago, the victim's health was still quite terrible. She was fully bedridden and unable to move due to brittle bones; she was prone to bedsores, and even the tiniest physical motions were dangerous to her. She peed and pooped on her bed and was only cleaned once every several days. Pinky Virani, a social activist, filed a writ suit on her behalf. The petition claimed that Aruna was little more than a living skeleton, and that her sufferings had to come to an end. The petitioner requested Aruna's feeding to be discontinued so that she may be alleviated of her suffering, claiming that Aruna was in a persistent vegetative state in which she was completely unaware of her surroundings. It was claimed that she was living in such a way that her right to a dignified life had been infringed. The hospital personnel, on the other hand, did not want her to be killed and maintained that they had provided her with excellent care. They argued that Aruna was not dead since her brain stem cells were still functioning. Pinky Virani's petition was therefore denied, and the removal of life support was not permitted. As a result of this case, passive euthanasia has been permitted in India in circumstances where the patient's parents, spouse, close relatives, or a close friend consent.<sup>xxxv</sup>

“An individual's right to refuse life-prolonging medical care or to end life is another freedom that falls within the zone of right of privacy,” Justice Chelameswar observed in the case of *K.S. Putta Swamy v. Union of India*.<sup>xxxvi</sup>

However, in response to a writ suit filed by Common Cause in 2005, the Supreme Court has allowed passive euthanasia and living will prevent the pain of people; that when a person's sickness is incurable, life support can be stopped.<sup>xxxvii</sup> The impact of the case on Advanced Medical Directives and Living Wills, which a person must create in order to exercise his or her right to die. The Court ruled that a person's "fundamental right to a meaningful existence" includes the option of dying without pain.<sup>xxxviii</sup>

This decision was applauded since it met a long-standing need in the country to legalise passive euthanasia. Indeed, there is a deafening silence on the subject of attempted suicide under section 309 I.P.C. Yes, the Mental Health Care Act of 2017 has offered survivors of suicide attempts hope and the opportunity to live a dignified life. Suicide is no longer considered a crime under the Act's terms. However, there are certain inconsistencies between this statute and the requirements of the I.P.C.

## CONCLUSION

Euthanasia's foundation is based on the concept of mercy death. It is fundamentally a human right to die with dignity. In the same way that dignity is essential in life, it is also required in death. A life of pain will never be able to compete with a life of dignity. As a result, competent people should be able to choose how they die. If they request it freely, they must be given the option of a less painful and rapid death. Patients in Persistent Vegetative State (PVS) should also be given the option of a swift and dignified death. Their misery must come to an end. While India's Constitution guarantees life with dignity, death with dignity should also be guaranteed. Only a few nations throughout the globe now allow for speedy death through euthanasia or Physician-Assisted Suicide. The majority of the world does not believe that euthanasia or physician-assisted suicide are acceptable. It is widely held that no one has the right to end his or her life, even if it is unworthy. Life is a gift from God, and it should not be intentionally shortened. Those who oppose this viewpoint feel that no one should be forced to endure a life of suffering and anguish. There is no dignity in a person who does not desire to continue a life that will not allow him or her to live at least half of a normal life. Patients on life support equipment or in Persistent Vegetative States, likewise, should be permitted to die.

People suffering from a terminal disease must be permitted to die with aid due to advances in medicine and the availability of technology that can alleviate agony. This new assumption of the right to life is the result of both sociological and technical changes. To avoid abuse, this must be done in a controlled manner.

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