Victory of Passive Euthanasia in India

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"Life is companion of death; death is the beginning of life. Manâ€™s life is coming together of breath. If it comes together, there is life; if it scatters, there is death. And if life and death are companions to each other, then what is there for us to be anxious about.â€”

It is a victory for those persons who campaigned for euthanasia in India. In the particular case of Aruna, Judges gave their opinion in favour of passive euthanasia. It is a judgment which describes and emphasises only and solely on euthanasia. The judgment of Aruna has not been tangled euthanasia with the right to die. In this judgment, honourable Judges sharply and intelligently decide about euthanasia. Before starting discussion on euthanasia, it is necessary to know about its general concepts in our country and other countries of the world. Euthanasia which has been taken from the Greek word â€œeu thanatosâ€• meaning â€œgood deathâ€• eu (well or good) + Thanatos (death) refers to the practice of ending a life in a painless manner. The definition of euthanasia is â€œa deliberate intervention undertaken with the express intention of ending a life, to relieve intractable sufferingâ€•. Euthanasia can be classified into three major categories:

1. Voluntary euthanasia

In case of voluntary euthanasia, the person wants to die and says so. This includes cases of:

- Asking for help with dying
- Refusing burdensome medical treatment
- Asking for medical treatment to be stopped or life support machines to be switched off
- Refusing to eat
- Simply deciding to die

2. Non-voluntary euthanasia

The person cannot make a decision or cannot make their wishes known. This includes cases where:

- The person is in a coma
- The person is too young (e.g. a very young baby)
- The person is absent-minded
- The person is mentally backward to a very severe extent
- The person is severely brain damaged
- The person is mentally disturbed in such a way that they should be protected from themselves

3. Involuntary euthanasia

Euthanasia conducted without consent is termed involuntary euthanasia. Involuntary euthanasia is conducted where an individual makes a decision for another person incapable of doing so. Both voluntary and involuntary euthanasia can be conducted passively or actively. A number of authors consider these terms to be misleading and unhelpful.

1. Passive euthanasia

Passive euthanasia entails the withholding of common treatments, such as antibiotics, necessary for the continuance of life. Passive euthanasia occurs when the patient dies because the medical professionals either donâ€™t do something necessary to keep the patient alive, or when they stop doing something that is keeping the patient alive such as:

- Switch off life-support machines
- Disconnect a feeding tube
- Donâ€™t carry out a life-extending operation
- Donâ€™t give life-extending drugs

Active euthanasia

Active euthanasia entails the use of lethal substances or forces to kill and is the most controversial means. An individual may use a euthanasia machine to perform active voluntary euthanasia on him/her.

Refusing Burdensome Treatment

Refusing burdensome treatment can be seen as allowing the dying to die in an appropriate way, which is not the same thing as causing the death of the living. The sorts of treatment that can be stopped or refused because it is burdensome would include:

- Experimental treatment.
- Treatment where the unpleasant side-effects are completely out of proportion to any possible benefit. In 1980 the Sacred Congregation for the Doctrine of the Faith suggested that treatment for a dying patient should be proportionate to the therapeutic effect to be expected, and should not be disproportionately painful, intrusive, risky, or costly, in the
circumstances.
- Futile treatment that does not have any reasonable chance of doing good other than keeping the patient away from dying.
- Treatment that causes great suffering to the patient and makes their overall situation worse.
- Treatment that causes great suffering to those who love the patient.
- Heroic treatment which the medics carry out for their own sakes.
- Objections to this sort of treatment are much more common when the patient is close to death, and are also raised when a patient is in a persistent vegetative state and could continue to live in a coma for many years with treatment. This latter case is always controversial. Emerging challenges in the field of Euthanasia Euthanasia has to face many challenges in the present world. There are many raising questions about euthanasia like:

- Does euthanasia make life less sacred or desecrate its holiness?
- Does the right to die include physician-assisted suicide?
- The biggest threat of the right being misused which is the foremost reason shown by the anti-euthanasia lobby in opposing the right.
- In the Indian context, people are demanding repeal of Section 309 IPC which criminalises attempt to suicide. Whether euthanasia is same as suicide?
- There are three main grounds on which the constitutional validity of Section 309 IPC was challenged preferred viz. 1. Section 309 is violative of Articles 19 and 21 of the Constitution because it constitutes an unfair and unjust interference with the right to life and other freedoms.
- Section 309 that treats all suicide attempts alike is arbitrary and thus violative of Article 14.
- The punishment provided for the offence is barbaric, cruel and unreasonable.
- Section 309 IPC initially makes euthanasia as a criminal act. Sections 107, 305, 306, 304OA IPC are punishing the physician if he assists in euthanasia. Where a patient who is competent refuses medical treatment and the doctor obeys and withholds and withdraws treatment then does the doctor commit an offence under the above sections of penal laws?
- For euthanasia the very first challenge is Section 309 IPC as it expresses very clearly that patient who withdraws or gives the consent of practising euthanasia, shall initially be punished for attempt only.
- Does the right to life under international human rights instruments necessitate the outlawing of euthanasia?
- Any discussion on euthanasia, if it is to move from the areas of a purely academic exercise, has to be construed in a socioEconomic setting where every human life has an equal value.
- Whether cases that involve the withdrawal of life-supporting aid reveal anything about the plausibility of distinguishing morally between killing and letting die?
- Does the concept of Ôhumanisation of lawsÔ take away monopoly ownership of the State over human life, albeit partially?
- While contemplating legalising euthanasia, the countryÔs policy in this regard requires consideration. The countryÔs policy creates a great challenge in legalising euthanasia.
- The real rather than the rhetorical justification for the VAE is not the patientÔs autonomous request but the doctorÔs judgment that the request is justified because death would benefit the patient.
- In case a person is killed in his own interest because he requests whereas in the other a person is killed in the interest of others without his consent, is surely a morally relevant difference. Challenge is where to draw the line for euthanasia?
- Whether logically sustainable distinction can be drawn between the evaluation of life at the top of the slope (VAE) and the evaluation of the life at the bottom of the slope (involuntary euthanasia)?
- It is not always possible to estimate the doctorÔs acts, especially when on account of nature of the disease the kind or quality of treatment is not in question, but the resolve of the doctor and that of the patient or his relations might be questioned on ethical grounds.
- It is very difficult to draw a line and characterise the doctorÔs act as active or passive. On the other hand the principles of law may have to suggest that omission, too, is tantamount to a positive act provided proximate intended result flows from the omission.
- If self-inflicted death or physician-assisted death is permitted, what way shall it injure the old genius or impair the interests of the State?
- Euthanasia is a very complex problem because with it are connected certain ticklish issues liable to religious, legal and ethical consequences.
- Euthanasia discourse faces a barrage of criticism from all sides regarding its individualistic approach to solving conflicts and social changes.
- The modern medical equipment which are being set up to make human life happier and complete are themselves becoming the cause for pains and suffering of human kind. International Progress of Euthanasia Hippocratic Oath which is taken by medical practitioners mentions to save the life of every person and not kill them, but because of development of medical cosmos in the early 20th century thinkers and socialists started the debate on euthanasia. This was the positive thinking which started between the intellectuals but as the debate began, it was hurt as Hitler on behalf of euthanasia issued Aktion-T4.

In October 1939 amid the disorder of the outbreak of war Hitler ordered widespread Ômercy killingÔ of the sick and disabled. Code named ÔAktion-T4,Ô the Nazi euthanasia program to eliminate Ôlife unworthy of lifeÔ at first focused on newborns and very young children. Midwives and doctors were required to register children up to age three who showed symptoms of mental delay, physical deformity, or other symptoms included on a questionnaire from the Reich Health
Ministry. Between 1939 and 1941, 72,000 people were murdered in this programme. Aktion-T4 was a program, also called Euthanasia Program, in Nazi Germany spanning October 1939 until August 1941, during which physicians killed 70,273 people specified in Hitler’s secret memo of 1-9-1939 as suffering patients judged incurably sick by critical medical examination, but described in a criticism of the programme by Cardinal Galen as long-term prisoners of mental refuges who may appear incurable.

Another example of bad practice of euthanasia in North Korea where all the disabled kids were killed as soon as they were born in order to have no disabled kids in the country. However, after all every class of society did not like to discuss on euthanasia. Because of bad impression of past, people strongly oppose euthanasia as in their general opinion euthanasia is a right to die which hurts feelings of human beings and humanity. Nevertheless some organisations have worked hard and are working on euthanasia. These are ancient organisations in international cosmos that have made the society aware about euthanasia for the modern context. Some of them are:

1. Exit Exit was earlier also known as The Voluntary Euthanasia Society of Scotland which is a leading source of self-deliverance information worldwide. It published the first booklet in the world of self-deliverance (rational suicide) in 1980, How to Die With Dignity, after breaking with its parent organisation that was formed in 1935 which was then known as Exit but now it is known as Dying With Dignity. In 1993, Departing Drugs was published, which was translated into several languages worldwide; and in 2007 Five Last Acts was published, which was a comprehensive book on self-deliverance.

2. Exit International Exit International is a very famous organisation in support of euthanasia. It is an Australia-based group. It is headed by Dr. Philip Nitschke.

3. Euthanasia Research & Guidance Organisation (ERGO) ERGO's mission is to provide information and literature on the right to choose to die by a competent adult, either by assisted suicide or self-deliverance. ERGO, incorporated under Oregon law in 1993 as a non-profit educational organisation, has more than 5000 supporters.

4. Death with Dignity National Centre The Death with Dignity National Centre is an organisation that has been in existence for more than fifteen years. This organisation is most famously associated with the original writing and continued advocating of the Oregon Death with Dignity Law that was enacted on 27-10-1997.

5. Compassion and Choices Compassion and Choices is a non-profit organisation that supports, promotes, and educates people about health care options that can expand choice at the end of life. The organisation was formed by the merging of Compassion in Dying and End-of-Life Choices organisation which was formerly known as the Hemlock Society.

6. World Federation of Right to Die Societies The World Federation of Right to Die Societies was founded in 1980 and includes thirty-eight rights to die organisations in twenty-three different countries. The federation serves as an international link between organisations whose aim is to provide people with self-determination and dignity during death. The Board of Directors of this alliance supports legal changes that will allow people who suffer from incurable diseases to obtain gentle death in a dignified way.

7. Dying with Dignity Dying with Dignity is a non-profit Canadian organisation that was founded in 1980. It is concerned with the treatment of terminally ill patients and is aiming to improve the quality of those who are dying.

8. Dignity in Dying Dignity in Dying is a voluntary organisation located in London. This group believes that terminally ill patients deserve access to information that provides them with a choice on where to die and who should be present. They fight for change by throwing to law-makers in hope of improving laws that govern patient choice. They also hope to promote change by educating people who work in the medical and legal professions about end-of-life decisions. This group is trying to get a debate going in Parliament after they were able to get one-hundred of them to sign an EDM (early day motion). This motion is aimed at repealing the Suicide Act of 1961 which prohibits assisted suicide. It is the hope of this association that Parliament will overturn the Suicide Act of 1961 that allow patients suffering from incurable diseases to seek painless end-of-life treatment to end their lives.

9. Dignity New Zealand The organisation, Dignity New Zealand, was founded in August 2003 under the name Exit DZ as a direct result of Parliament’s decision to deny the death with dying bill. It was in May 2005 that Exit DZ was renamed Dignity DZ. It is the belief of this organisation that terminally ill patients should have the option of assisted suicide and should not be given penalties if choosing to do so.

Some countries in the world have adopted passive euthanasia. Oregon, Montana and Washington, the States of United States of America; Belgium and Netherlands have legalised passive euthanasia but there are still some where the controversy is going on.

Indian attitude However, controversy over passive euthanasia in India has taken a new turn but euthanasia still has not been legalised. The meaning of euthanasia in India is freedom to leave, which permitted the sick and hopeless to
terminate their lives. In contrast to many countries such as USA where attempt to suicide is not a crime, in India abetment of suicide as well as attempt to suicide are criminal offences according to Sections 306 and 309 of the Penal Code respectively.17

According to the Indian Society of Critical Care Medicine Committee for the development of guidelines for limiting life-prolonging interventions and providing palliative care towards the end of life, "Euthanasia is the intentional killing of a patient by the direct intervention of a doctor ostensibly for the good of the patient or others."18

According to the classical Indian contexts, when one approaches the topic of death, one encounters three basic types of death: natural, unnatural (being killed), and self-willed (killing oneself). With reference to natural death we find that there was a strong Brahmanical Hindu prescription to live a hundred years or at least to the end of the natural lifespan. The funeral or shraddha rites were performed for those who died a natural death. Those men who died naturally became the ancestors who were sustained through the offerings, apparently until they were reborn.

Different historical periods had very different understandings of the importance of the natural lifespan and the acceptability of heroic, voluntary death and religious, self-willed death.

Much sympathy was expressed in classical India for euthanasia in the sense of freedom to leave by one suffering from a seemingly incurable disease or by one facing very devastating old age. Accordingly, euthanasia belonged to the category of self-willed death and was never formally viewed as mercy killing of another person. Once there was a formal public declaration of the intent to perform self-willed death, helping the person was allowed. The individual's choice and will-power to implement it was therefore mandatory when euthanasia was accepted in the pre-modern Indian context. The phenomenon of euthanasia was intimately related to the larger categories of heroic and religious self-willed death, which, in turn, were related to the yet broader context of violence and non-violence in Indian society and religion. Although there was positive evaluation of euthanasia in classical Hinduism, strong criticism developed by the 10th century CE, which suggests that abuse occurred either of euthanasia proper or of other forms of heroic and religious, self-willed death to which it was closely associated, despite the attempt to define parameters.

The great saints, sages, and seers of India from time immemorial have been following the latter law of religious philosophy. They beckoned, welcomed, and met death at will in the later part of their ascetic lives by taking samadhi which is complete absorption in God-consciousness to attain eternal peace and moksha. Many of them were even blessed with the greatest human virtue of ichcha mrityu which is commandings death at will. They could not be killed or die otherwise. They were idolised out of respect and homage was made to them. Such saints were worshipped as gods.

In the Mahabharata we find that after the victory of good over evil and of dharma (righteousness) over adharma (sin) and after being freed from obligations and duties to society and the kingdom, both the ancestor and the guru of the Pandavas and Kauravas beckoned to death and, having ichcha mrityu, voluntarily died. Many others met death of their own will, including Lord Rama and his brothers who, after fulfilling their duties and obligations in life, voluntarily gave their lives by taking samadhi in River Saryu in Ayodhya. There were no laws to restrict a saint, seer, or ascetic from taking samadhi at will. On the opposing, the practice had religious sanctions. They had the right to die of their own will.

Apart from this, Chandragupta Maurya, founder of the Maurya dynasty with his guru Jain Muni Bhadraabahu adopted self-willed death by fasting till death as a true disciple of Jainism. Vinoba Bhave also adopted self-willed death by fasting till death. One of the early patriots of India, Velu Tampi, died with the hands of his younger brother. He was about to be seized by his enemies, so he asked his younger brother to kill him. A wounded soldier also requested his companion to shoot him to end his pain. Additionally, many people in Indian history have requested for euthanasia but their request was rejected such as Amit Jain, 33 years old, who was suffering from spinal injury since 20 years and was dependent on his married sister after the death of his parents.19 The same case was observed in 2008 when a 40-year-old woman with a kidney ailment and her husband from Kolkata had written to the District Magistrate for seeking euthanasia.20

Mercy killing has involved the attention of philosophers and lawyers, since the time of Greek thinkers in the west and the Mahabharata in the east. Recent efforts in India to encourage the High Courts of Bombay and Kerala to permit mercy killing and the case of Aruna have revived the debate of euthanasia in the Indian perspective.

Now, if we take a look at what different religions in India think about euthanasia then we will find out that many religions are against euthanasia like the Hindus think that a person who commits euthanasia does not attain moksha. Other religions which prohibit euthanasia are Islam, Christianity, etc. but the Jains are not against euthanasia. Jain acharyas have given seventeen types of death such as avicimarana, avadhimarana, atyantikamarana, etc.

The Penal Code, based on British law at the time of the British rule, views suicide as a criminal act. Because suicide has been interpreted as inclusive of all forms of self-willed death, euthanasia became illegal with the advent of British law in India. But there is some sympathy for euthanasia. Under the Penal Code, 1860, euthanasia is under Exception 5 to Section 300 where it is given that culpable homicide is not murder when the person whose death is caused is above 18 years of age, suffers death or takes the risk of death at his own consent. It means that the person who is causing death is not absolved from the punishment; he will be liable for culpable homicide not amounting to murder.
A challenge to the Penal Code’s ruling on suicide was made by Justice T.K. Tukol in a series of lectures. He tried to show the positive attitude of euthanasia which is neither right to die nor attempt to suicide or sati pratha, jauhar, neither it is the starvation to leave the body nor taking jal samadhi, etc. While commentators on the Penal Code have included the case of religious fasting to death among the forms of suicide, Justice Tukol argued that such fasting to death is not suicide. The wise ones say that Sallekhana (euthanasia) is giving up the body when there is calamity, famine, old age and decay, painful disease, and incurable disease for the sake of dharma.

The debate on euthanasia has again become a live issue in India as the Supreme Court of India in 1994 passed a decision that attempted suicide is not a crime. According to the Penal code, which was mainly adopted from the British Penal Code, attempted suicide was a crime, punishable with years of imprisonment. With the recent medical knowledge gained by researchers and the opinions expressed by distinguished and outstanding psychiatrists all over the world, the judges in their decision were sympathetic to those who attempted suicide.

Dilip Machua, who pleaded to the President of India to either arrange for his treatment or sanction euthanasia, died in a government hospital. He was readmitted in the hospital on April 10 after his health deteriorated further. There was a similar case where Dinesh Pratap Singh knocked the doors of the High Court pleading for euthanasia but the Court refused. This shows that euthanasia is not allowed in India but trying continues.

The law, though active in many countries, has been a sleeping giant in India, as euthanasia goes on behind closed doors. The law awoke from its slumber in 1994 by way of a petition filed by P. Rathinam directed against the constitutional validity of Section 309 IPC, which deals with punishment for attempt to commit suicide.

However, whatever progress was there came to a never-ending stop in 1996, and the state of confusion returned. There was a question on whether the right to die is included in Article 21 or not which came up for consideration for the first time in Maruti Shripati Dubal v. State of Maharashtra, in the Bombay High Court. The Court striking down Section 309 IPC said that the right to life includes the right to die. In this case, a mentally deranged Bombay Police constable tried to set himself afire in the Corporation’s office as he was refused for a permission to set up a shop. The Court observed, "The right to life is a natural right embodied in Article 21 of the Constitution, but suicide is an unnatural termination or extinction and incompatible and inconsistent with the right to life."

Now, the same Court supported the constitutional validity of Sections 309 and 306 thereby legalising the same. A judgment totally contradictory to the earlier one, this presented a picture of the confusion that prevails in our apex judiciary as far as euthanasia is concerned. The primary basis for taking such a contention was Article 21, which states that all Indians have a right to life and personal liberty. The judgment accepted the view that in a terminally ill patient (one in a permanent vegetative state), mercy killing does not extinguish life, but accelerates conclusion of the process of natural death that has already commenced. But it goes on to say that the scope of Article 21 cannot be widened enough so as to include euthanasia. In the concluding remarks, assisted suicide and abetting of suicide were made punishable, due to "cogent reasons in the interest of society.""22

The debate on euthanasia took a stronghold in 1994 when the Supreme Court passed a verdict that attempted suicide is not a crime. According to Section 309 IPC assisted suicide was a crime which was punishable. With the opinions expressed by well-known psychiatrists from the world, the judges showed sympathy to assisted suicide in their judgment.

In a recent development, India has its first guidelines for taking irrevocably ill patients off treatment and life support. Senior doctors at the Postgraduate Institution of Medical Education and Research in Chandigarh and the lawyers in Punjab have worked together on guidelines for letting patients who have suffered brainstem death or are in deep coma die in dignity and peace. All doctors in the hospital will receive new guidelines. The recommendations are that the patients with irreversible, end-stage diseases should not linger for months on assisted ventilation.

In many cases like the one of K. Venkatesh not only was he forced to suffer a lot of pain which he would not have suffered if he was allowed to practice euthanasia but also destroys the hope of another person who could have enjoyed a happy life.

The Chairman of the Kerala Law Reform Commission and imminent jurist and former Chief Justice of India Hon’ble Justice V.R. Krishna Iyer also shows sympathy for passive euthanasia or withdrawing life-sustaining equipment in his
report in 2008 in which he mentioned that passive euthanasia is not an offence and should not be punished.29

Similarly, the 196th Report of the Law Commission of India also mentions that withholding life-supporting measures should not be considered unlawful but several guidelines should be made in order to practice passive euthanasia. It is also reportedly in favour of decriminalising suicide along with making euthanasia legal.

In fact, many people in India do not understand the technical terms related to euthanasia, but they generally oppose it and they have great misconceptions regarding euthanasia that it is misleading and has many side effects. But many people in India practice passive euthanasia either knowingly or unknowingly. They often argue with the medical practitioners to withhold the life-supporting measures if the condition of the patient is very critical and there is no hope left of his living. Hence, this shows that, however, passive euthanasia is being practised in India but this is not legal.

Like a man needs clothes to beautify himself, in the same way euthanasia needs a legal pro forma. Recently, in the judgment of Aruna30, the judges open the path for passive euthanasia in India although in this case Aruna was not allowed passive euthanasia. The judges told that in their opinion, the High Court can grant approval for withdrawal of life support to an incompetent patient.31 They have given the direction when passive euthanasia is performed. They have told that in case such an application is filed the Chief Justice of the High Court should constitute a Bench of two Judges to decide to give approval or not. And before taking the decision, the committee should take consent of three reputed doctors, one of them should be a physician, one should be a psychiatrist and one should be a neurologist. All of them should go to examine the patient, his report and observe the condition of the patient, his relatives and the staff. This committee of three doctors should give its report to the High Court. Simultaneously, the High Court should issue a notice to the State and the patient’s close relatives or next friend in the absence of close relatives and also provide them with the copy of the doctor’s report as soon as possible. After all this process, and after hearing all of them, the High Court should give its judgment as early as possible so that there is no mental agony caused to the patient’s relatives or friends. The judges have also told that the High Court should give its decision assigning a specific reason according to the best interest of the patient and the High Court should also give weight to the views of the near and dear ones of the patient. The judges have mentioned that this process should be carried all over India until and unless a specific law regarding euthanasia is made by Parliament of India.32

The author has submitted his thesis for the degree of Doctor of Philosophy in Law entitled “Euthanasia: A Study in Socio-Medico-Legal Perspective”. He had enrolled in 2007 and submitted his research a few months ago in August 2010. During his research period, he observed and studied lots of material on euthanasia and has analysed it. He has completed small empirical study specially based on Uttar Pradesh. There he found two kinds of patients—those who are in vegetative state and those who are suffering with incurable disease. Either they get themselves cured in government hospitals like medical colleges, Sanjay Gandhi Post Graduate Institute of Mediology, King George Medical College, other medical colleges in the State or private medical institutions or private hospitals. In private institutes, if a patient is in vegetative state or is suffering from incurable disease, he is admitted in ICU to take out money from him. There is no hope of their life, nevertheless, they are admitted in ICU and this process lasts for a long period. Finally, they withdraw the life-supporting measures on the risk of the patient’s attendants without any discharge certificate and formality. On the other hand, the government hospitals from the starting only compel to withdraw their patient if he is in a vegetative state or is suffering from any incurable disease without fulfilling any formalities, and without giving any discharge certificate. Both these incidents reflect the practical condition of passive euthanasia in India. Because when the patient goes back to home, after illegal withdrawing from the hospital, dies naturally because of vegetative state or incurable disease.

The author thinks that this condition is present in almost whole of India. Therefore, passive euthanasia or withdrawal of life-supporting equipment is not a step that will break the social engineering of the society. The learned Judges provide a positive way for passive euthanasia. At least, until it is overruled by a larger Bench or any special law is made by Parliament regarding euthanasia till then according to the procedure told by the court, it can be implemented. Most of the people of the Indian society are against euthanasia because of lack of awareness of euthanasia especially passive euthanasia which is fit for society and practicable.

Eventually, it is a victory for passive euthanasia. But it is a positive first milestone in the Indian context, not the last. Yet many things are there to be carried out so that modern developed medical technology cannot play with the human life and human feelings. The most important step will be when we will be able to aware our society that passive euthanasia is not general right to die or attempt to suicide. It is not similar to that. Our history has been the witness that we have loved both life as well as death because death is a bigger truth than life. As Rabindranath Tagore wrote in Gitanjali:

And because I love this life, I know I shall love death as well. The child cries out when from the right breast the mother takes it away, in the very next moment to find in the left to find its consolation.

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  - Chuang-Tzu, The Inner Chapter, 235.