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## 1. National Mission for Manuscripts (NMM) GS 2 (Governance)

- **Why in News:** The Union Ministry of Culture is set to “revive and relaunch” the National Mission for Manuscripts (NMM) and is mulling the formation of an autonomous body to help preserve ancient texts in India.

- **More on News:**

- **Presently, NMM is a part of the Indira Gandhi National Centre for Arts.**
- The **new body**, likely to be named the National Manuscripts Authority, **will be an autonomous entity** under the Ministry of Tourism and Culture.

- **About National Mission for Manuscripts (NMM):**

- It was established in February 2003, by the **Ministry of Tourism and Culture**, Government of India.
- **Mandate:** **Documenting, conserving and disseminating the knowledge preserved in the manuscripts.**
- Motto: ‘Conserving the past for the future’
- A unique project in its programme and mandate, the NMM seeks to **unearth and preserve the vast manuscript wealth of India.**
  - **India possesses an estimate of ten million manuscripts, probably the largest collection in the world.**
  - These cover a variety of themes, textures, and aesthetics, scripts, languages, calligraphies, illuminations, and illustrations.
  - While **75% of the existing manuscripts are in Sanskrit**, 25% are in regional languages, according to the NMM.
- **Objectives:**
  - **Locate manuscripts** through a national-level survey and post-survey.
  - **Document each and every manuscript** and manuscript repository, for a **National Electronic Database** that **currently contains information on four million manuscripts** making this the **largest database on Indian manuscripts** in the world.
  - Conserve manuscripts **incorporating both modern and indigenous methods** of conservation and training a new generation of manuscript conservators.
  - To **train the next generation of scholars in various aspects of Manuscript Studies** like languages, scripts and critical editing and cataloguing of texts and conservation of manuscripts.
  - To promote access to manuscripts by **digitizing the rarest and most endangered manuscripts.**
  - To promote **access to manuscripts through the publication** of critical editions of unpublished manuscripts and catalogues.
  - To **facilitate public's engagement with manuscripts** through lectures, seminars, publications and other outreach programmes.
  - To achieve this mandate, the mission has **established more than 100 Manuscripts Resource Centres and Manuscripts Conservation Centres** all over India.
- **What is a Manuscript?**
  - A manuscript is a **handwritten composition on paper, bark, cloth, metal, palm leaf, or any other material dating back at least seventy-five years** that **has significant scientific, historical, or aesthetic value.**
  - Lithographs and printed volumes are not manuscripts.
  - Manuscripts are found in hundreds of **different languages and scripts.**
  - **Often, one language is written in a number of different scripts.** For example, Sanskrit is written in Oriya script, Grantha script, Devanagari script, and many other scripts.

## Centre to relaunch mission to preserve ancient manuscripts

Sreeparna Chakrabarty  
NEW DELHI

The Union Ministry of Culture is set to “revive and relaunch” the National Mission for Manuscripts (NMM) and is mulling the formation of an autonomous body to help preserve ancient texts in India.

Presently, NMM is a part of the Indira Gandhi National Centre for Arts. The new body, likely to be named the National Manuscripts Authority, will be an autonomous entity under the Ministry, sources told *The Hindu*.

The Ministry had held a

meeting chaired by Culture Minister Gajendra Singh Shekhawat on October 14 to discuss the way forward.

The meeting took stock of NMM's achievements since its establishment in 2003, Mr. Singh told *The Hindu*.

The NMM stated that till date metadata of 52 lakh manuscripts has been prepared and roughly over 3 lakh titles have been digitised, he said. However, only one-third of them have been uploaded.

The NMM also stated that over the past 21 years, it had undertaken preventive and curative conservation of 9 crore folios.

- Manuscripts are **distinct from historical records such as epigraphs on rocks, firmans, and revenue records**, which provide direct information on events or processes in history.
- Manuscripts **have knowledge content**.

## 2. Why Germany needs Indian Workforce GS 2 (International Relations)

- **Why in News:** India and Germany have announced an increase in the annual visa quota for skilled Indian professionals from 20,000 to 90,000. This move is designed to make up for the labor shortage that Germany is facing due to an aging population.
- **Key Points:**
  - Germany's population is aging rapidly, with 27% of the population being 60 and above in 2014. This number is expected to reach 35% by 2030.
  - This aging population is leading to a labor shortage in various sectors, including nursing and elderly care, childcare, truck driving, and middle-level jobs in engineering and IT.
  - India has a large and skilled workforce that can help fill this labor gap.
  - The increased visa quota will allow more Indian professionals to work in Germany.
  - This move will enhance economic and professional ties between the two countries.
- **Additional Points:**
  - The German government has also set up a new framework of legal requirements for immigrating to the country, including the visa digitization program and connecting job seekers and businesses.
  - Indian students currently represent the largest group of foreign students in German universities.
  - German language proficiency remains among the prerequisites for those seeking to study or work in Germany.
- **Conclusion :** The increase in the visa quota for Indian professionals is a welcome move that will benefit both India and Germany. It will help Germany address its labor shortage and provide opportunities for Indian professionals to work in a developed country.

### Ageing population, labour shortage: Why Germany needs Indian workforce

DIVYAA  
NEW DELHI, OCTOBER 25

ADDRESSING REPORTERS alongside visiting German Chancellor Olaf Scholz on Friday, Prime Minister Narendra Modi announced that Germany has decided to raise the annual visa quota for skilled Indian professionals from 20,000 to 90,000.

While this fourfold increase will enhance economic and professional ties between the two countries, the move is also designed to make up for labour shortage that Germany might be facing owing to an ageing population. In 2014, around 27% of the German population was 60 and above, a number that is expected to touch 35% by 2030, as per statistics. The increased quota will come in handy in labour-intensive sectors such as nurses and elderly care, childcare, truck drivers and middle-level jobs in the engineering and IT sectors. Talking to reporters, visiting German Foreign Minister Annalena Baerbock said, "In Indian society, there are so many young skilled people driving the



EAM S Jaishankar and his German counterpart Annalena Baerbock exchange documents in presence of PM Narendra Modi and Chancellor Olaf Scholz at Hyderabad House.

labour market. In Germany, we need labour. This could be a win-win situation for the people in India and Germany." According to the latest figures from the German Academic Exchange Service, 49,483 international students from India were studying in Germany during the 2023-24 winter semester. This marks a 15% increase compared to the previous year, making Indians the largest group of international students in the country, surpassing China. Talking of the migration and mobility agreement that India

and Germany signed in 2022, Baerbock said they have recorded a 25% increase in the number of students and professionals coming to Germany, and the potential is even higher. German Labour and Social Affairs Minister Hubertus Heil said their country has recently set up a new framework of legal requirements for immigrating to the country, including the visa digitisation programme and connecting job seekers and businesses. He said German language proficiency remains among the

prerequisites for those seeking to study or work in Germany. He said the German authorities are aware that Indians may prefer English-speaking countries like the US and the UK. But it is necessary to learn German for Indians to be able to work in a variety of jobs, he said.

Heil called India an "ideal partner" as the world's most populous country with a huge workforce. He said there was "good progress" on attracting skilled labour to Germany, particularly "in the sectors where we need them most urgently — medicine, nursing care and IT sector".

"Our aim is to entice even more skilled workers from your country for Germany," Scholz told Modi. "The number of Indians working in Germany has grown by 23,000 in the past year alone," he noted during the 18th Asia-Pacific Conference of German Business 2024. He highlighted that Indian students currently represent the largest group of foreign students in German universities, emphasising their value to the German labour market.

## 3. Centre doubles Mudra loan ceiling to Rs 20 lakh under new category GS 2 (Governance)

- **Why in News:**
  - The government has increased the loan limit under the Pradhan Mantri Mudra Yojana (PMMY) from Rs 10 lakh to Rs 20 lakh, introducing a new 'Tarun Plus' category aimed at supporting emerging entrepreneurs.
  - This enhancement will aid entrepreneurs in growth and expansion, furthering the Mudra Scheme's mission to "fund the unfunded" and strengthen India's entrepreneurial ecosystem.
  - Finance Minister Nirmala Sitharaman initially announced the increase in her July 2024 Union Budget, specifying that it applies to those who have availed and successfully repaid previous loans in the 'Tarun' category.
- **Pradhan Mantri Mudra Yojana (PMMY)**
  - **About**
    - PMMY was launched in April 2015 for providing loans up to 10 lakh to the non-corporate, non-farm small/micro enterprises.



- These loans are classified as MUDRA loans under PMMY. These loans are given by Commercial Banks, RRBs, Small Finance Banks, MFIs and NBFCs.
- **Institution created – MUDRA**
  - **MUDRA**, which stands for **Micro Units Development & Refinance Agency Ltd.**, is the financial institution set up by the Government to provide these loans.
  - It provides funding to the non-corporate small business sector through various last-mile financial institutions like **Banks, Non-Banking Financial Companies (NBFCs)** and **Micro Finance Institutions (MFIs)**.
  - Eligible person can avail benefits under PMMY by applying for loan from any of the above-mentioned institutions.
  - **MUDRA does not lend directly to micro-entrepreneurs/individuals.**
- **Categories of Loans under PMMY:**
  - Under the aegis of PMMY, MUDRA has created three products namely 'Shishu', 'Kishore' and 'Tarun' to signify the stage of growth/development and funding needs of the beneficiary micro unit/entrepreneur.
    - **Shishu** – Covering loan up to Rs. 50,000/-
    - **Kishore** – Covering loans above Rs 50,000/- and up to Rs. 5 lakh
    - **Tarun** – Covering loans above Rs. 5 lakh and up to Rs. 10 lakh
- **Eligibility for PMMY**
  - Any Indian Citizen who has a business plan for a non-farm income generating activity such as manufacturing, processing, trading or service sector.
  - The applicant should not be a defaulter to any bank or financial institution and should have a satisfactory credit track record.
  - The borrower can approach any of the lending institutions mentioned above or can apply online through this portal [udyamimitra.in](http://udyamimitra.in)
- **Interest on Mudra loans**
  - Interest on Mudra loans by PSBs and private banks ranges from 9.15 per cent -12.80 per cent and 6.96 per cent –28 per cent, respectively based on the cost of funds, risk profile of the borrower, tenure of loans, etc.
- **Benefits of PMMY:**
  - **No Collateral Security:** The borrowers do not need to furnish any form of collateral to procure these loans. Hence, one doesn't need to risk one's personal or business property in order to secure some funds.
  - **Easily Available:** This loan is easily available to entrepreneurs trying to set up micro-sized enterprises anywhere in India and in almost every industry domain.
  - **Defaulting Procedure:** In case of defaulting the loan legally, due to unforeseen circumstances or for losses due to natural causes, the government bears the responsibility to repay the loan.
  - **Quick Capital:** The loans under the MUDRA scheme are available to micro-sized enterprises in a quick, effortless manner. Loans of up to 10 lakh can be easily availed in this process.
  - **Empowering Women:** Women entrepreneurs have added special concessional benefits to the loans offered under the MUDRA scheme.

## Govt doubles loan limit under Mudra Yojana to ₹20L

**PRESS TRUST OF INDIA**  
NEW DELHI, OCTOBER 25

THE GOVERNMENT has doubled the loan limit under the Pradhan Mantri Mudra Yojana (PMMY) to Rs 20 lakh to promote entrepreneurship in the country.

This increase aspires to further the overall objective of the Mudra Scheme which is funding the unfunded, the finance ministry said in a statement on Friday. A notification in this regard was issued on Thursday.

As announced by the Finance Minister Nirmala Sitharaman on July 23, 2024, in the Union Budget 2024-25, the limit under the Pradhan Mantri Mudra Yojana (PMMY) has been enhanced from the current Rs 10 lakh to Rs 20 lakh.

"The limit of Mudra loans will be enhanced to Rs 20 lakh from the current Rs 10 lakh for those entrepreneurs who have availed and successfully repaid previous loans under the 'Tarun category', Sitharaman said while presenting the Budget in the Lok Sabha.

This enhancement is specifically beneficial to upcoming entrepreneurs facilitating their growth and expansion. The move is in alignment with the government's commitment in fostering a robust entrepreneurial ecosystem.

- **Rural Empowerment:** The MUDRA Yojana loans are equally available to small-scale businesses in both rural and urban areas. Besides, rural locales benefit more from such loans due to greater accessibility.
- **Flexible Repayments:** Although one can choose to repay the loan in a shorter period, the time frame of loan repayment can also be extended for a period of up to 7 years.
- **Multiple Credit Possibilities:** The MUDRA scheme offers multiple opportunities to expand one's micro-unit enterprise with facilities like cash credit, equipment financing, etc
- **MUDRA Card:** You can also apply for a MUDRA card that provides instant and seamless access to funds and overdraft facilities.

| PMMY DATA SHEET                                      |                            |   |
|--|----------------------------|---|
| Loans provided under 3 categories                    |                            |   |
| ₹50,000<br>SHISHU                                    | ₹50,000-₹5 lakh<br>KISHORE | ₹10 lakh<br>TARUN                                     |
| ■ 66.8 mn loans worth ₹5.4 trn sanctioned in 2023-24 |                            | ■ 487.8 mn loans worth ₹29.79 trn approved since 2015 |

#### o Achievement

- According to government data, 66.8 million loans were sanctioned under PMMY in 2023-24, amounting to Rs 5.4 trillion.
- As of June 2024, more than 487.8 million loans totaling Rs 29.79 trillion have been sanctioned since the inception of the scheme.
- Non-performing assets (NPA) of public sector banks in Mudra loans have **decreased to 3.4 per cent in FY24**, down from a high of 4.77 per cent in 2020-21, and 4.89 per cent in 2019-20.
- In contrast, the gross NPA of scheduled commercial banks in the country is 2.8 per cent as of March 2024.

## 4. Can a Popular Weight-Loss Drug Reduce the Risk of Alzheimer's?

### GS 2 (Health)

- **Why in News:** A recent study published in the journal Alzheimer's & Dementia suggests that semaglutide, the active ingredient in popular weight-loss and diabetes medications like Ozempic and Wegovy may significantly lower the risk of developing Alzheimer's disease (AD) in individuals with type 2 diabetes.

#### • Key Findings:

- o **Reduced AD Risk:** Semaglutide users had a 40-70% lower risk of developing Alzheimer's compared to those taking other diabetes medications like metformin, insulin, and older GLP-1 drugs.
- o **Mechanism of Action:** Semaglutide, a GLP-1 receptor agonist, might protect the brain by stabilizing blood sugar levels, reducing inflammation, and improving cellular energy.
- o **Potential Implications:** This research opens new avenues for treating Alzheimer's, potentially offering a preventive strategy where few currently exist.

#### • Significance for India:

- o India has a high prevalence of type 2 diabetes, which is a risk factor for Alzheimer's. This research could be particularly significant for India, as it offers a potential preventive strategy for a disease that is becoming increasingly prevalent in the aging population.

#### • Conclusion:

- o While further research is needed to confirm these findings and explore the long-term effects of semaglutide on Alzheimer's risk, this study provides promising evidence that weight-loss medications may have additional benefits beyond weight management. It highlights the potential of repurposing existing drugs for new therapeutic uses and offers hope for developing effective preventive strategies for Alzheimer's disease.

## Can a popular weight-loss drug reduce risk of Alzheimer's?

**ANITA LADNAY**  
NEW DELHI, OCTOBER 25

**SEMAGLUTIDE**, the active ingredient in popular weight-loss and diabetes medications like Ozempic and Wegovy, may significantly lower the risk of developing Alzheimer's disease (AD) in individuals with type 2 diabetes, a new study shows.

Alzheimer's causes a gradual decline in memory, thinking, behaviour, and social skills, and is the most common cause of dementia. According to the new study published in the journal *Alzheimer's & Dementia*, the semaglutide was found to significantly lower the risk of developing AD compared to other diabetes medications. Specifically, it was found to reduce the risk of AD by 40-70% in semaglutide users compared to those taking other diabetes medications like metformin, insulin, and older GLP-1 drugs like liraglutide.

Using specific statistical methods, they studied the time taken for Alzheimer's to be diagnosed in these patients, or at all. The study found that patients prescribed semaglutide had a significantly lower risk of AD than those who had taken one of the several other diabetes drugs.

The most notable difference was with patients who took semaglutide and those who took insulin, with semaglutide users showing a 70% lower risk of developing Alzheimer's.

Semaglutide also was associated to a lower risk of developing Alzheimer's. The study's senior author, Kong Xu, the director of the Center for Artificial Intelligence in Drug Discovery at Case Western Reserve University School of Medicine in Ohio, speculated on this finding that more potent GLP-1 RA drugs might have an even stronger effect on combating Alzheimer's.

"There is a higher dose than we are using to see an even stronger effect," he said in an interview to NDTV.

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"There is a higher dose than we are using to see an even stronger effect," he said in an interview to NDTV.

**Science behind findings**

The study used GLP-1 RA, a group of drug which includes semaglutide, might help protect brain function. Early research on semaglutide identified a number of ways in which it might benefit the brain such as lowering blood sugar levels, reducing inflammation, and improving how brain cells use glucose for energy and reducing the buildup of harmful plaques and tangles associated with Alzheimer's.

Semaglutide reduces neuro-inflammation, which is commonly linked to Alzheimer's. It helps stabilise blood sugar levels, limiting oxidative stress or cell damage and enhancing cellular energy. This action can protect neurons from degeneration, a hallmark of Alzheimer's and other neurodegenerative diseases.

"This is a vital study that opens research which introduces a new therapeutic path for treating Alzheimer's, potentially ground-breaking," he demonstrated that.

**Potential implications**

The US Food and Drug Administration (FDA) has approved two treatments - Wegovy (Liraglutide) and Ozempic (Semaglutide) - that may help slow the progression of AD by targeting the disease's hallmark amyloid plaques in the brain. But there can be serious side effects, including brain swelling and hallucinations. Traditionally, Alzheimer's has been managed largely using cognitive and lifestyle interventions.

This is a vital study that opens research which introduces a new therapeutic path for treating Alzheimer's, potentially ground-breaking," he demonstrated that.

**The study adds to our understanding of how blood glucose control (a2D-1 therapy) for brain-protective effects. Lower blood sugar can protect against the progression of Alzheimer's disease, but there can be serious side effects, including brain swelling and hallucinations. Traditionally, Alzheimer's has been managed largely using cognitive and lifestyle interventions.**

**GLP-1 drugs can delay reduction in symptoms in diabetes patients, one of being a preventive strategy where few currently exist," according to Dr. Sitanshu Sinha, a neurologist at the Indian Institute of Medical Research (IIMR) in Varanasi.**



## 5. Why Protected Areas Are Seeing Faster Biodiversity Decline GS 3 (Environment)

- **Why in News:** Protected areas, designated to safeguard biodiversity and ecosystems, are paradoxically witnessing accelerated biodiversity loss. This alarming trend is highlighted in a recent study by the Natural History Museum (NHM).
- **Key Findings:**
  - **Global Decline:** The Biodiversity Intactness Index (BII) has decreased by 1.88 percentage points globally between 2000 and 2020.
  - **Protected Areas Underperform:** Biodiversity decline within protected areas (2.1 percentage points) is more rapid than in unprotected critical biodiversity areas (1.9 percentage points).
  - **Focus on Species, Not Ecosystems:** Many protected areas prioritize specific species over the entire ecosystem, compromising overall biodiversity.
  - **External Threats:** Oil and gas concessions, climate change-induced wildfires, and degradation in the surrounding areas undermine the effectiveness of protected areas.
- **Reasons for Decline:**
  - **Inadequate Protection:** Protected areas often lack stringent enforcement and management, leading to encroachment and unsustainable practices.
  - **Climate Change:** Extreme weather events like wildfires and droughts exacerbate biodiversity loss within protected areas.
  - **Habitat Fragmentation:** Human activities and infrastructure development surrounding protected areas fragment habitats, limiting species movement and reducing genetic diversity.
  - **Resource Extraction:** Oil and gas concessions within protected areas directly threaten ecosystems and wildlife.
- **Implications:**
  - **Questioning Conservation Effectiveness:** The study challenges the conventional wisdom that protected areas are sufficient for biodiversity conservation.
  - **Need for Reassessment:** The design and management of protected areas require a critical reassessment to ensure they effectively safeguard biodiversity.
  - **Strengthening Enforcement:** Stricter enforcement of regulations and increased surveillance are necessary to deter illegal activities within protected areas.
  - **Addressing External Threats:** Mitigation strategies for climate change and sustainable management of surrounding landscapes are crucial to protect biodiversity within protected areas.
- **Conclusion:**
  - The faster decline of biodiversity within protected areas underscores the urgent need for a paradigm shift in conservation approaches. Simply designating areas as protected is insufficient; robust management, effective enforcement, and addressing external threats are essential to safeguard biodiversity and ensure the long-term health of ecosystems.

### WHY 'PROTECTED' AREAS ARE SEEING FASTER BIODIVERSITY DECLINE

BIODIVERSITY IS declining more quickly inside key protected areas than outside them, according to a new study. The findings, which raise questions about the on-going conservation practices, suggest that merely designating more areas as protected "will not automatically result in better outcomes for biodiversity".

The analysis was carried out by the Natural History Museum (NHM), based in London, and published on Monday.

Dr Gareth Thomas, head of research innovation at NHM, told *The Guardian*, that the study's findings should be a "wake-up call" to policymakers and enforcers of the legislation that it was not enough just to designate an area as protected. "The ministers and policymakers need to know it is not about just hitting a number," he said.

#### What did the study say?

The researchers involved in the study examined the Biodiversity Intactness Index (BII), which estimates how much of a region's natural biodiversity is still left on average, according to the NHM website.

They found that the index has decreased by 1.88 percentage points globally between 2000 and 2020.

The researchers also examined critical biodiversity areas (CBAs) — ecosystems and areas such as wetlands that are crucial for biodiversity — 22% of which is protected. They found that "within those critical areas that were not protected, biodiversity had declined by an average of 1.9 percentage points between 2000 and 2020, and within the areas that were protected it had declined by 2.1 percentage points," according to a report by *The Guardian*.

#### Why is the decline happening?

One of the primary reasons for the decline is that many of the protected areas are not designed to safeguard the whole ecosystem but only certain species. This means that complete "biodiversity intactness" is not a priority, according to the study.

The researchers also said that these areas could have already been witness-



A sulphur-crested cockatoo injured in the 2020 wildfires in Australia's Kosciuszko National Park. Reuters

ing degradation, which is why they were declared protected in the first place. They pointed out that region-specific analysis is required to determine why these landscapes are deteriorating.

Another threat to the protected areas is oil, gas, and mining concessions — land granted by the government to companies which explore for and produce oil, natural gas, and other hydrocarbons. For instance, more than 65% of the Konkouati-Douli national park, which is one of the most biodiverse protected areas in the Republic of the Congo, is occupied by oil and gas concessions, *The Guardian* report said.

The climate crisis also has a role to play. The researchers said that more frequent and intense droughts and wildfires have severely impacted the protected areas. For example, several of Australia's national parks, which have been stringently protected by authorities, were destroyed by wildfires in 2019.

"Protections in place are not stringent enough... Countries need to continue their focus on 30x30 (a commitment made by countries at Biodiversity COP15 to put at least 30% of the world's lands and oceans under conservation by 2030), that shouldn't waver. They just need to bring more into it, and pay more attention to actually conserving the land which provides those ecosystem services," Thomas told *The Guardian*.

EXPRESS NEWS SERVICE

## 6. The right to die with dignity — SC rulings and what the law says in India GS 2 (Social Issues)

- **Why in News:**
  - The Ministry of Health and Family Welfare has released draft guidelines to implement the Supreme Court's 2018 and 2023 orders on the right to die with dignity. These guidelines provide a framework for state governments and hospitals to withdraw life support for terminally ill patients.

- Though India lacks specific legislation on life-sustaining treatment withdrawal, the guidelines affirm its legality within this regulated structure.

## • Understanding Withholding or Withdrawing Life-Sustaining Treatment

### ○ About

- Withholding or withdrawing life-sustaining treatment involves ending medical interventions, such as ventilators and feeding tubes, when they no longer improve the patient's condition or merely extend suffering.
- These treatments temporarily replace essential bodily functions but are discontinued to allow natural progression of the illness, providing comfort care and symptomatic relief instead.

### ○ Right to Refuse Medical Treatment

- The right to refuse medical treatment has long been upheld in common law and is recognized as a fundamental right under Article 21 (Right to life and personal liberty) of the Indian Constitution following the 2018 Supreme Court decision in **Common Cause vs Union of India**.
- This right allows patients to refuse life-sustaining treatments, even if refusal may lead to death.

### ○ Process for Withholding or Withdrawing Life Support

- **Through Patient Consent:** If a patient has decision-making capacity, they can refuse treatment.
- **Through Advance Directives or 'Living Wills':** A patient may outline their wishes in a 'living will' to guide future medical care if they lose the ability to decide.
- **For Patients Without Capacity or Living Will:** In cases where a patient cannot make decisions and lacks a living will, the treating physician can recommend withholding or withdrawing treatment if there is no reasonable chance of recovery, and further intervention would only prolong dying.

## • Euthanasia or the so called 'mercy killing' of a patient

### ○ Understanding Euthanasia and Misconceptions Around "Passive Euthanasia" in India

- Euthanasia involves the intentional ending of a terminally ill patient's life by a doctor to relieve suffering.
- In India, "passive euthanasia" often refers to withholding or withdrawing life-sustaining treatment, but this term has led to misconceptions and public apprehension regarding the right to die with dignity.
- A 2018 glossary by the Indian Council of Medical Research highlighted that this term is widely misunderstood and lacks social acceptability.

### ○ Withholding or Withdrawal of Life Support and Do-Not-Attempt-Resuscitation (DNAR) Orders

- The withdrawal of life-sustaining treatments can include "do-not-attempt-resuscitation" (DNAR) orders, where a physician decides, in consultation with the patient or family, not to attempt resuscitation.
- Importantly, DNAR does not mean stopping other medical treatment; it only limits resuscitation efforts.

### ○ Does Withholding or Withdrawing Treatment Mean Giving Up on the Patient?

- Choosing not to continue life-sustaining treatment is not about abandoning the patient but about recognizing when interventions are futile and only prolong suffering.
- In such cases, the focus shifts to palliative care, ensuring the patient's comfort.
- In contrast, discharging patients against medical advice often results in inadequate care, increasing suffering for patients and their families.

## The right to die with dignity

What are the laws on withholding and withdrawing life support in terminally ill patients? Does this mean giving up on the patient, and are doctors expected to decide whether someone lives or dies?



EXPERTS' EXPLAIN  
DIVYANI MEHTA & SHIREEN YACHU

AT THE end of last month, the Ministry of Health and Family Welfare released draft Guidelines for the Withdrawal of Life Support in Terminally Ill Patients.

The guidelines provide a pathway for the withdrawal of life support in terminally ill patients. The guidelines are intended to place key mechanisms required by the Supreme Court's order. These include:

• Setting up of Primary and Secondary Medical Boards at the level of the hospital, which will determine when further medical treatment may not be beneficial to terminally ill patients.

• Notification of doctors by the district Chief Medical Officer or equivalent hospital-level Secondary Medical Boards, which will confirm or reject the opinion of the Primary Medical Boards.

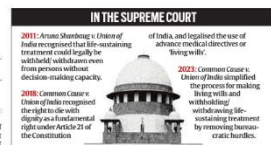
There is no declared legislation in India on withholding or withdrawing life-sustaining treatment. But the Supreme Court's judgment, and now the draft guidelines published by the Ministry, make it clear that withholding or withdrawing life-sustaining treatment is legal in India under a codified framework.

What is meant by withholding/withdrawing or withdrawing life-sustaining treatment?

Withholding or withdrawing life-sustaining treatment refers to discontinuing life-sustaining medical interventions such as ventilators and feeding tubes, etc., when these no longer help the condition of the patient or prolong their suffering.

Life-sustaining treatments are medical interventions that artificially replace bodily functions essential to the life of the person. These interventions are withheld or withdrawn with the underlying intent to allow the patient to die peacefully.

The right to refuse medical treatment has always existed in common law, even if it results in death. Following the Supreme Court's decision in *Common Cause vs Union of India*



(2018), it is also recognized as a fundamental right under Article 21 (Right to life and personal liberty) of the Indian Constitution.

The withdrawal of life support in terminally ill patients is a complex issue. The decision to withdraw life support is made after a thorough assessment of the patient's condition and the family's wishes.

Withholding or withdrawing life-sustaining treatment does not mean that the doctor is abandoning the patient. It is about recognizing when medical interventions are no longer beneficial, and will only lead to the prolongation of suffering. Withholding or withdrawing life support is a decision that is made after a thorough assessment of the patient's condition and the family's wishes.

In fact, it is the current practice of discharge against medical advice that causes more suffering. Doctors practice under the mistaken belief that they cannot withhold or withdraw life-sustaining treatment. As a result, patients are left to die without appropriate care, which adds further suffering and to the emotional distress of caregivers.

How is a living will drawn up, and how does it work?

To enforce the right to die with dignity, the Supreme Court in 2018 judgment also laid down the framework for making advance medical directives or living wills. However, the process was complex, and the court simplified it in its 2023 judgment.

Just like with a person's property, it is to be held with care, and the written documents made by a person of age 18 years or older, expressing their will on how they would wish to be treated if they lose their capacity.

The document should detail at least two surrogate decision-makers – anyone whom

the person trusts, from family to neighbours, who can make decisions on behalf of the person if they lose decision-making capacity. The document becomes legal when it is signed in the presence of an executor and two witnesses, and attested before a notary or gazetted officer.

What is the medical procedure for withholding or withdrawing life-sustaining treatment? (Laid down by the SC and reaffirmed by the guidelines?)

The legal framework recognizes the rights and desires of both doctors and patients, and allows for extensive independent expert opinions and the informed consent of most of the surrogate decision-makers.

The treating hospital constitutes a Primary Medical Board to assess the patient's condition, and to recommend the appropriateness of withholding or withdrawing life-sustaining treatment. The board is composed of the treating doctor and two expert consultant experts with at least ten years of experience.

To ensure another level of checks, a Secondary Medical Board, also set up by the hospital, reviews the decision of the Primary Medical Board. The Secondary Medical Board comprises a registered medical practitioner nominated by the district Chief Medical Officer, along with two subject matter experts with at least ten years of experience.

All these members must be different from those on the Primary Medical Board.

The persons nominated by the Primary Medical Board to advance medical decision or surrogate decision-makers (where there is no doctor) must consent to the withholding or withdrawing of treatment.

The hospital must notify decisions on withholding, withdrawing life-sustaining treatment to the local judicial magistrate.

What doctors are required to play a role?

No. Making assessments about the appropriateness of medical treatment is a unique part of medical practice, and the ethical responsibility of doctors.

In any case, the procedure envisaged "shared decision-making," which requires the treating team and family/surrogate decision-makers to agree jointly to withhold or withdraw life-sustaining treatment. This protects doctors, advances the autonomy of patients, accounts for the wishes of near and dear ones, and provides legal clarity.

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- **Living Will**
  - To support the right to die with dignity, **the Supreme Court established guidelines in 2018 for creating living wills, later simplified in 2023.**
  - A living will allows individuals aged 18 or older to outline their medical care preferences should they lose decision-making capacity.
  - The document must name at least two trusted surrogate decision-makers.
  - To be legally binding, **it must be signed before an executor, two witnesses, and attested by a notary or gazetted officer.**
- **Medical Procedure for Withholding or Withdrawing Life-Sustaining Treatment**
  - **Guidelines by SC**
    - The Supreme Court's guidelines outlined a structured procedure for withholding or withdrawing life-sustaining treatment.
    - It emphasized the rights and duties of both doctors and patients and ensuring independent expert assessment and consent from family or surrogate decision-makers.
  - **Primary Medical Board Assessment**
    - A Primary Medical Board, consisting of the treating doctor and two subject-matter experts with a minimum of five years' experience, is constituted by the hospital.
    - This board assesses the patient's condition and determine the appropriateness of stopping life-sustaining treatment.
  - **Secondary Medical Board Review**
    - For additional oversight, a Secondary Medical Board is set up to review the Primary Board's decision.
    - It includes a registered medical practitioner appointed by the district Chief Medical Officer and two experienced subject-matter experts, all different from those on the Primary Board.
  - **Consent from Family or Surrogate Decision-Makers**
    - Consent from the patient's nominated representatives in an advance directive or, where unavailable, surrogate decision-makers is required before withholding or withdrawing treatment.
  - **Judicial Notification**
    - The hospital must notify the local judicial magistrate about the decision to withhold or withdraw life-sustaining treatment.
  - **Shared Decision-Making and Ethical Responsibility of Doctors**
    - The procedure promotes **"shared decision-making,"** involving the medical team and the patient's family or surrogates to jointly agree on treatment decisions.
    - This protects doctors legally, respects patient autonomy, includes family wishes, and maintains ethical standards without placing sole responsibility on the physician.