International Research Journal of Management Science & Technology



ISSN 2250 – 1959(0nline)
2348 – 9367 (Print)

An Internationally Indexed Peer Reviewed & Refereed Journal

www.IRJMST.com
www.isarasolutions.com

Published by iSaRa Solutions

NEGATIVE IMPACT OF LIFE SUPPORT SYSTEMS WITH SPECIAL REFERENCE TO TIME MANAGEMENT: A CRITICAL AND LEGAL ANALYSIS IN INDIA AND ABROAD

Dr. Swet Raj Pareek
Associate Professor, Jaipur School of Law, Maharaj Vinayak Global University, Jaipur
Email: pareekswetraj@gmail.com
Dr. Aayushi Pareek
Assistant Professor, Government Law College, Churu
Email: aayushipareek7@gmail.com

ABSTRACT

The advent of modern medical technology has profoundly affected the course of human mortality, allowing for the continued performance of physiological functions well beyond the permanent cessation of cognitive and neurological faculties. Life support systems, marvels of modern science, can have profoundly negative effects when used for long periods of time and without regulation. What begins as a life-saving measure can become a way to prolong the process of dying. This research paper discusses the negative implications of prolonged life support systems critically, with a unique and specific focus on time management. In critical care, time is scarce and volatile. Legal and bureaucratic delays in end-of-life decision-making deny intensive care beds to curable patients, impose astronomical financial toxicity on families, and create profound moral distress for healthcare providers. The paper highlights the tension between legal processes and clinical urgency through a discussion of the trajectory of medical jurisprudence in India, from Aruna Shanbaug to the Common Cause guidelines and the landmark 2026 judgment in Harish Rana v. Union of India, and compares this with international precedents, such as the United Kingdom's Airedale NHS Trust v. Bland and An NHS Trust v. Y. The conclusion of the analysis is a call for simplified legal systems, pointing out that justice delayed in the midst of end-of-life care is not just justice denied, but dignity destroyed.

Keywords: Life support systems; passive euthanasia; time management in health care; right to die with dignity; persistent vegetative state (PVS); advance medical directives (living wills); medical futility; medical jurisprudence.

1. INTRODUCTION

The intersection of law, medicine and ethics has never been more complicated than it is when dealing with end-of-life care. In the past, the definitive sign of death was the cessation of cardiopulmonary function. But then came the mechanical ventilator, extracorporeal membrane oxygenation (ECMO), and clinically assisted nutrition and hydration (CANH) in the mid-20th century. These life support systems blurred the line between life and death, creating a liminal state known as the Persistent Vegetative State (PVS). The chief aim of medical science is to save lives. But a great ethical problem arises when life support is medically futile. The disadvantages of such life-sustaining treatments (LST) are numerous. They include the severe physical deterioration of the patient, painful emotional trauma of the family, and excessive strain on the healthcare system. In this matrix, time management appears as an important but often forgotten variable.

In law, time is often counted in procedural hearings, affidavits, and administrative approvals. In medicine, and in the ICU in particular, time is measured in ischemic minutes, infection windows, and resource allocation. The slow pace of legal oversight, when it clashes with the pressing need for

medical decision-making, causes great harm. The paper provides a critical legal analysis of the failure of the legal process in the withdrawal of life support systems to manage time efficiently, thereby escalating the suffering of patients and collapsing the healthcare infrastructure, and compares the situation in India with that in foreign jurisdictions.

2. THE NEXUS BETWEEN TIME MANAGEMENT AND END-OF-LIFE DECISIONS

Effective time management in clinical settings is, essentially, a matter of the efficient and ethical use of resources, personnel, and interventions to maximize positive health outcomes. Starting life support without a clear plan to discontinue it, or with legal barriers that make it impossible to remove promptly, seriously disrupts the hospital's ecosystem.

2.1 Resource allocation and bed blockades in ICUs

Intensive care units operate with scarce resources. A PVS patient's delay in being legally taken off life support directly leads to a problem called 'bed blocking.' Each day a futile patient continues to occupy a ventilator while awaiting legal or administrative clearance is a day that a curable patient, perhaps someone with acute trauma or a post-operative complication, is denied access to life-saving care. In critical care settings, the inability to make quick decisions at the point of care directly affects overall patient survival rates.[i] So, the time spent debating futile care becomes a life-and-death issue for others.

2.2 Moral Distress and Time Consumption in Healthcare Professionals

Critical care nurses and physicians are on the front line when end-of-life decisions are delayed. Legal ambiguity that requires health care teams to continue aggressive care for a patient with no chance of recovery creates severe "moral distress."[ii] Performing invasive procedures on unresponsive bodies is time-consuming and draining for caregivers. Studies of the post-resuscitation phase show that the inability to make prompt decisions for withdrawing treatment results in adverse attitudes, burnout, and a decline in the overall quality of nursing care, with staff feeling that their time and skills are being used for futile, non-reflective interventions.[iii] Finally, administrative checklists that are poorly designed and delayed interactions in trauma settings further contribute to the time management crisis, burdening practitioners with protocol rather than patient care.[iv]

2.3 The Economics of Time: Financial Toxicity

In private healthcare systems, such as the highly privatized sector in India, the cost of ICU care is astronomical, and when the legal process to approve withdrawal of life support takes weeks or months, the financial meter keeps running. Families are routinely forced into catastrophic debt, liquidating assets and life savings to pay for "borrowed time" that provides no medical benefit whatsoever for their loved one.

3. INTERNATIONAL JURISPRUDENCE AND LEGAL ADVICE

The same friction between medical time and legal time is not a new problem for foreign jurisdictions to grapple with. The United Kingdom, compared to the United States, shows a worldwide trend away from long judicial oversight and toward clinical consensus.

3.1 Life Support Systems in the UK

The leading case in the UK is *Airedale NHS Trust v Bland*.[v] Tony Bland was crushed in the Hillsborough stadium disaster and left in a persistent vegetative state (PVS). The House of Lords ruled that artificial hydration and nutrition should not be continued because it had no medical benefit to him and was not in his best interests. Lords allowed withdrawal of life support, introducing the 'best interests' test. But the House of Lords warned that any such cases in the future must get the

court's approval. For 25 years the bland precedent has sent families and doctors to the Court of Protection. The implications for time management were staggering. Getting a court date often took months, and meanwhile the patient lay undignified. NHS economists also calculated that the average court referral process cost the health service around £122,000 per case, diverting precious resources. This long-standing mandate was finally quashed in the landmark Supreme Court ruling of *NHS Trust v. Y*.[vi] The UK Supreme Court acknowledged the detrimental impact of legal delays and decreed that doctors can legally withdraw ANH from PVS and minimally conscious patients without the need for court involvement, so long as there is a unanimous consensus between the treating medical team and the family. The UK has successfully combined medical ethics with good time management by removing the judiciary from the immediate clinical timescale.

3.2 Life Support Systems in the United States

The U.S. legal system has long struggled with the tension between patient autonomy and the state's interest in preserving life, often resulting in painfully lengthy legal battles.

• **In re Quinlan Case:** Karen Ann Quinlan's parents in New Jersey fought a long legal battle to have her ventilator removed. The court granted permission months after she had been artificially sustained. As a cruel irony, because CANH was not withdrawn, she continued to breathe on her own and lived in a PVS for another decade.[vii]

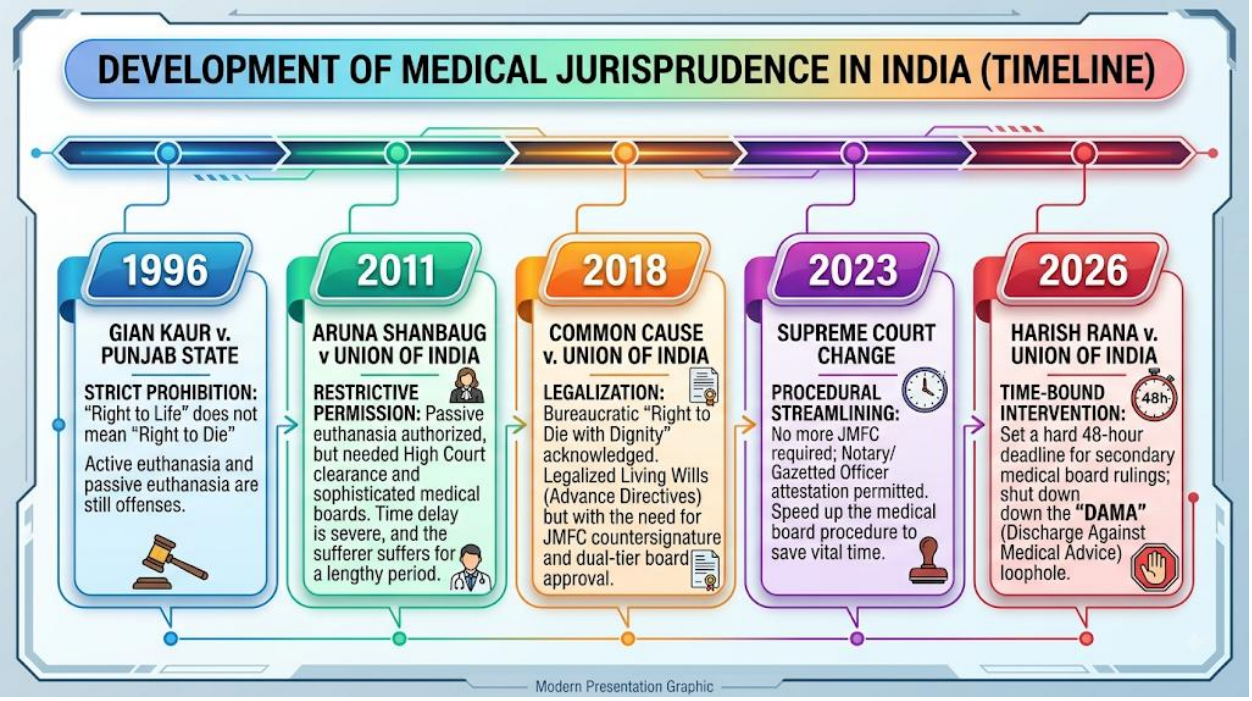
• **Cruzan v. Director, Missouri Dept. of Health Case:** The US Supreme Court ruled that "clear and convincing evidence" of a patient's wishes was needed to withdraw life support. Nancy Cruzan's fate took years to litigate, and it is a painful reminder of the enormous psychological toll that legal delays take on families caught in the web of the judicial machinery while their loved ones are tied to machines.[viii]

4. LEGAL FRAMEWORK AND JUDICIAL PRECEDENTS IN INDIA

The legal journey of passive euthanasia and withdrawal of life support in India has been a slow evolution from absolute prohibition to a heavily guarded permission to a more time-efficient, pragmatic approach. Article 21 of the Constitution of India, guaranteeing the "Right to Life," forms the bedrock of the discussion.[ix]

4.1 Development of Medical Jurisprudence in India (Timeline)

Indian medical law has changed in many ways over the years. The changing debates over euthanasia and the right to die with dignity have shed new light on this. This intricate legal field, which is deeply interconnected with human rights, ethics, and medicine, has been significantly influenced by a series of groundbreaking cases. Not only have these legal struggles mirrored cultural and moral shifts, but they have also slowly reshaped the bounds of personal autonomy during pain and terminal disease.



4.2 Landmark Cases on Euthanasia and the Right to Die with Dignity

In *Gian Kaur v. State of Punjab*,[x] a constitutional bench of the Supreme Court ruled that the right to life under Article 21 does not include the right to die, thus strictly criminalizing active euthanasia and assisted suicide. But the legal scenario saw a radical change with *Aruna Ramchandra Shanbaug v. Union of India.*[xi] Aruna, a nurse who was raped and brutally beaten, lived in a PVS for 42 years.

The Supreme Court legalized passive euthanasia (withdrawal of life support) for the first time. But the Court, scared of misuse, laid down a very restrictive procedure. Every single case had to be approved by the High Court, which had to constitute a medical board. This framework was a disaster in terms of time management. By the time a writ petition was filed, medical boards constituted, and judgment was delivered, patients had often died of natural complications in agony before the legal system could provide them the dignity of withdrawal.

4.3 Common Cause (2018) and the Acceptance of Advance Directives

In *Common Cause v. Union of India*,[xii] the Supreme Court corrected the cumbersome Shanbaug guidelines by expanding the scope of Article 21 to explicitly include the "Right to Die with Dignity." The court legally recognized Advance Medical Directives (AMDs), or "living wills."

But such a monumental shift was the 2018 judgment, which created a bureaucratic nightmare. AMDs had to be countersigned by a Judicial Magistrate First Class (JMFC), and a two-tier medical board system (a hospital board and a district board) reviewed by the district collector was required. The delays in finding a JMFC, the wait for district collectors to act, and the coordination of multiple doctors paralyzed the implementation of the law. Time management was totally overlooked, and absolute legal caution was preferred.

4.4 The 2023 Modification: An Exercise in Time Management

The Indian Society of Critical Care Medicine (ISCCM) filed a petition before the Supreme Court admitting that the 2018 rules were not practically feasible and caused major delays. The Supreme Court's key 2023 amendment revolutionized the legal framework for end-of-life choices, notably addressing the essential problem of time management (Mani et al., 2023).

- The mandate for a Judicial Magistrate First Class (JMFC) countersignature has been eliminated. Now, an Advance Medical Directive (AMD) can be attested by a notary or a gazetted officer.
- The requirements for a district-level medical board have been simplified, significantly reducing the administrative lag between a physician's clinical determination of futility and the authorized withdrawal of life-sustaining treatment (LST).

4.5 The Turning Point: Harish Rana v. Union of India Case

These legal principles were last and finally applied in the Supreme Court case of *Harish Rana v. Union of India*,[xiii] in March 2026. The plea to remove the Percutaneous Endoscopic Gastrostomy (PEG) feeding tube of Harish, who had suffered a head injury and had been in a PVS for more than a decade, was considered.

- **Withdrawal of CANH:** The court made it clear that Clinically Assisted Nutrition and Hydration (CANH) is a medical treatment and can be legally withdrawn.
- **Time and Bureaucracy:** The 2026 judgment acknowledged that efficiency was becoming ever more necessary. It required Chief Medical Officers (CMOs) to form panels of qualified doctors and choose a member for a secondary medical board within a tight 48-hour window. This directive was a time-bound legal intervention to tackle the time management crisis in ICUs.
- **DAMA condemned:** The Court roundly condemned the "Discharge Against Medical Advice" (DAMA) method as a time-saving but legally dangerous practice where hospitals just sent dying patients home without legal procedures and therefore without palliative care.

5. CRITICAL ANALYSIS: THE NEGATIVE EFFECTS OF PROLONGED LIFE SUPPORT

When life support systems are considered in terms of time management, the negative implications are reflected in three general areas: economic, psychological, and ethical.

5.1 Economic Impact of Administrative Delays

Health care is a timed commodity. If death is coming and coming soon, then extending the life support just makes the ICU an expensive waiting room instead of a healing room. The financial burden is disproportionate to the patient's family (out-of-pocket models like India) and/or the state (public models like the UK). When legal systems require multi-tiered approvals that take weeks, this gross mismanagement of time causes the non-optimization of healthcare budgets and deprives patients with reversible pathologies of critical care.

5.2 The Psychological Impact: (Ambiguous) Loss

Continued life support creates a psychological phenomenon called "ambiguous loss," in which the patient is physically present (warm to the touch, breathing through a machine) but cognitively absent. Legal red tape delays the removal of support, leaving families in a purgatory of grief. They can not hope neither can they mourn. Families are subject to extended psychological torture, unable to legally and clinically control the timing of death and breeding resentment toward the legal and medical systems.

5.3 Ethical Violations and Loss of Dignity

The principle of primum non nocere (first, do no harm), the first principle of medical ethics, is directly violated by postponing end-of-life decisions. Keeping a PVS patient with deepbed sores, recurrent pneumonias and multiple organ failure alive just because a magistrate has not yet signed a

document is an affront to human dignity. The right to die with dignity (Article 21 in India) is intrinsically associated with the time of that death. A death postponed by red tape is an undignified death.

6. RECOMMENDATIONS AND POLICY SUGGESTIONS

The following are strongly recommended policy interventions to minimize the negative consequences of life support systems and to address the gaping flaws in time management:

- **Enactment of a Comprehensive Statutory Law:** Common Cause Harish Rana India Reliance on Supreme Court guidelines only "Parliament urgently needs to legislate an 'End of Life Care Act,' which sets out clear, unambiguous, and time-bound statutory rules for withholding and withdrawing LST.
- **Hospital-Based Ethics Committees (HECs):** The decision to withdraw life support, if agreed upon by family and doctors, should be devolved to standard hospital ethics committees rather than district authorities. This would be consistent with the NHS v. Y approach in the UK and would settle disputes in hours, not weeks.
- **Strict Timelines for Dispute Resolution:** If a case is required to go to the High Court (due to disagreement between family and doctors), the law must mandate the creation of fast-track medical tribunals that give judgments within 72 hours, acknowledging that time is of the essence.
- **Integration of Early Palliative Care:** Palliative care should be integrated alongside curative intensive care from day one. Moving from a "cure at any cost" focus to "comfort and dignity" reduces the time spent agonizing over futile LSTs.
- **Standardized Checklists in Point-of-Care:** Checklists for administrative purposes in ICUs should be responsive and agile, with minimal time-lag from the clinical determination of futility to the initiation of comfort care protocols (Kulp et al., 2020).

7. CONCLUSIONS

Life support systems represent the pinnacle of human medical creativity, devised to ferry patients across the chasms of acute illness to recovery. Yet when recovery is not possible, these same systems become instruments of profound suffering. The critical analysis of this subject shows that the root cause of much of this suffering is the poor time management built into our legal and medical bureaucracies.

The legal trajectory is clear, from Aruna Shanbaug in India to the 2026 Harish Rana judgment, and abroad in Bland and NHS v. Y: the law must keep pace with the speed of clinical necessity. It is a violation of basic human rights to force families and physicians to go thru complex legal procedures as a patient's body shuts down on a ventilator. Effective time management in end-of-life care is not simply about freeing hospital beds, but about recognizing that a good death involves the compassionate, timely withdrawal of technology when it no longer benefits the human spirit.

8. REFERENCES

[i] Sasa Rajsic et al., *Diagnostic Modalities in Critical Care: Point-of-Care Approach*, 11 DIAGNOSTICS 2202 (2021).
[ii] Mahboubeh Zali et al., *Critical Care Nurses' Experiences of Caring Challenges During Post-Resuscitation Period: A Qualitative Content Analysis*, 23 BMC NURSING 1 (2024).
[iii] *Ibid.*
[iv] Lori Kulp et al., *Checklist Design Reconsidered: Understanding Checklist Compliance and Timing of Interactions*, PROC. 2020 CHI CONF. ON HUM. FACTORS IN COMPUTING SYS. 1 (2020).
[v] *Airedale NHS Tr. v. Bland*, [1993] A.C. 789 (H.L.) (appeal taken from Eng.) (U.K.).

[vi] *An NHS Tr. v. Y*, [2018] UKSC 46, [2019] A.C. 978 (U.K.).
[vii] *In re Quinlan*, 355 A.2d 647 (N.J. 1976).
[viii] *Cruzan v. Dir., Mo. Dep't of Health*, 497 U.S. 261 (1990).
[ix] R. K. Mani et al., *Simplified Legal Procedure for End-of-life Decisions in India: A New Dawn in the Care of the Dying?* 27 INDIAN J. CRITICAL CARE MED. 374 (2023).
[x] *Gian Kaur v. State of Punjab*, (1996) 2 S.C.C. 648.
[xi] *Aruna Ramchandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454.
[xii] *Common Cause v. Union of India*, (2018) 5 S.C.C. 1.
[xiii] *Harish Rana v. Union of India*, [2026] S.C.C. OnLine S.C.

ISARA INSTITUTE OF MANAGEMENT & PROFESSIONAL STUDIES

WWW.IIMPS.IN

EARN YOUR

MBA



Accreditation & Ranking

UGC / NCTE Approved.

INFO@IIMPS.IN

011-41005174

RESEARCH GATEWAY

STOP PLAGIARISM

1 Submit your content in Word File.

2 Get report in 48 hrs.

3 *Missing content or references will be fixed.

4 Citation for your work.

5 Get accurate user friendly report.

researchgateway.in | info@researchgateway.in

+91-9205579779

AROGYAM ONLINE

Arogyam Ayurveda

Holistic Healing through herbs

100% NATURAL

PARIVARTAN PSYCHOLOGY CENTER

COLOR PSYCHOLOGY : HOW COLOR AFFECT YOUR CHILD

BLUE — Calms your Child's Mind & Body

YELLOW — Promotes Concentration, Stimulates the Memory

PINK — Evokes Empathy, makes your Child Calm

RED — Excites and energizes your Child's body

GREEN — Improves Reading speed and Comprehension

www.parivartan4u.com

Confuse about your children's future?

भारतीय भाषा, शिक्षा, साहित्य एवं शोध

ISSN 2321 – 9726

WWW.BHARTIYASHODH.COM

INTERNATIONAL RESEARCH JOURNAL OF MANAGEMENT SCIENCE & TECHNOLOGY

ISSN – 2250 – 1959 (0) 2348 – 9367 (P)

WWW.IRJMST.COM

INTERNATIONAL RESEARCH JOURNAL OF COMMERCE, ARTS AND SCIENCE

ISSN 2319 – 9202

WWW.CASIRJ.COM

INTERNATIONAL RESEARCH JOURNAL OF MANAGEMENT SOCIOLOGY & HUMANITIES

ISSN 2277 – 9809 (0) 2348 - 9359 (P)

WWW.IRJMSH.COM

INTERNATIONAL RESEARCH JOURNAL OF SCIENCE ENGINEERING AND TECHNOLOGY

ISSN 2454-3195 (online)

WWW.RJSET.COM

INTEGRATED RESEARCH JOURNAL OF MANAGEMENT, SCIENCE AND INNOVATION

ISSN 2582-5445

WWW.IRJMSI.COM

JOURNAL OF LEGAL STUDIES,POLITICS AND ECONOMICS RESEARCH

WWW.JLPER.COM