

LEGAL STATUS OF EUTHANASIA IN INDIA: A LEGAL AND ETHICAL EXPLORATION**AUTHOR** – MAYUR RAJ H, STUDENT AT CHRIST (DEEMED TO BE UNIVERSITY)**BEST CITATION** – MAYUR RAJ H, LEGAL STATUS OF EUTHANASIA IN INDIA: A LEGAL AND ETHICAL EXPLORATION, *INDIAN JOURNAL OF LEGAL REVIEW (IJLR)*, 5 (1) OF 2025, PG. 883-887, APIS – 3920 – 0001 & ISSN – 2583-2344.**ABSTRACT**

The intentional taking of a life to end suffering, or euthanasia, has long sparked intense moral, legal, and emotional discussions. The right to die raises questions of compassion, autonomy, and personal dignity, particularly for people who are suffering from excruciating pain or terminal illnesses. In India, this topic has experienced a slow growth, characterized by key judgments that have substantially influenced the legal framework around euthanasia. The purpose of this article is to investigate the legal position of euthanasia in India, with particular attention to the legal protections for passive euthanasia, the differences between active and passive euthanasia, and the ethical and human rights issues that inform the conversation.

KEY WORDS: 1.Euthanasia , 2.Legal Framework , 3.Passive Euthanasia , 4.Ethical Issues , 5. Human Rights**INTRODUCTION:**

The extraordinary developments in medical science and technology have not been without a profound impact on society. They have raised awareness of problems that are changing society values and the way people live. The surge in the affirmation of human rights, autonomy, and freedom of choice is commensurate with these changes. These problems force us to reconsider our ideas about medical ethics, society ethics, and value systems. A significant area of clinical treatment and research among these concerns is the palliative care and quality of life concerns that patients with terminal illnesses, such as advanced cancer and acquired immune deficiency syndrome (AIDS), face. Considerable headway has been made in expanding the scope of research on palliative care and quality of life to address clinical challenges faced by cancer patients. This includes initiatives centered around mental health concerns like neuropsychiatric syndromes and psychological symptoms in patients nearing the end of their lives. The desire for death, physician-assisted suicide (PAS), and their connection to depression, however, may be the most

compelling and therapeutically important mental health issues in palliative care today. A number of connected problems or events, such as suicide and suicidal ideation, interest in PAS/euthanasia, and requests for PAS/euthanasia, have been linked to the concept of desire for death. This construct, which was established by Chochinov et al. after being first put forth by Brown and colleagues, focuses on the extent to which a person wishes their life may end sooner. Suicidal purpose, or the intention to take one's own life right away, is one extreme of it; the other is the total lack of want to die. Advocates for patient autonomy in choosing how and when to pass away have become more outspoken in recent years because of the widely reported cases of Drs. Jack Kevorkian, Timothy Quill, and Aruna Shanbaug. These instances have focussed on the misery of dying persons with terminal illnesses. However, the significance of medical, social, and psychological elements (such as depression) that may contribute to suicide ideation, a wish for a hastened death, or requests for PAS by terminally ill patients has frequently been disregarded in the political and legal intrigues.

DEFINITION OF EUTHANASIA AND PAS:

Early in the 17th century, the English philosopher Sir Francis Bacon invented the term "euthanasia." The phrase euthanasia, which originally meant "good" or "easy" death, is derived from the Greek words eu, which means "good," and thanatos, which means "death." The act of giving a patient a lethal medication by another person in order to end their unbearable and irreversible suffering is known as euthanasia. Usually, the doctor's intention is to alleviate suffering out of mercy. Physicians carry out euthanasia, which can be further classified as "active" or "passive." A doctor purposefully taking a patient's life is known as active euthanasia. The practice of withholding or stopping treatment that is required to save life is known as passive euthanasia. Three different forms of active euthanasia exist. One type of active euthanasia that is carried out at the patient's desire is voluntary euthanasia. "Mercy killing," or involuntary euthanasia, is the practice of ending a patient's life when they have not asked to in order to end their suffering. Nonvoluntary euthanasia occurs when a patient is not competent to give consent, yet the procedure is nonetheless carried out.

PAS, on the other hand, entails a physician offering drugs or counsel to enable the patient to end his or her own life. The practical differences between PAS and euthanasia may be substantial, even though some people may find the theoretical and/or ethical differences to be negligible. Even though many terminally ill individuals have access to potentially fatal drugs sometimes even at their doctors' request they do not take these drugs to terminate their own lives.

Both euthanasia and PAS have been distinguished, legally and ethically, from the prescription of high-dose pain medication aimed to ease a patient's discomfort that may expedite death (commonly referred to as the law of double effect) or even the cessation of life support. The motivation behind the act serves as the basis for the distinction between

euthanasia/PAS and the use of high-dose painkillers that may expedite death. While the goal of administering painkillers, which may also hasten death, is to alleviate suffering, the goal of euthanasia/PAS is to end the patient's life.

In many aspects, it is now much easier to distinguish between euthanasia/PAS and withdrawal of life support. Patients have the right to refuse any undesirable treatment, even if doing so could result in death, according to long-standing civil case law.[8] Conversely, patients haven't had the ability to request the therapies or interventions that they want. Because of this disparity, a patient who is on life support can now choose to end their own life at any time; a patient who is not on life support does not have this same freedom.

ANSWERING RESEARCH PROBLEMS:

PROBLEM 1: What is the distinction between active and passive euthanasia, and how is it addressed under Indian law?

Understanding the Difference

Fundamentally, euthanasia entails taking a person's life voluntarily in order to end their suffering, but the techniques vary greatly. The term "active euthanasia" describes actions taken directly to take a person's life, such as giving them a fatal amount of drugs. Given that it entails intentionally causing death, this is frequently viewed as going beyond moral bounds. Active euthanasia is considered homicide and is therefore outlawed in India. The deliberate killing of another person is clearly considered murder under Section 302 of the Indian Penal Code (IPC), which carries a death or life sentence penalty.

In contrast, passive euthanasia entails allowing the patient to pass away by refusing or withdrawing life-prolonging medical interventions. This can entail discontinuing the delivery of life-sustaining medications or shutting off life-supporting equipment. Allowing death to occur naturally rather than intentionally causing it is the goal.

Legal Recognition of Passive Euthanasia: The Aruna Shanbaug Case (2011)

Aruna Ramchandra Shanbaug v. Union of India (2011) marked a watershed in the legal acknowledgment of passive euthanasia in India. The focal point of the euthanasia discussion in India was Aruna Shanbaug, a nurse who had suffered a severe sexual assault and had been in a vegetative state for more than thirty years. Journalist Pinki Virani petitioned to have Aruna taken off life support, saying it would be cruel to keep her alive in that condition given her lack of possibility of recovery. The Supreme Court, in a nuanced opinion, refused to authorize the cessation of Aruna's life support, citing her stable but unresponsive condition. However, by approving passive euthanasia in some circumstances, the Court set a significant legal precedent. The ruling stated that passive euthanasia may be permitted in situations where a person is suffering from an irreversible terminal illness or is in a Permanent Vegetative State (PVS). Nonetheless, stringent protocols and safety measures including medical professionals and legal consent would have to be adhered to. The ruling in Aruna Shanbaug acknowledged the difficult circumstances experienced by people who are near death and acknowledged that it may not always be in the patient's best interest to prolong life under such conditions. The Court made a cautious step toward enabling people a dignified exit from life without authorizing direct actions that may expedite death by legally differentiating between active and passive euthanasia.

PROBLEM 2: What are the legal safeguards and procedures required for passive euthanasia as per Indian law?

The Right to Die with Dignity

In the Common Cause v. Union of India case, the Indian Supreme Court rendered yet another momentous decision in 2018. This decision solidified the right to die with dignity as a component of the constitutional right to life under Article 21 and broadened the legal

parameters for euthanasia. The Court's ruling marked a significant acknowledgment that the right to a dignified life must include the right to a dignified death, particularly in cases when medical science has rendered terminally ill patients' chances of recovery zero.

Living Wills: Empowering Individuals

One of the main points of the Common Cause ruling was the recognition of "living wills" or "advance directives." If a person has a terminal illness or other irreversible condition where death is imminent, they can state in their living will their desire to not be kept alive artificially. The idea of a living will gives people the power to decide for themselves, ahead of time, whether to continue providing life support for their loved ones in a place like India where family members frequently have to make heartbreaking decisions. With a living will, a person can take charge of their own end-of-life care, guaranteeing that their desires are honored and that their family is not left to bear the responsibility of making decisions about life and death. This is particularly important when patients' severe medical conditions prevent them from expressing their wishes.

Medical and Judicial Safeguards

Strict restrictions were established for the execution of passive euthanasia by the Common Cause verdict in order to prevent misuse or rash choices. Among these precautions are:

1. **Medical Board Review:** A group of physicians, known as a medical board, is required to review any decision to stop providing life-sustaining therapy. This guarantees that good medical advice will be considered instead of just family members' wishes while making the decision.

2. **Judicial Oversight:** A High Court must hear the case if there is no living will or if there is any uncertainty regarding the patient's intentions. This adds another degree of security, guaranteeing that choices are thoroughly considered in order to avoid the abuse or exploitation of euthanasia legislation.

Though careful and protective, these legal procedures respect the sovereignty of the individual and make sure that vulnerable people are not forced to terminate their lives too soon. The Court's strategy is to protect against the abuse of euthanasia laws while simultaneously upholding the dignity of a terminally ill individual.

PROBLEM 3:How do ethical considerations and human rights impact the legal status of euthanasia in India?

Balancing Autonomy with the Sanctity of Life

The sanctity of life and the right to autonomy are two strongly held values that are at odds with euthanasia. One can make the moral case that life is a gift that is sacrosanct and ought to be protected at all costs. In India, religious faiths such as Christianity, Islam, and Hinduism hold that life is divine and should not be purposefully ended by humans. On the other hand, there is the equally persuasive argument that individuals should have the freedom to choose the direction of their own lives, including the choice to terminate their suffering when no prospect for recovery remains. According to this viewpoint, it is morally required to end suffering and respect for each person's autonomy.

The Right to Life and Dignity: A Human Rights Approach

The right to life is protected by Article 21 of the Indian Constitution. This was once understood to include the right to life preservation in any situation. But as the judiciary's understanding of this right developed, it started to include the right to a dignified existence as well as the right to survival. The judiciary has finally acknowledged the right to die with dignity as a basic component of Article 21 in the context of terminal disease, where prolonged suffering offers no quality of life. One significant turning point in this development was the Common Cause ruling. The Supreme Court brought India into compliance with international human rights norms when it affirmed that the right to life encompasses the freedom to decline medical

intervention that would only cause more pain. The ruling takes a humane stance, acknowledging that sometimes the most honorable course of action is to let a person pass away quietly and without needless medical procedures.

Cultural and Religious Sensitivities

Legal choices pertaining to euthanasia in a nation as diverse as India must consider the cultural and religious contexts in which they are formed. Many Indians believe that life is a cycle that is predetermined by fate or divine will, and they may consider it morally immoral to interfere with that process. Simultaneously, new issues in the management of end-of-life care have been brought about by medical technology advancements, family structure changes, and urbanization. With the increasing number of people being maintained alive by medical devices and therapies, the issue of knowing when and how to let go has gained more significance. The Supreme Court shows a great deal of regard for these cultural sensitivities in its cautious stance on euthanasia. The Court has recognized the moral dilemmas surrounding the taking of life and provided a legal framework that protects human dignity in the face of terminal suffering by permitting passive euthanasia under stringent guidelines.

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