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## FROM SANCTITY OF LIFE TO AUTONOMY: REINTERPRETING ARTICLE 21 IN THE CONTEXT OF EUTHANASIA

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### Abstract

The question of whether the “right to die with dignity” forms an intrinsic part of the right to life under Article 21 of the Constitution of India has generated sustained constitutional, ethical, and legal debate. While the Supreme Court of India has progressively expanded the scope of Article 21 to include dignity, autonomy, and personal liberty, its approach towards euthanasia reflects a cautious and qualified recognition rather than a definitive endorsement of a substantive right to die. This paper undertakes a doctrinal and analytical examination of the evolving judicial discourse on euthanasia in India, with particular reference to landmark decisions such as *Gian Kaur v. State of Punjab*, *Aruna Ramachandra Shanbaug v. Union of India*, and *Common Cause v. Union of India*.

The study critically evaluates the tension between the principles of sanctity of life and individual autonomy, situating the debate within broader constitutional jurisprudence and bioethical frameworks. It further engages in a comparative analysis of jurisdictions where euthanasia has been legally regulated, assessing their relevance within the Indian socio-legal context. The paper argues that the current legal position in India recognizes passive euthanasia as a procedural safeguard grounded in dignity, but stops short of affirming a full-fledged constitutional right to die.

In conclusion, the paper proposes a structured regulatory framework that balances individual autonomy with necessary institutional safeguards, thereby advancing a nuanced interpretation of Article 21 that aligns with constitutional morality and contemporary societal realities.

**Keywords:** Article 21; Right to Life; Right to Die with Dignity; Euthanasia; Passive Euthanasia; Constitutional Law; Judicial Interpretation; Autonomy; Bioethics; Living Will; India; Comparative Jurisprudence

### Introduction

#### Background

The constitutional guarantee of the right to life under Article 21 of the Constitution of India has undergone a significant transformation through judicial interpretation. Initially construed in a narrow and procedural sense, Article 21 has progressively evolved into a repository of substantive rights, encompassing dignity, autonomy, privacy, and personal liberty. Within this expanded framework, the question of whether the right to life includes a

corresponding “right to die with dignity” has emerged as one of the most complex and contested issues in contemporary constitutional discourse.

Euthanasia, often understood as the intentional termination of life to relieve suffering, lies at the intersection of law, ethics, and medicine. In India, the debate has been shaped primarily through judicial pronouncements rather than legislative intervention. Landmark decisions such as *Gian Kaur v. State of Punjab*, *Aruna Ramachandra Shanbaug v. Union of India*, and

*Common Cause v. Union of India* reflect a gradual yet cautious shift in judicial attitude—from a categorical rejection of the right to die to a limited recognition of passive euthanasia and advance directives. Despite this evolution, the constitutional status of euthanasia remains qualified and procedurally constrained.

### Research Gap

Existing scholarship on euthanasia in India largely adopts a descriptive approach, focusing on the legal position, classification of euthanasia, and summary of judicial decisions. While these studies provide valuable doctrinal insights, they often fall short of critically interrogating the constitutional foundations of the right to die within the broader framework of Article 21. There is a noticeable lack of engagement with deeper jurisprudential questions concerning the scope of dignity, the limits of individual autonomy, and the role of the State in regulating end-of-life decisions.

Furthermore, insufficient attention has been paid to reconciling the apparent tension between earlier judicial denial of the right to die and its later qualified recognition in the form of passive euthanasia. The absence of a structured analytical framework that integrates constitutional theory, comparative perspectives, and socio-legal realities highlights a significant gap in the existing literature.

### Research Questions

This paper seeks to address the following questions:

1. Whether Article 21 of the Constitution of India can be interpreted to include a constitutional right to die with dignity?
2. To what extent have judicial pronouncements shaped the recognition of euthanasia within the Indian constitutional framework?
3. How can the tension between the sanctity of life and individual autonomy be reconciled in the context of euthanasia?

4. Whether the current legal framework governing passive euthanasia in India is adequate and constitutionally coherent?

### Methodology

This study adopts a **doctrinal and analytical research methodology**, primarily relying on the examination of constitutional provisions, judicial decisions, and authoritative legal literature. Key judgments of the Supreme Court of India have been critically analyzed to trace the evolution of jurisprudence relating to the right to life and euthanasia.

In addition, a **comparative approach** has been employed to examine the legal position in select jurisdictions where euthanasia has been regulated, in order to assess their relevance within the Indian context. The study also incorporates elements of **normative analysis**, drawing upon ethical and constitutional principles such as dignity, autonomy, and constitutional morality to evaluate the existing legal framework.

### Statement of Purpose

**This paper examines whether Article 21 constitutionally accommodates a right to die with dignity.** In doing so, it seeks to critically evaluate the extent to which Indian constitutional jurisprudence recognizes, limits, or conditions such a right, and to propose a balanced framework that aligns individual autonomy with necessary institutional safeguards.

### Conceptual Framework

#### Meaning of Euthanasia

Euthanasia, derived from the Greek term “*euthanatos*” meaning “good death,” refers to the intentional termination of a person’s life to relieve them from prolonged suffering, incurable illness, or irreversible medical conditions. In legal and bioethical discourse, euthanasia is understood as a deliberate intervention, either by act or omission, aimed at ending life in a manner that minimizes pain and preserves dignity. The concept is closely associated with

end-of-life decision-making and raises complex questions concerning autonomy, consent, and the role of medical professionals.

### Types of Euthanasia (Brief Classification)

Euthanasia is generally classified along two primary dimensions:

#### 1. Based on Method

- **Active Euthanasia:** Involves a direct and deliberate act to end life, such as administering a lethal injection.
- **Passive Euthanasia:** Involves withdrawal or withholding of life-sustaining treatment, allowing the patient to die naturally.

#### 2. Based on Consent

- **Voluntary Euthanasia:** Conducted with the explicit and informed consent of the patient.
- **Non-Voluntary Euthanasia:** Occurs when the patient is incapable of providing consent (e.g., coma, vegetative state).
- **Involuntary Euthanasia:** Conducted against the will of the patient (generally considered unethical and illegal).

This classification is crucial for legal analysis, as different jurisdictions draw distinctions between these forms, particularly in determining legality and regulatory frameworks.

### Ethical Theories Underlying Euthanasia

The debate surrounding euthanasia is deeply rooted in competing ethical frameworks that shape legal and constitutional reasoning.

#### 1. Autonomy

The principle of autonomy emphasizes the individual's right to self-determination, including decisions relating to one's own body and life. Within this framework, euthanasia is justified on the ground that a competent individual should have the freedom to choose death over a life of unbearable suffering.

In constitutional terms, autonomy is closely linked with dignity and personal liberty. It supports the argument that forcing an individual to continue living in conditions of extreme pain or irreversible decline may amount to a violation of their fundamental rights. However, the exercise of autonomy in the context of euthanasia raises concerns regarding informed consent, mental capacity, and the potential for coercion.

#### 2. Sanctity of Life

The doctrine of sanctity of life posits that human life is inherently valuable and must be preserved irrespective of circumstances. Rooted in moral, religious, and legal traditions, this principle rejects euthanasia on the ground that no individual or authority has the right to intentionally end life.

From a legal perspective, this principle underpins the State's duty to protect life under constitutional frameworks. It also informs criminal law prohibitions against homicide and assisted suicide. Critics of euthanasia argue that legalizing it may erode respect for life and create risks of misuse, particularly in socio-economically vulnerable contexts.

#### 3. Utilitarianism

Utilitarianism evaluates actions based on their consequences, particularly in terms of maximizing overall happiness or minimizing suffering. From a utilitarian standpoint, euthanasia may be justified if it alleviates intense and prolonged suffering, thereby producing a net benefit for the individual and, in some cases, their family.

This approach shifts the focus from the intrinsic value of life to the quality of life. However, it also raises complex concerns regarding subjective assessments of suffering, potential societal pressures, and the ethical implications of valuing lives differently based on their perceived utility.

## Constitutional Interpretation of Article 21

### Evolution: From Narrow to Expansive Interpretation

Article 21 of the Constitution of India provides that no person shall be deprived of his life or personal liberty except according to procedure established by law. In its early interpretation, the judiciary adopted a **narrow and formalistic approach**, most notably in *A.K. Gopalan v. State of Madras*, where “procedure established by law” was interpreted to mean any procedure prescribed by a validly enacted law, irrespective of its fairness or reasonableness.

This restrictive understanding underwent a transformative shift with the landmark judgment in *Maneka Gandhi v. Union of India*, wherein the Supreme Court reinterpreted Article 21 to include **substantive due process**. The Court held that the procedure depriving a person of life or liberty must be **just, fair, and reasonable**, thereby expanding the scope of Article 21 beyond mere procedural compliance.

Subsequently, Article 21 evolved into a **dynamic and expansive repository of rights**, incorporating various derivative rights such as the right to livelihood, health, privacy, and a clean environment. This interpretative expansion laid the foundation for incorporating the concept of dignity and autonomy within the ambit of the right to life.

### Dignity Jurisprudence

The concept of **human dignity** has become central to the interpretation of Article 21. The Supreme Court has consistently affirmed that the right to life does not merely signify animal existence but encompasses the right to live with dignity. This position was articulated in cases such as *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, where the Court emphasized that life includes the right to live with human dignity and all that goes along with it.

The jurisprudence on dignity was further strengthened in subsequent decisions, including *K.S. Puttaswamy v. Union of India*,

which recognized privacy as a fundamental right intrinsic to dignity and liberty. Within this framework, dignity is understood not only as a condition of existence but also as a guiding constitutional value that shapes the interpretation of fundamental rights.

In the context of euthanasia, dignity assumes particular significance in end-of-life situations. The argument that an individual should not be compelled to endure prolonged suffering or a state devoid of meaningful existence derives its legitimacy from this expanded understanding of dignity under Article 21.

### Autonomy Principle

Closely linked with dignity is the principle of **individual autonomy**, which emphasizes the capacity of individuals to make decisions concerning their own lives and bodies. The Supreme Court has increasingly recognized autonomy as a core component of personal liberty under Article 21, particularly in matters relating to privacy, bodily integrity, and decisional freedom.

The recognition of autonomy implies that individuals have the right to make choices about medical treatment, including the refusal of life-sustaining interventions. This principle finds expression in judicial pronouncements that acknowledge advance directives or “living wills,” thereby allowing individuals to exercise control over end-of-life decisions even when they are no longer capable of expressing their wishes.

However, the application of autonomy in the context of euthanasia is not absolute. It is subject to **reasonable restrictions and procedural safeguards**, reflecting the State’s interest in preserving life and preventing abuse. The constitutional challenge, therefore, lies in balancing individual autonomy with broader societal and ethical considerations.

### Judicial Trajectory in India

The legal position on euthanasia in India has evolved primarily through judicial interpretation, reflecting a gradual and cautious shift from

outright rejection of the “right to die” to a limited and regulated recognition of end-of-life autonomy. This trajectory can be understood through three landmark decisions.

### 1. *Gian Kaur v. State of Punjab (1996): Denial of Right to Die*

In *Gian Kaur v. State of Punjab*, a Constitution Bench of the Supreme Court categorically held that the **right to life under Article 21 does not include the right to die**. The Court upheld the constitutional validity of Sections 306 and 309 of the Indian Penal Code, thereby rejecting the argument that the right to die is a fundamental right.

However, the judgment made an important observation by distinguishing between “unnatural termination of life” and “natural death with dignity.” The Court acknowledged that the right to life includes the right to live with dignity and may, in certain circumstances, include a dignified process of death. Despite this observation, the ruling firmly denied any explicit constitutional recognition of euthanasia.

### 2. *Aruna Ramachandra Shanbaug v. Union of India (2011): Conditional Recognition of Passive Euthanasia*

In *Aruna Shanbaug*, the Supreme Court addressed the issue of euthanasia in the context of a patient in a persistent vegetative state. While refusing to allow withdrawal of life support in the specific case, the Court **recognized passive euthanasia under strict judicial supervision**.

The Court drew a distinction between:

- **Active euthanasia** (illegal), and
- **Passive euthanasia** (permissible under certain conditions)

It laid down procedural safeguards, including the requirement of **High Court approval** and medical opinion, thereby introducing a **controlled legal mechanism** for withdrawal of life-sustaining treatment.

This judgment marked a significant shift by moving away from absolute prohibition and acknowledging the role of dignity in end-of-life decisions, albeit within a tightly regulated framework.

### 3. *Common Cause v. Union of India (2018): Recognition of Living Will and Autonomy*

In *Common Cause*, a Constitution Bench further expanded the scope of Article 21 by recognizing the **right to die with dignity as part of the right to life**. The Court legalized **passive euthanasia** and, more importantly, validated the concept of **advance directives or “living wills.”**

The judgment emphasized:

- **Autonomy of the individual** in medical decision-making
- The right to refuse life-sustaining treatment
- The importance of dignity in the process of dying

Detailed guidelines were issued to regulate the execution of living wills and the procedure for withdrawal of treatment, thereby institutionalizing safeguards against misuse.

### Critical Comparison and Analysis

The judicial trajectory reveals a **gradual but internally complex evolution**:

#### 1. From Rejection to Qualified Acceptance

- *Gian Kaur* represents a **strict denial** of the right to die.
- *Aruna Shanbaug* introduces a **limited exception** through passive euthanasia.
- *Common Cause* moves towards **recognition of autonomy and dignity**, though still within procedural limits.

☞ This indicates a shift from **absolute prohibition** → **conditional permission** → **regulated autonomy**.

#### 2. Doctrinal Tension and Inconsistency

A notable tension exists between *Gian Kaur* and *Common Cause*:

- *Gian Kaur* rejects the right to die as unconstitutional.
- *Common Cause* appears to **implicitly recognize a form of dignified death under Article 21**.

However, instead of overruling *Gian Kaur*, the Court in *Common Cause* **reinterprets it**, relying on its observation regarding “dignified death.”

☞ This results in a **doctrinal compromise rather than a clear constitutional position**.

### 3. Procedural vs Substantive Right

- The current framework does not establish a **substantive right to die**.
- Instead, it provides a **procedural right to refuse treatment** under strict safeguards.

☞ Thus, the right to die with dignity remains: **Indirect, conditional, and heavily regulated**

### 4. Emphasis on Safeguards over Autonomy

While autonomy is recognized, the judiciary places strong emphasis on:

- Medical boards
- Judicial oversight
- Formal procedures

☞ This reflects judicial concern about:

- Misuse
- Socio-economic vulnerability
- Institutional limitations in India

### 5. Incremental Constitutionalism

The Court adopts an **incremental approach**, expanding rights cautiously rather than through bold declarations. This reflects:

- Sensitivity to ethical complexity
- Deference to legislative action

### Comparative Jurisprudence

A comparative analysis of jurisdictions where euthanasia has been legalized provides valuable insights into the legal, ethical, and

institutional considerations underlying end-of-life decision-making. The experiences of the Netherlands, Belgium, and Canada demonstrate distinct regulatory approaches shaped by their constitutional values, healthcare systems, and socio-cultural contexts.

#### 1. Netherlands

The Netherlands was the first country to formally legalize euthanasia through the **Termination of Life on Request and Assisted Suicide (Review of Procedures) Act, 2001**. The legalization was driven by a long-standing judicial tolerance and societal acceptance of physician-assisted dying, rooted in respect for **individual autonomy and relief from suffering**.

#### Why Legalised

- Strong emphasis on **patient autonomy and self-determination**
- Recognition of **unbearable suffering with no prospect of improvement**
- Established trust in the **medical profession and regulatory oversight**
- Gradual evolution through **judicial precedents before codification**

The Dutch model requires strict due care criteria, including voluntary and well-considered requests, confirmation of suffering, consultation with independent physicians, and mandatory reporting mechanisms.

#### 2. Belgium

Belgium legalized euthanasia through the **Belgian Act on Euthanasia, 2002**, adopting a framework similar to the Netherlands but with certain distinctive features, including broader eligibility in later amendments.

#### Why Legalised

- Emphasis on **human dignity and freedom of choice**
- Recognition of both **physical and psychological suffering**

- Legislative commitment to **regulated and transparent medical practice**
- Inclusion of detailed procedural safeguards, such as written consent and multi-level medical evaluation

Belgium’s approach reflects a rights-based framework, where euthanasia is viewed as an extension of the individual’s control over their body and life, subject to rigorous statutory conditions.

### 3. Canada

Canada legalized physician-assisted dying through judicial intervention in *Carter v. Canada (2015)*, followed by legislative enactment. The Supreme Court held that prohibiting assisted dying violated the **right to life, liberty, and security of the person** under the Canadian Charter of Rights and Freedoms.

#### Why Legalised

- Constitutional recognition of **individual autonomy and personal dignity**
- Concern that prohibition forced individuals into **premature or painful deaths**
- Balancing of **state interest with individual rights through safeguards**
- Legislative framework ensuring **eligibility criteria, informed consent, and medical oversight**

Canada’s model is particularly significant as it is grounded in **constitutional adjudication**, making it relevant for comparative analysis with India.

#### Comparative Analysis: Relevance for India

##### 1. Common Justifications Across Jurisdictions

Across these jurisdictions, euthanasia was legalized primarily due to:

- Recognition of **autonomy and decisional freedom**
- Desire to alleviate **unbearable suffering**

- Development of **robust healthcare and regulatory systems**
- Gradual evolution through **judicial and legislative dialogue**

##### 2. Structural Differences with India

Despite these developments, important differences exist between these jurisdictions and India:

- **Healthcare Infrastructure:** Advanced medical systems in these countries support effective monitoring and implementation of safeguards, unlike India’s uneven healthcare access.
- **Socio-Economic Conditions:** Higher literacy levels and social security reduce risks of coercion, whereas in India, poverty and dependency may influence decision-making.
- **Institutional Capacity:** Strong regulatory bodies ensure compliance abroad, while India faces challenges in enforcement and oversight.

##### 3. Whether India Can Adopt These Models

India cannot adopt these frameworks in a **direct or unmodified manner**, but they provide important guiding principles.

#### Scope for Adoption

- Recognition of **advance directives (already accepted in Common Cause)**
- Strengthening **procedural safeguards for passive euthanasia**
- Development of **institutional review mechanisms (medical boards, judicial oversight)**

#### Limitations

- Risk of **misuse due to socio-economic vulnerability**
- Possibility of **coercion in family or property-related contexts**

- Lack of **uniform healthcare infrastructure**

#### 4. Need for a Context-Specific Model

Rather than adopting foreign models wholesale, India requires a **context-sensitive regulatory framework** that:

- Balances **autonomy with protection of vulnerable individuals**
- Incorporates **strict procedural safeguards**
- Ensures **accountability through multi-tier oversight mechanisms**

#### Critical Analysis

The constitutional and legal discourse on euthanasia in India reveals a complex interplay of competing values, institutional concerns, and evolving judicial attitudes. While the recognition of passive euthanasia marks a significant development, the framework remains fraught with doctrinal tensions and practical challenges.

#### 1. Conflict: Autonomy vs State Interest

At the heart of the euthanasia debate lies a fundamental conflict between **individual autonomy** and the **State's obligation to preserve life**.

On one hand, the principle of autonomy supports the argument that individuals should have the right to make decisions concerning their own bodies, including the refusal of life-sustaining treatment. This perspective is grounded in dignity, self-determination, and personal liberty under Article 21. It emphasizes that compelling an individual to endure prolonged suffering may amount to a violation of constitutional rights.

On the other hand, the State has a legitimate interest in:

- **Protecting life as a fundamental value**
- Preventing **abuse, coercion, or undue influence**

- Maintaining **ethical standards in medical practice**

The Indian judiciary has attempted to balance these competing considerations by recognizing passive euthanasia while imposing strict procedural safeguards. However, this balance remains **fragile**, as excessive regulation may dilute autonomy, whereas insufficient safeguards may expose vulnerable individuals to exploitation.

#### 2. Risks and Practical Concerns

##### (a) Misuse and Coercion

One of the most significant concerns in the Indian context is the **potential misuse of euthanasia provisions**. Given the prevalence of property disputes, inheritance conflicts, and familial pressures, there exists a risk that decisions relating to withdrawal of treatment may not always reflect the genuine will of the patient.

- Possibility of **manipulated consent**
- Risk of **financial motives influencing decisions**
- Vulnerability of elderly, disabled, or terminally ill patients

These concerns justify the judiciary's cautious approach and emphasis on procedural safeguards.

##### (b) Socio-Economic Factors

India's socio-economic realities further complicate the implementation of euthanasia:

- Limited access to **quality healthcare**
- High cost of prolonged medical treatment
- Dependence of patients on family members

In such conditions, the decision to discontinue treatment may be driven not by autonomy, but by **economic compulsion or lack of resources**. This raises serious questions about the authenticity of consent and the ethical

legitimacy of euthanasia in a resource-constrained environment.

### 3. Judicial Inconsistency

The judicial approach to euthanasia in India reflects a degree of **doctrinal inconsistency**.

- In *Gian Kaur*, the Supreme Court categorically denied the right to die as part of Article 21.
- In *Aruna Shanbaug*, the Court permitted passive euthanasia under judicial supervision.
- In *Common Cause*, the Court recognized the right to die with dignity and validated living wills.

While *Common Cause* attempts to reconcile earlier decisions, it does so by **reinterpreting rather than overruling *Gian Kaur***. This creates ambiguity regarding the precise constitutional status of the right to die.

☞ The result is a **hybrid legal position**:

- No explicit recognition of a **substantive right to die**
- Yet, acknowledgment of a **procedural right to refuse treatment**

This lack of doctrinal clarity may lead to:

- Interpretational inconsistencies
- Implementation challenges
- Dependence on judicial discretion

### 4. Over-Reliance on Judicial Regulation

Another critical issue is the **absence of comprehensive legislation** governing euthanasia in India. The current framework is largely based on judicial guidelines, particularly those laid down in *Common Cause*.

While judicial intervention has been instrumental in advancing the discourse, reliance on case law:

- Limits **predictability and uniformity**
- Places **excessive responsibility on courts and medical boards**

- Lacks the detailed procedural clarity that legislation can provide

### Conclusion

The foregoing analysis demonstrates that the constitutional position of euthanasia in India remains **qualified, evolving, and inherently cautious**. While Article 21 has been expansively interpreted to include dignity, autonomy, and personal liberty, the recognition of a “right to die with dignity” has not crystallized into a fully enforceable substantive right. Instead, the Supreme Court has adopted a **measured and incremental approach**, permitting passive euthanasia and recognizing advance directives, while simultaneously imposing stringent procedural safeguards.

### Clear Stance

This paper contends that the current legal framework reflects a **procedural recognition of dignity rather than a substantive constitutional right to die**. The judiciary has acknowledged the importance of autonomy in end-of-life decisions, yet it continues to subordinate this autonomy to concerns of misuse, institutional limitations, and the State’s obligation to protect life. As a result, the right to die with dignity under Article 21 remains **conditional, indirect, and context-dependent**.

### Policy Suggestions

In order to address the existing doctrinal ambiguities and practical challenges, the following policy measures are recommended:

- **Comprehensive Legislation:** Enact a clear statutory framework governing passive euthanasia and advance directives, reducing reliance on judicial guidelines.
- **Multi-Tier Safeguard Mechanism:** Establish mandatory procedures involving:
  - Independent medical boards
  - Judicial or quasi-judicial oversight

o Psychiatric evaluation where necessary

remains essential to harmonize constitutional morality with the socio-legal realities of India.

- **Standardization of Living Wills:** Introduce uniform formats and registration mechanisms for advance directives to ensure authenticity and enforceability.
- **Strengthening Healthcare Infrastructure:** Improve access to palliative care and end-of-life support to ensure that decisions are not driven by economic compulsion.
- **Protection of Vulnerable Groups:** Incorporate strict penalties and monitoring systems to prevent coercion, undue influence, or misuse in cases involving elderly or dependent individuals.

### Constitutional Position

From a constitutional perspective, Article 21, as presently interpreted, **accommodates elements of dignified death but does not unequivocally guarantee a right to die.** The jurisprudence reflects a balancing exercise between:

- **Individual autonomy and dignity,** and
- **State interest in preserving life and preventing abuse**

Accordingly, the constitutional position may be best understood as recognizing a **limited right to refuse life-sustaining treatment under regulated conditions,** rather than an unrestricted right to terminate life.

### Final Observation

The trajectory of Indian constitutional law suggests that the recognition of end-of-life rights will continue to evolve. However, any further expansion must be accompanied by **robust institutional safeguards and legislative clarity,** ensuring that the principle of dignity is upheld without compromising the protection of life. A nuanced and context-sensitive approach