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EUTHANASIA IN INDIA: A CONSTITUTIONAL ANALYSIS OF THE RIGHT TO DIE WITH DIGNITY

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Abstract

This paper explores the legal, constitutional, and ethical dimensions of euthanasia in India, examining how the Indian judiciary has interpreted the right to die within the framework of Article 21 of the Constitution, which guarantees the right to life and personal liberty and ethical considerations, and emerging legal challenges. Euthanasia, commonly referred to as "mercy killing," is one of the most debated medico-legal and ethical issues worldwide. It concerns intentionally ending the life of a person suffering from an incurable or terminal illness to relieve unbearable pain. In India, euthanasia remains a sensitive subject due to legal restrictions, ethical concerns, religious beliefs, and constitutional principles. The Indian judiciary has gradually recognized the concept of the "right to die with dignity," particularly through landmark Supreme Court judgments that legalized passive euthanasia under strict safeguards. Euthanasia remains one of the most debated legal and ethical issues globally. It involves intentionally ending or permitting the ending of a person's life to alleviate suffering caused by terminal illness or irreversible medical conditions. India has historically maintained a restrictive approach toward euthanasia because of constitutional values, criminal law provisions, medical ethics, and religious concerns.

Keywords: Euthanasia, Passive Euthanasia, Article 21, Right to Die, Living Will, Constitutional Law.

I. Introduction

The term "euthanasia" originates from Greek terminology meaning "good death." It generally refers to intentionally ending life or permitting death to alleviate unbearable suffering in patients suffering from irreversible or terminal illnesses. The legally surrounding euthanasia raises constitutional questions regarding personal liberty, autonomy, dignity, and State responsibility toward preserving life. India has historically adopted a conservative approach regarding euthanasia due to ethical concerns, religious perspectives, and criminal law restrictions. Nevertheless, constitutional jurisprudence has gradually recognized the principle that dignity extends not merely to living conditions but also to the process of dying. The evolution of euthanasia law in India demonstrates the judiciary's role in balancing constitutional rights with public policy considerations.

Advancements in medical science have increased life expectancy and improved healthcare outcomes. these developments have also created difficult legal and ethical questions concerning prolonged life support, terminal illness, and end-of-life choices. One of the most debated issues is euthanasia. however, it has also raised difficult questions

regarding end-of-life decisions. The central issue concerns whether an individual has the autonomy to refuse life-sustaining treatment and whether the State may legally recognize such choices. India's approach has evolved primarily through judicial pronouncements rather than parliamentary legislation. Active euthanasia remains illegal, whereas passive euthanasia is legally permissible under carefully regulated conditions established by the Supreme Court of India legalized passive euthanasia in *Aruna Shanbaug v. Union of India (2011)* and later reinforced this position in *Common Cause v. Union of India (2018)*, recognizing the right to die with dignity under Article 21 of the Constitution[1]

II. **Euthanasia**:

Euthanasia is broadly classified into various categories based on the method of administration and the patient's consent. The primary classifications include active euthanasia and passive euthanasia[2]. Active euthanasia involves the direct administration of lethal substances or interventions to cause death, such as a physician giving a patient a fatal injection. This form of euthanasia is currently illegal in India and is considered an act of culpable homicide under the Indian Penal Code.It is generally classified into 05parts.

Active euthanasia – deliberate action to end a patient's life, such as administering lethal substances. Active euthanasia involves deliberate action intended to end life, such as administering a lethal injection. Indian law presently treats active euthanasia as unlawful and potentially punishable under criminal law provisions

Passive euthanasia – withdrawal or withholding of life-support systems, allowing natural death. Passive euthanasia involves withholding or withdrawing medical treatment necessary for sustaining life, allowing natural death to occur[3].

Examples: Removal of ventilator support, Withdrawal of feeding tubes, Discontinuation of life-support mechanisms, India legally recognizes passive euthanasia under judicial safeguards

Voluntary euthanasia – performed with patient consent.

Non-voluntary euthanasia – patient consent is unavailable.

Involuntary euthanasia – against the patient's wishes.

III. **Passive Euthanasia :-**

Passive euthanasia is the intentional act of letting a patient die by withholding or withdrawing life support or the treatment necessary to keep him alive. In passive euthanasia, life-sustaining medical treatment such as ventilators, feeding tubes, or antibiotics are withdrawn to allow a terminally ill patient or someone in a persistent vegetative state (PVS) to die naturally[4].

Passive euthanasia refers to the intentional withholding or withdrawal of medical treatments or life-sustaining interventions, allowing a person to die naturally from their underlying condition. This can include stopping treatments like ventilators, feeding tubes, or medications that keep the patient alive. Decisions for passive euthanasia are typically made based on the patient's wishes, advance directives, or through family members and healthcare proxies

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when the patient cannot make decisions themselves.

A five-judge bench of the Supreme Court in Common Cause vs Union of India (2018) recognised a person's right to die with dignity[5]. It said that a terminally ill person can opt for passive euthanasia and execute a living will to refuse medical treatment. The Court permitted an individual to draft a living will specifying that she or he will not be put on life support if they slip into an incurable coma. The Court recognised the right to die with dignity as a fundamental right and an aspect of Article 21 (Right to Life).

Active euthanasia

In India, active euthanasia is a crime. Only those who are brain dead can be taken off life support with the help of family members. Legality in other parts of the world . Euthanasia is legal in several countries. Euthanasia is legal in the Netherlands, Belgium, Luxembourg, and Spain[6].

Switzerland allows assisted suicide. Canada permits both euthanasia and assisted suicide, while certain U.S. states, such as Oregon, Washington, and California, allow assisted suicide under strict regulations. Colombia has legalized euthanasia. Each country or region has specific criteria, such as terminal illness or unbearable suffering, that must be met for euthanasia or assisted suicide to be performed legally[7]. Draft guidelines on passive euthanasia.

The guidelines for withdrawing or withholding medical treatment in terminally ill patients are based on four key conditions: The individual has been declared brainstem dead. There is a medical assessment that the patient's condition is advanced and unlikely to improve with aggressive treatment. The patient or their surrogate has provided informed refusal to continue life support after understanding the prognosis.

A evaluation with other Asian countries highlights similar restrictive approaches. Japan does not have explicit legislation on euthanasia, but certain court rulings have permitted it under strict medical conditions. China and Singapore prohibit euthanasia entirely, emphasizing traditional values that list life preservation. However, countries like South Korea have progressively moved towards diagnosing the right to die with dignity, allowing limited forms of passive euthanasia[8].

The main provisions of India's new passive euthanasia guidelines: -

The guidelines allow terminally ill patients to decide on life support and resuscitation. Patients or their surrogates can refuse care if the condition is deemed incurable, following a review by medical . Advance medical directives are also recognized. The Supreme Court's 2018 ruling recognizes the right to die with dignity, allowing passive euthanasia. Active euthanasia remains illegal, but patients can refuse life-sustaining treatment through a living .

IV. Article 21 and the Right to Die

Article 21 of the Constitution of India states. "No person shall be deprived of his life or personal liberty except according to procedure established by law. "The constitutional debate revolves around whether "right to life" includes the "right to die." Judicial interpretation has transformed Article 21 into a source of dignity, autonomy, and privacy rights. The Supreme Court eventually recognized that dignity extends not merely to living conditions but also to the process of dying.

In India, the legal status of euthanasia has been largely shaped by landmark judgments that reflect the changing attitudes towards individual autonomy and the right to die with dignity. The 2014 Supreme Court judgment in Common Cause v. Union of India[9] ,asserted the constitutional validity of passive euthanasia. Indian constitutional jurisprudence has expanded Article 21 beyond mere survival. The Supreme Court has interpreted it to include dignity, privacy, autonomy, and bodily integrity. The euthanasia emerged prominently when courts began examining whether dignity in life necessarily includes dignity during death.

Two competing constitutional principles emerge:

- Preservation of life as a fundamental constitutional obligation.
- Protection of personal autonomy and dignity.

V. **Constitutional Law**

Judicial Evolution of Euthanasia Law in India. **P. Rathinam v. Union of India[10](1994) 3 SCC 394**.The constitutional validity of Section 309 of the Indian Penal Code (attempt to commit suicide) was challenged. The Supreme Court held that the right to life under Article 21 included the right not to live or the right to die. The judgment represented an expansive interpretation of Article 21 but generated considerable controversy. The judgment faced criticism because equating life rights with death rights raised constitutional inconsistencies.

Gian Kaur v. State of Punjab[11] (1996) 2 SCC 648.The appellants challenged Section 306 IPC abetment of suicide) and argued that if Article 21 included the right to die, criminalizing assisted suicide would be unconstitutional. A Constitution Bench over ruled P. Rathinam. Article 21 does not include the right to die. The right to life is a natural right. Suicide is inconsistent with constitutional protection of life. However, the Court introduced an important concept.The right to life includes dignity in the process of natural death.This observation later became foundational for passive euthanasia jurisprudence. Gian Kaur became the constitutional basis for later recognition of "right to die with dignity."

Aruna Ramachandra Shanbaug v. Union of India[12] (2011) 4 SCC 454. Aruna Shanbaug, a nurse employed at King Edward Memorial Hospital, Mumbai, remained in a permanent vegetative state following a violent assault in 1973.Journalist Pinki Virani filed a petition seeking permission for withdrawal of life support.The Supreme Court rejected euthanasia specifically in Aruna Shanbaug's case but recognized passive euthanasia under judicial supervision.Medical board examination,Evaluation of patient welfare,Consideration of family views.The judgment constituted the first judicial recognition of passive euthanasia in India.

Common Cause v. Union of India[13](2018) 5 SCC 1.A public interest litigation sought recognition of advance medical directives ("living wills") and legal recognition of dignified death.The Constitution Bench held. Right to die with dignity forms part of Article 21. Passive euthanasia is constitutionally permissible. Living wills are legally valid.The Court established procedural safeguard. Execution of advance medical directive. Medical board verification. Judicial oversight procedures.The Court emphasized autonomy and self-determination. The judgment constitutionally recognized dignified

death and expanded individual autonomy.

The Landmark 2026 Ruling. **In the case of Harish Rana v. Union of India & Ors[14] 2026 INSC 222 / 2026 SCC OnLine SC 358** allowed the withdrawal of all life support systems, including artificial nutrition. This case is viewed as the first practical, full-scale application of the guidelines set out in the 2018 Common Cause verdict. concerning the constitution "right to die with dignity "under Article21.

In 11 March 2026, the Supreme Court of India approved passive euthanasia for 32-year-old Harish Rana, who had been in a permanent vegetative state since 2013. This marked India's first court-approved case of passive euthanasia. The court directed doctors at the All India Institute of Medical Sciences (AIIMS) to withdraw his life-supporting medical treatment and provide palliative end-of-life care, after which he passed away.

The Supreme Court. Allow patients to decide on life support and resuscitation. Developed by AIIMS experts, these guidelines allow patients to decide on life support and resuscitation. They also permit the withdrawal of supportive care such as ventilation or dialysis if a patient is brain dead, unlikely to benefit from further intervention, and if the patient or surrogate refuses care. The guidelines also mention advance medical directives, where individuals document their treatment preferences in case they lose decision-making capacity. The physician, upon deeming life-sustaining treatments inappropriate, will refer the case to a primary medical board for review. If the board agrees, a shared decision is made with the family, and a secondary medical board's approval is required before withdrawing support.

India does not permit active euthanasia. However, passive euthanasia has gained legal recognition through judicial developments. However, judicial intervention has gradually shaped Indian jurisprudence concerning passive euthanasia and the right to die with dignity.

More recently, judicial discussions have continued regarding strengthening legal frameworks and safeguards around end-of-life decisions in India. Arguments supporting euthanasia. Respect for patient autonomy. Relief from unbearable suffering. Preservation of dignity in terminal illness. Reduction of prolonged emotional and financial burden on families. Arguments opposing euthanasia: Sanctity of human life. Risk of misuse and coercion. Ethical duties of medical professionals. Religious and cultural opposition. Possibility of improved palliative care alternatives

Religious and Social Perspectives in India

Indian society is influenced by diverse religious traditions. Many interpretations within Hinduism, Islam, Christianity, and other faiths emphasize the sanctity of life and natural death[15]. Social concerns also include poverty, unequal healthcare access, and fear that vulnerable individuals could face pressure in euthanasia-related decisions.

Living Will and Advance Medical Directives: A living will enables individuals to specify medical treatment preferences if they become incapable of decision-making. The Supreme Court recognized. Personal autonomy Bodily integrity**.** Medical choice**.** Subsequent procedural simplifications were

introduced to reduce bureaucratic barriers concerning passive euthanasia procedures. Criminal Law Perspective[16]. Relevant provisions under the Indian Penal Code include. Section 306 IPC – Abetment of Suicide. Assisting suicide remains punishable. Section 309 IPC – Attempt to Commit SuicideAlthough technically retained, the Mental Healthcare Act, 2017 substantially changed its practical application by presuming severe stress. Section 300 IPC – Murder Active euthanasia may attract criminal liability under homicide provisions. Indian criminal law therefore continues prohibiting direct life-ending acts.

Ethical and Social Concerns Arguments supporting euthanasia. Patient autonomy Relief from unbearable suffering. Preservation of dignity. Reduction of prolonged emotional distress . Arguments opposing euthanasia. Sanctity of life Risk of misuse. Potential coercion of vulnerable patients. Conflict with medical ethics. Religious opposition . India's social realities—including poverty and healthcare inequality—make regulation particularly important.

Comparative International Position

Netherlands[17],Permits active euthanasia under statutory safeguards. Belgium Recognizes euthanasia subject to medical conditions.Canada Medical assistance in dying is legally regulated. United Kingdom Active euthanasia remains unlawful, though withdrawal of treatment is permitted under judicial standards.India presently adopts a more cautious model emphasizing passive euthanasia and procedural safeguards.

In contrast to India, several countries have taken progressive steps in legalizing euthanasia or assisted dying. The Netherlands, for example, implemented the first regulated euthanasia lawin 2002, permitting voluntary euthanasia under strict conditions.

In the U.S., the approach to euthanasia varies by state. Oregon's Death with Dignity Act was the first to legalize physician-assisted dying, allowing terminally ill patients to request life ending medication. This law is strictly regulated and requires individuals to demonstrate mental competence[18].

Contemporary Developments

Recent judicial developments indicate continued evolution of end-of-life jurisprudence. Courts have increasingly focused on dignity, autonomy, and patient-entered medical decision-making. Judicial discourse suggests movement toward practical implementation of passive euthanasia frameworks established through earlier constitutional rulings .

VI. SUGGESTION AND CONCLUSION

Euthanasia in India remains a complex issue involving law, ethics, medicine, and social values. While active euthanasia remains illegal, passive euthanasia has evolved through judicial interpretation emphasizing dignity and autonomy. India continues to navigate the balance between protecting life and respecting an individual's right to die with dignity, highlighting the need for stronger legal clarity and ethical safeguards. A comprehensive legislative framework remains necessary for addressing legal uncertainty.

The following reforms may strengthen Indian euthanasia law:

- **Comprehensive Parliamentary Legislation**: Judicial guidelines should be replaced by detailed statutory regulation.

- **Uniform Medical Protocols**: National medical standards governing end-of-life decisions should be developed.
- **Safeguards Against Misuse**: Independent medical boards and transparent procedures must remain mandatory. clear penalties for coercion or malpractice should be defined to deter any potential exploitation, particularly among the elderly and economically disadvantaged populations.
- **Public Awareness Regarding Living Wills**: Citizens should receive greater awareness concerning advance medical directives.
- **Strengthening Palliative Care**: Improved palliative care systems may reduce demand for euthanasia.
- **Ethical Review Mechanisms**: Hospital ethics committees should participate in end-of-life decision-making.

The Indian legal journey concerning euthanasia reflects a gradual constitutional transition from strict preservation of life to

ward recognition of dignity in death. While P. Rathinam initially expanded Article 21, Gian Kaur corrected constitutional interpretation and laid foundations for dignified death jurisprudence.

Aruna Shanbaug transformed legal thinking by recognizing passive euthanasia, while Common Cause constitutionally entrenched the right to die with dignity and legitimized living wills.

Despite judicial progress, India still lacks comprehensive parliamentary legislation governing euthanasia. A dedicated statutory framework balancing autonomy, medical ethics, and safeguards against misuse remains necessary.

The constitutional promise of dignity under Article 21 must extend not only to life itself but also to the final stages of human existence.

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