
AN ANALYTICAL STUDY ON THE PUBLIC'S OPINION TOWARDS THE CONTROVERSY TO INCLUDE ACTIVE EUTHANASIA UNDER ARTICLE 21 OF THE INDIAN CONSTITUTION WITH SPECIAL REFERENCE TO CHENNAI

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ABSTRACT

The topic of active euthanasia in India is characterized by its complexity and sensitivity, as it involves a delicate balance between the individual's right to dignity and the ethical, legal, and religious dilemmas it raises. This research investigates public awareness regarding active euthanasia and its potential relationship with Article 21 of the Indian Constitution, which enshrines the right to life. To achieve this, a blend of descriptive and empirical research methodology was employed, involving a survey of 209 residents in Chennai through a structured questionnaire. Convenience sampling facilitated the collection of responses, and data analysis was conducted using clustered graphs and Chi-Square test to discern patterns and correlations. The results indicate significant variations in public understanding and perceptions of active euthanasia. Influential factors include personal experiences, health-related issues, and firmly held ethical or religious beliefs. For instance, individuals who might have encountered terminal illness or might have been caregivers often exhibit greater empathy towards the practice, whereas others may harbour reservations based on cultural or spiritual values. Ultimately, the research highlights the intricate challenge of reconciling active euthanasia with the legal principles outlined in Article 21. The ongoing discourse reflects a nuanced intersection of legal rights, ethical considerations, and societal norms. As India grapples with this contentious issue, it prompts broader inquiries into personal autonomy, the significance of compassion in end-of-life care, and societal definitions of dignity during a person's final moments. The dialogue surrounding active euthanasia encourages contemplation on how to honour both the sanctity of life and the right to die with dignity, fostering a humane approach that acknowledges diverse viewpoints.

Keywords: Active euthanasia, Article 21 of Indian Constitution, Right to die with dignity, Mercy killing, Dignified death.

INTRODUCTION

The proposition of incorporating active euthanasia within the framework of Article 21 of the Indian Constitution, which enshrines the right to life, has generated considerable discourse. The topic of euthanasia became particularly salient following the pivotal Aruna Shanbaug case in 2011, wherein the Supreme Court authorized passive euthanasia under stringent regulations. This landmark ruling underscored the significance of dignity in the context of end-of-life care, thereby fostering continued discussions regarding the potential recognition of active euthanasia as an extension of personal autonomy.

In light of increasing public interest and scholarly discussion, the government has shown reluctance in legalizing active euthanasia. The Supreme Court's decision in the Common Cause case in 2018 affirmed the right to passive euthanasia and brought forth the notion of advance directives, commonly referred to as "living wills." Nevertheless, the government continues to exercise caution, prioritizing the equilibrium between individual rights and ethical, medical, and religious considerations, resulting in no formal legislative initiatives aimed at the legalization of active euthanasia.

The discussion of active euthanasia in India is moulded by a spectrum of ethical, medical, and cultural factors. Religious ideologies, which often uphold the sanctity of life, significantly affect public perspectives and resistance. In addition, worries about the risk of misuse, the adequacy of palliative care provisions, and the demand for stringent legal safeguards further complicate the issue, establishing it as a deeply sensitive and intricate subject.

The legality of active euthanasia is a commonality between India and the United States, as both countries prohibit it; however, their perspectives on the matter are distinct. In India, passive euthanasia is allowed following Supreme Court rulings, but active euthanasia is vehemently opposed due to cultural and religious factors. On the other hand, certain states in the U.S. have embraced physician-assisted suicide (PAS), reflecting a commitment to individual autonomy and personal choice. The debate in India is heavily influenced by societal values, while the U.S. focuses on the right to die, with both nations facing continuous ethical and legal challenges.

OBJECTIVES

1. To understand the relationship between the public's awareness about Active Euthanasia and Article 21 of Indian Constitution and their age.

2. To examine the conjunction between the public's support/opposition towards Active Euthanasia's legalisation and their educational qualification.
3. To analyse the association between the public's concerns about Active Euthanasia and their gender.
4. To investigate the conjunction between the public's reason for supporting the concept of Active Euthanasia and their age.

REVIEW OF LITERATURE

Math S.B., et. al., (2012)¹ explored the ethical, legal, and medical debates surrounding euthanasia, focusing on the conflict between the right to life and the right to die. They reviewed existing literature, legal cases, and ethical arguments from different countries, with a focus on India. The study highlighted the complexities of euthanasia, noting cultural, religious, and legal challenges, while emphasising the need for a balanced, humane approach. **Chatterjee P., (2015)**² discussed the need to amend Article 21 of the Indian Constitution, arguing that the right to life with dignity should encompass the right to die with dignity. It examined legal precedents, constitutional interpretations, and ethical debates on euthanasia, particularly in the Indian context. The study advocated for legal reforms, suggesting that euthanasia aligns with the right to dignity and should be recognized to ensure a humane approach to end-of-life care. **Rakshit S., et. al., (2020)**³ examined euthanasia in the context of Article 21 of India's Constitution, focusing on the right to die with dignity. The authors used a legal-analytical methodology, reviewing judicial interpretations and case law. Their findings highlighted evolving judicial perspectives, particularly the 2018 Supreme Court ruling allowing passive euthanasia under specific conditions. **Korekar S., et. al., (2020)**⁴ explored the debate on euthanasia in India, specifically examining whether it conflicts with the right to life under Article 21 of the Constitution. Using a doctrinal research approach, they analysed legal frameworks, case laws, and ethical concerns. Their findings suggested a nuanced balance

¹ Math S B & Chaturvedi S K, *Euthanasia: right to life vs right to die*, 136 INDIAN JOURNAL OF MEDICAL RESEARCH 899–902 (2012).

² Chatterjee P, *Right to Life with Dignity also includes Right to Die with Dignity: Time To Amend Article 21 of Indian Constitution and Law of Euthanasia*, 1 INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH IN SCIENCE AND TECHNOLOGY 119–123 (2015).

³ Rakshit S & Mitra A, *Euthanasia vis-a-vis right to die with dignity: an analysis of Article 21 of the Constitution of India and approach of the Indian Judiciary*, 11 INDIAN JL & JUST. 99 (2020).

⁴ Korekar S & Bourasi Y, *Euthanasia in Contemporary India: Whether against Right to Life under Article 21?*, 20 SUPREMO AMICUS 545 (2020).

between preserving life and recognizing the right to die with dignity.

Agarwal P., et. al., (2022)⁵ analysed the constitutional validity of euthanasia under Article 21, with a focus on its intersection with religious practices. Their objective was to assess legal and ethical dilemmas. Using a doctrinal research methodology, they reviewed case law and religious texts. The findings emphasised the tension between individual rights and religious opposition to euthanasia. **Sareen R., (2019)**⁶ explored the ongoing debate on euthanasia in India, questioning whether the legal recognition of passive euthanasia marks the end of the discourse. The objective was to assess the implications of the Supreme Court's 2018 decision. Using a qualitative analysis of legal frameworks and ethical concerns, the researcher found that the debate remains unresolved due to moral and societal complexities. **Rani H., (2024)**⁷ explored euthanasia through a critical lens in "Euthanasia and the Value of Life: A Critical Study." The study aimed to assess the ethical implications of euthanasia on the perceived value of life. Using a qualitative methodology with case studies and interviews, it found that euthanasia challenges traditional values and highlights complex moral dilemmas.

METHODOLOGY

The research method followed is Descriptive Research. The data is collected through a structured questionnaire and the sample size is **209**. Convenience sampling method is adopted in this study to collect the required data. The samples were collected from the General Public with special reference to the Chennai region. The Independent Variables employed in the questionnaire are Age, Gender, Educational Qualification, Employment Status and Marital Status. The Dependent Variables employed are Public's awareness about Active Euthanasia and Article 21, Public's support/opposition towards Active Euthanasia, Public's concerns about Active Euthanasia and Public's reason for supporting Active Euthanasia. Clustered graphs and Chi-Square tests are used to analyse the collected data.

⁵ Agarwal P & Sawlani K, *Euthanasia and Article 21: A Review on its Constitutional Validity with Special Reference to Religious Practices*, SSRN (2022).

⁶ R Sareen, *India decides on Euthanasia: Is the debate over?*, 7 HEALTH CARE CURRENT REVIEWS 1–3 (2019).

⁷ Rani H, *Euthanasia and the value of life: a critical study*, 10 INNOVATIVE RESEARCH THOUGHTS 85–87 (2024).

ANALYSIS

Figure - 1

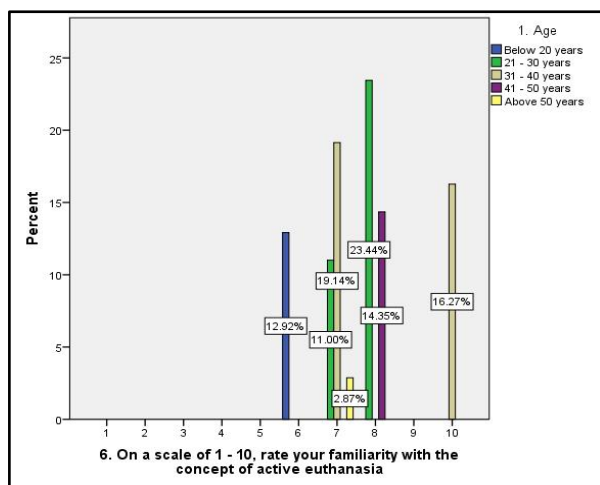
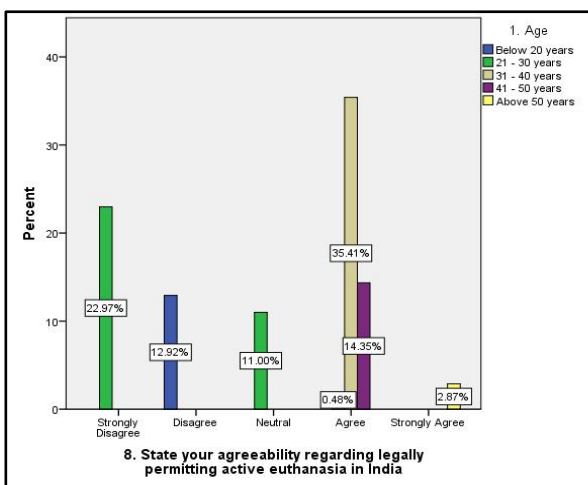


Figure - 2



Legend: This figure 1 represents the variability of the rate of respondents’ familiarity with the concept of active euthanasia and their age.

Legend: This figure 2 represents the variability of the respondents’ agreeability regarding legalisation of active euthanasia in India and their age.

Figure - 3

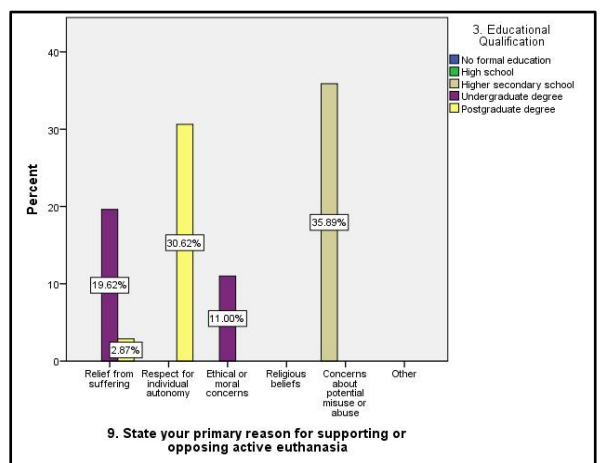
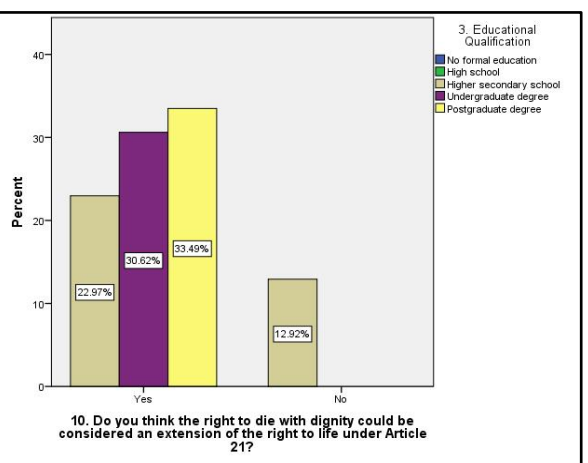


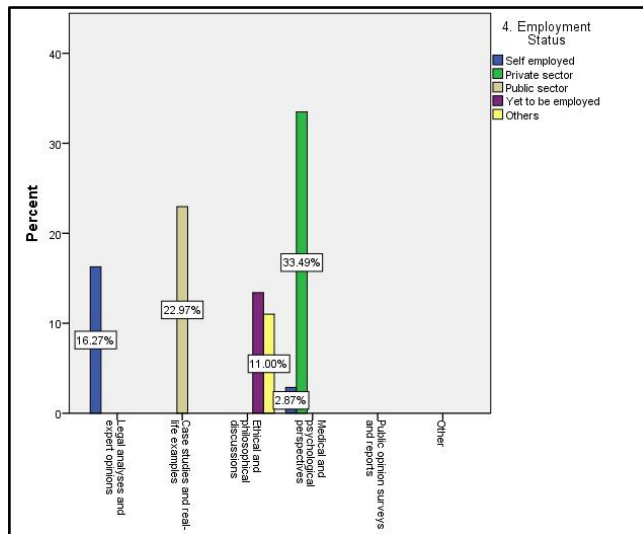
Figure - 4



Legend: This figure 3 represents the variability of the respondents’ primary reason for supporting or opposing active euthanasia and their educational qualification.

Legend: This figure 4 represents the variability of the respondents’ opinion on considering the right to die with dignity as an extension of the right to life under Article 21 of Indian Constitution and their educational qualification.

Figure - 5



Legend: This figure 5 represents the variability of the respondents’ choice of resource that would help them better understand the implications of including active euthanasia under Article 21 of the Indian Constitution and their employment status.

Table - 1 (Chi-Square - 1)

H₀: There is no significant association between the respondents’ concern regarding the inclusion of active euthanasia under Article 21 of the Indian Constitution and their employment status.

H₁: There is no significant association between the respondents’ concern regarding the inclusion of active euthanasia under Article 21 of the Indian Constitution and their employment status.

12. Select your concern regarding the inclusion of active euthanasia under Article 21 * 4. Employment Status Crosstabulation

Count

		4. Employment Status					Total
		Self employed	Private sector	Public sector	Yet to be employed	Others	
12. Select your concern regarding the inclusion of active euthanasia under Article 21	Ethical implications	0	40	0	0	23	63
	Potential for abuse or misuse	6	0	0	28	0	34
	Impact on vulnerable populations	0	0	48	0	0	48
	Legal and procedural challenges	34	30	0	0	0	64
Total		40	70	48	28	23	209

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	466.142 ^a	12	.000
Likelihood Ratio	437.872	12	.000
Linear-by-Linear Association	66.703	1	.000
N of Valid Cases	209		

a. 2 cells (10.0%) have expected count less than 5. The minimum expected count is 3.74.

Inference: The calculated P-value is 0.000. Since it is less than 0.050, the null hypothesis is rejected at a 5% level of significance. Hence, the respondents’ concern regarding the inclusion of active euthanasia under Article 21 of the Indian Constitution varies with respect to their Employment status. Public sector employees frequently adopt a more cautious viewpoint regarding matters such as euthanasia, largely shaped by stringent ethical guidelines and the government’s involvement in healthcare. They often perceive a significant obligation to preserve life. Conversely, individuals in the private sector and those who are self-employed prioritize personal liberty and autonomy, which may lead them to advocate for euthanasia as a fundamental right concerning end-of-life choices. Additionally, young individuals who have not yet entered the workforce tend to hold more idealistic views, endorsing euthanasia as part of a wider commitment to personal rights. Nonetheless, their relative lack of life experience may result in a more theoretical understanding of the issue.

RESULTS

About 37.79% of the respondents rate their familiarity level regarding the concept of active euthanasia to be ‘8’ out of 10 and among them most (of about 23.44%) are from the “21 - 30

years” age category (**Fig - 1**). Half of the respondents of about 50.24% from the total number of respondents ‘Agree’ to legalise active euthanasia in India and among them most (of about 35.41%) are from the ‘31 - 40 years’ age category (**Fig - 2**). About 35.89% of the respondents all of whom are higher-secondary school graduates state ‘Concerns about potential misuse or abuse’ as the reason for not supporting Active Euthanasia, about 11% of the respondents all of whom are Undergraduates ‘Ethical or moral concerns’ to be their reason for not supporting the same, 30.62% of the respondents all of whom are Postgraduates state ‘Respect for individual autonomy’ to their reason for supporting the concept of Active Euthanasia while the rest of the respondents of about 22.49% state ‘Relief from suffering’ to be their reason for supporting the concept of Active Euthanasia, among whom 19.62% are Undergraduates and the rest are Postgraduates (**Fig - 3**). Most of the respondents of about 87.08% have replied ‘Yes’ to the question to consider right to die with dignity as an extension of right to live under Article 21 of the Indian Constitution, among whom 33.49% are Postgraduates and 30.62% are Undergraduates (**Fig - 4**). Many of the respondents of about 36.36% stated ‘Medical and Psychological perspectives’ from Medical Practitioners and experienced people to be their reliable resource, among whom 33.49% are Private Sector employees while 22.97% of the respondents all of whom are from the Public Sector stated ‘Case-studies and real-life examples’ to be their reliable resource regarding Active Euthanasia’s implications and 16.27% of the respondents all of whom are self-employed individuals stated ‘Legal analyses and expert opinions’ to be their reliable resource regarding Active Euthanasia’s implications (**Fig - 5**).

DISCUSSIONS

Individuals within the “21 - 30 years” of age demographic are likely to possess a heightened awareness of euthanasia, attributed to their extensive access to information via digital platforms, social media, and various educational resources. This cohort generally exhibits a more progressive and open-minded attitude, often delving into intricate topics such as personal autonomy and ethical considerations. Furthermore, they may have encountered personal experiences, either directly or through their social circles, that enhance their understanding of healthcare decisions, particularly those related to end-of-life options. Their engagement with discussions in academic environments, as well as exposure to media formats such as documentaries and news reports, may further facilitate a more nuanced comprehension of euthanasia (**Fig - 1**). Support for euthanasia is notably prevalent among individuals aged 31 to 40, which may be attributed to their accumulation of life experiences and encounters with health-related issues, either personally or within their families. This demographic might often

exhibit heightened empathy and a deeper awareness of the suffering associated with terminal illnesses. Furthermore, they are at a developmental stage where they can reconcile idealistic perspectives on personal autonomy with a pragmatic comprehension of the intricacies surrounding the legalization of euthanasia. Enhanced access to information and engagement with ethical discussions might contribute to their more informed and reflective stance on matters such as euthanasia (**Fig - 2**). The perspectives of respondents regarding active euthanasia frequently correlate with their level of education. Individuals with “Higher Secondary Education” tend to express concerns about the potential for abuse, which may stem from their limited understanding and prevailing cultural views on the sanctity of life. In contrast, “Undergraduates”, particularly those studying humanities or social sciences, may harbour ethical concerns influenced by ongoing moral discussions surrounding life and death. Conversely, “Postgraduates”, who possess a more comprehensive grasp of concepts such as autonomy and individual rights, might generally be more supportive of euthanasia, viewing it as a personal decision aimed at alleviating suffering and preserving individual dignity (**Fig - 3**). The significant endorsement of the "Right to Die with Dignity" among both "Postgraduates" and "Undergraduates" indicates a heightened awareness of legal entitlements, particularly those enshrined in "Article 21" of the Indian Constitution. Individuals with higher education, particularly in disciplines such as law, healthcare, or philosophy, might prioritise personal autonomy and human rights. The younger demographic, characterized by a progressive mindset, may demonstrate empathy towards individuals enduring terminal illnesses and advocate for the right to make personal end-of-life choices. Additionally, their engagement with international discussions surrounding euthanasia and the right to die may further shape their perspectives, solidifying their commitment to the principle of dignity for all (**Fig - 4**). The varying preferences for resources among different groups illustrate how their respective work cultures influence their perspectives on euthanasia. Employees in the ‘Private Sector’ might typically prioritize ‘Medical and Psychological Insights’, as these viewpoints are pragmatic and readily applicable to real-life scenarios. In contrast, ‘Public Sector’ workers, who often operate within more regulated frameworks, might favour ‘Case Studies’, which offer tangible, evidence-based illustrations that can inform their decision-making processes. On the other hand, ‘Self-Employed’ individuals might emphasize ‘Legal Analyses’ to ensure that their opinions and choices are both legally valid and well-informed, reflecting their desire for independence and clarity when addressing intricate issues. Each group might seek information in a manner that corresponds with their professional roles and underlying values (**Fig - 5**).

LIMITATIONS

The primary limitation of this study lies in its sample size of 209, which is insufficient for evaluating the mindset of an entire city, state, or country. A smaller sample size diminishes the statistical power of the research, complicating the identification of significant effects or relationships. Additionally, this limitation may result in greater margins of error when estimating population parameters. Another notable constraint of this research is the very brief timeframe of approximately 40 days allocated for data collection.

CONCLUSIONS

The topic of active euthanasia in India is characterized by its complexity and sensitivity, as it involves a delicate balance between the individual's right to dignity and the ethical, legal, and religious dilemmas it raises. The major objective of this paper is to analyse the public's awareness about Active Euthanasia and Article 21 of the Indian Constitution and their concerns regarding it. Major findings were that respondents' familiarity and awareness with active euthanasia and their concerns and opinions on its inclusion under Article 21 vary due to differences in life experiences, health concerns, and ethical or religious beliefs. The results indicate significant variations in public understanding and perceptions of active euthanasia. Influential factors include personal experiences, health-related issues, and firmly held ethical or religious beliefs. For example, individuals who have encountered terminal illness or have been caregivers often exhibit greater empathy towards the practice, whereas others may harbour reservations based on cultural or spiritual values. Suggestions for legalising active euthanasia in India include strict legal guidelines, informed consent, expert consultation, safeguards, oversight, and enhanced palliative care. Future research on active euthanasia should explore ethical, legal, psychological, and societal impacts, along with public opinion, safeguards, and healthcare implications. Future research on active euthanasia should explore ethical, legal, psychological, and societal impacts, along with public opinion, safeguards, and healthcare implications. To conclude, the dialogue concerning the acceptance of active euthanasia under Article 21 emphasizes the nuanced ethical, legal, and societal conflicts that accompany decisions pertaining to life and death.

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