
THE RIGHT TO DIE WITH DIGNITY: EUTHANASIA IN INDIA AND THE LIMITS OF CONSTITUTIONAL MORALITY

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ABSTRACT

Euthanasia remains one of the most complex and ethically charged issues at the intersection of law, medicine, and moral philosophy. It compels societies to confront difficult questions about autonomy, dignity, suffering, and the extent to which the state may regulate decisions concerning life and death. In the Indian context, the Constitution does not expressly recognize a “right to die.” However, through expansive judicial interpretation, Article 21—guaranteeing the right to life and personal liberty—has been read to include, in limited circumstances, the right to die with dignity. This interpretive shift reflects an evolving constitutional morality that increasingly privileges individual choice while remaining cautious of potential misuse.

This article critically examines the trajectory of euthanasia jurisprudence in India. It begins with *Gian Kaur v. State of Punjab*, where the Supreme Court firmly rejected the notion that the right to life includes the right to die, emphasizing the sanctity of life. The discussion then turns to *Aruna Shanbaug v. Union of India*, which marked a doctrinal shift by permitting passive euthanasia under strict judicial supervision, thereby acknowledging the role of dignity in end-of-life care. The landmark ruling in *Common Cause v. Union of India* further advanced this position by recognizing advance directives and affirming an individual’s right to refuse life-sustaining treatment. Recent developments, including the Harish Rana matter, demonstrate that despite doctrinal clarity, the procedural realities remain burdensome and inconsistent.

The article argues that India’s current legal framework is overly dependent on judicial guidelines, resulting in ambiguity, delays, and uneven implementation across institutions. Complex procedures, lack of awareness, and institutional hesitancy often prevent individuals from effectively exercising their rights. It concludes that a comprehensive legislative framework is urgently needed—one that clearly defines safeguards, simplifies procedures, and aligns legal doctrine with medical practice—so

that the constitutional promise of dignity at the end of life becomes both accessible and enforceable in reality.

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

INTRODUCTION

The debate over whether a person has a right to end their own life is one of the toughest puzzles for any legal system. In India, this issue is especially sensitive because it involves a mix of constitutional rights, cultural beliefs, and high-tech medicine.

Article 21 of the Constitution promises everyone the right to life and liberty.¹ For a long time, this was seen mostly as a shield against the state taking a life unfairly. However, the Supreme Court has since ruled that this right includes living with dignity, which naturally leads to the question: does that dignity apply to the way we die?

Modern medicine can now keep a body functioning long after a natural death would have occurred. While these tools are life-saving, they can also lead to a state of prolonged suffering where a person is kept alive only by machines. In these moments, we have to ask if the law should force someone to keep suffering or allow them to choose a peaceful, dignified exit. This paper argues that while passive euthanasia is now legally recognized, the rules are messy and rely too much on case-by-case court decisions. A clear law is needed to protect both a person's choice and their safety.

CONCEPTUAL FRAMEWORK OF EUTHANASIA

Euthanasia is generally defined as ending a life to stop unbearable pain, but it comes in different forms that carry very different legal weights:

- **Active Euthanasia:** Taking a direct action to end a life, like a lethal injection. This is strictly illegal in India and is treated as a crime.
- **Passive Euthanasia:** Stopping or withholding medical treatment that is keeping a person alive, allowing nature to take its course.

¹ INDIA CONST. art. 21.

- **Voluntary vs. Non-Voluntary:** Voluntary means the patient asked for it; non-voluntary means the patient can't speak for themselves, so others must decide based on the patient's best interests.

India recognizes both voluntary and non-voluntary passive euthanasia, provided very strict rules are followed. This cautious middle ground aims to prevent foul play while still showing compassion for the terminally ill.

EARLY JUDICIAL POSITION: THE SANCTITY OF LIFE DOCTRINE

At first, the Supreme Court took a very hard line on this issue. In the *In Gian Kaur v. State of Punjab*,² the Court famously ruled that the right to "life" does not automatically include a right to "die."

However, the judges did leave a small window open. They noted that the right to die *with dignity* during a terminal illness might actually be part of the right to life. This subtle point changed everything, shifting the focus from a literal reading of the law to a more compassionate interpretation.

JUDICIAL EVOLUTION: FROM RESTRICTION TO RECOGNITION

Aruna Shanbaug v. Union of India (2011)³

This case was a turning point. It involved a nurse who had been in a vegetative state for decades after a brutal assault. The Supreme Court eventually allowed passive euthanasia but set up a "high wall" of requirements, including the need for High Court approval and a team of doctors to sign off. It was a victory for dignity, but many felt the process was too slow and difficult for families.

Common Cause v. Union of India (2018)⁴

This was the next big leap. The Court declared that the right to die with dignity is a fundamental part of Article 21. Most importantly, it legalized "Living Wills"—documents where people can state in advance that they don't want life support if they become terminally ill. While a massive

² *Gian Kaur v. State of Punjab*, (1996) 2 SCC 648

³ *Aruna Shanbaug v. Union of India*, (2011) 4 SCC 454

⁴ *Common Cause v. Union of India*, (2018) 5 SCC 1

win for self-determination, the paperwork required to make these wills "official" remained a major hurdle.

THE HARISH RANA CASE: A REFLECTION OF GROUND REALITIES

The *Harish Rana* case illustrates the practical challenges in implementing euthanasia jurisprudence. The case involved a request for withdrawal of life support for a patient suffering from severe medical conditions. The court applied the principles established in *Common Cause*, emphasizing the need for medical evaluation and procedural safeguards. However, the case highlights several systemic issues:

- Delays in obtaining approvals;
- Lack of awareness among families;
- Institutional reluctance to act.

These challenges reveal a gap between legal recognition and real-world application. While the law theoretically permits passive euthanasia, procedural hurdles often make it inaccessible.

CONSTITUTIONAL ANALYSIS: AUTONOMY, DIGNITY, AND STATE CONTROL

The legal debate boils down to a tug-of-war. On one side is **autonomy**—the idea that you should have the final say over your own body. On the other side is the **State's duty** to protect its citizens from harm.

The courts are worried that if the rules are too relaxed, vulnerable people might be pressured into ending their lives. Because of this, the Indian system puts safety first. However, by being so cautious, the law often ends up making it nearly impossible for people to exercise the very rights the court gave them.

ETHICAL AND MORAL DEBATE

The euthanasia debate is deeply rooted in competing ethical considerations:

Arguments in Favor:

- Upholds individual autonomy and self-determination.

- Prevents prolonged, unnecessary suffering.
- Recognizes that dignity must exist at the end of life.

Arguments Against:

- Potential risk of coercion and misuse against the elderly or disabled.
- Ethical and "Hippocratic" dilemmas for medical professionals.
- Strong religious and cultural opposition regarding the sanctity of life.

Indian law attempts to balance these considerations by permitting passive euthanasia while strictly prohibiting active intervention.

COMPARATIVE JURISPRUDENCE

Countries such as the Netherlands, Belgium, and Canada have legalized euthanasia under strict conditions. These jurisdictions provide clear statutory frameworks, ensuring both autonomy and accountability. India's reliance on judicial guidelines, rather than comprehensive legislation, creates uncertainty and inconsistency. A comparative analysis highlights the need for substantive legal reform.

CHALLENGES IN THE INDIAN FRAMEWORK

Several things are still standing in the way of a fair system in India:

- No actual "Euthanasia Act" passed by Parliament.
- Living Wills are still too hard to create and execute.
- Doctors and families aren't fully aware of their rights.
- Poor families struggle much more with the legal costs than wealthy ones.

THE NEED FOR LEGISLATIVE REFORM

A comprehensive euthanasia law in India should simplify procedural requirements, provide

clear guidelines for medical practitioners, establish oversight mechanisms, and ensure robust safeguards against misuse. Such a framework would enhance clarity, reduce reliance on courts, and ensure uniform application.

RECENT JUDICIAL DEVELOPMENTS (2023–2025)

Between 2023 and 2025, the Supreme Court tried to fix some of the practical issues it created. They realized the 2018 rules for Living Wills were too hard to follow, so they simplified them. You no longer need a judge to sign your Living Will; a notary or a gazetted officer will do. They also cut down the number of medical boards required to approve the withdrawal of life support to speed things up. These changes show that the courts want to make the process "patient-centric" rather than "court-centric." However, even with these tweaks, the lack of a permanent law means hospitals are still nervous, and families are still stressed.

CONCLUSION

The evolution of euthanasia law in India reflects a gradual shift toward recognizing dignity and autonomy. Landmark judgments have laid a strong foundation, but the absence of legislative clarity continues to hinder effective implementation. Cases such as *Aruna Shanbaug, Common Cause*, and the *Harish Rana* matter demonstrate both progress and limitations. While the judiciary has played a transformative role, the future of euthanasia law in India depends on comprehensive legislative reform. A balanced approach that respects autonomy while safeguarding against misuse is essential to uphold constitutional values in a humane and just manner.