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“THE RIGHT TO DIE WITH DIGNITY: EUTHANASIA AND THE CONSTITUTIONAL MORALITY OF ARTICLE 21”

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Abstract

Euthanasia, or the right to die with dignity, engages complex issues of law, ethics, medicine, and human compassion. In India, it is closely linked to Article 21 of the Constitution, which guarantees the right to life and personal liberty. Judicial decisions in Maneka Gandhi, Aruna Shanbaug, and Common Cause have recognized that life includes dignity, autonomy, and quality, allowing refusal of treatment and recognition of living wills. Passive and voluntary euthanasia are legally permitted under strict safeguards. However, the absence of comprehensive legislation creates ethical and procedural uncertainties. Comparative experiences from countries like the Netherlands, Belgium, and Canada highlight the importance of clear legal frameworks. India requires statutory provisions to ensure dignity, autonomy, and protection against misuse.

Keywords: Euthanasia, Right to Die with Dignity, Article 21, Passive Euthanasia, Living Wills, Human Dignity, India, Judicial Recognition, Comparative Law

Introduction

To live is considered one of the greatest blessings, but for those suffering from incurable illness or prolonged vegetative states, life can sometimes feel like a burden rather than a gift.¹ The idea of euthanasia, often termed “mercy killing,” emerges from this tension over whether individuals should be allowed the choice to end their suffering and embrace death with dignity.² The debate is deeply emotional, shaped by human compassion, medical ethics, and constitutional values.

¹ Sanjay Chaturvedi, Ethical Dimensions of Euthanasia: An Indian Perspective, 20 Ind. J. Med. Ethics 112, 113 (2013).

² Margaret Battin, Ending Life: Ethics and the Way We Die 55–58 (2005).

In India, the conversation on euthanasia cannot be separated from Article 21 of the Constitution, which guarantees the right to life and personal liberty.³ Over time, the Supreme Court has expanded the meaning of this right to include the quality and dignity of life, not merely survival.⁴ In *Maneka Gandhi v. Union of India*, the Court stressed that life under Article 21 means a life worth living, one with dignity and freedom.⁵ Building on this foundation, the judiciary eventually acknowledged that dignity must extend not only to how a person lives, but also to how a person dies.

This shift was evident in *Aruna Ramachandra Shanbaug v. Union of India*, where the Court, confronted with the tragic story of a nurse who had been in a vegetative state for decades, cautiously permitted passive euthanasia under strict safeguards.⁶ The humanitarian tone became stronger in *Common Cause v. Union of India*, where the Court declared that the right to die with dignity is inseparable from the right to life and recognized the legality of living wills.⁷ These cases mark India's gradual move toward a more compassionate legal understanding of suffering and autonomy.

Yet, the absence of a comprehensive law means that much of euthanasia in India remains guided only by judicial pronouncements.⁸ This leaves patients, families, and doctors navigating a moral grey zone, often torn between the sanctity of life and the desire to end unbearable pain. As global discussions on assisted dying evolve, India stands at a crossroads—whether to let courts alone shape the future of euthanasia or to enact clear legislation that reflects both constitutional morality and human empathy.⁹

Euthanasia: Definition and Forms

Euthanasia, often referred to as “mercy killing,” is the deliberate ending of a person's life to relieve them from prolonged suffering caused by incurable or terminal illness.¹⁰ While the idea may seem controversial, it emerges from the fundamental human concern of dignity in suffering and death. Euthanasia is not merely a medical procedure; it sits at the crossroads of

³ INDIA CONST. art. 21.

⁴ Francis Coralie Mullin v. Union Territory of Delhi, (1981) 1 S.C.C. 608, 618 (India).

⁵ Maneka Gandhi v. Union of India, (1978) 1 S.C.C. 248, 278 (India).

⁶ Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 S.C.C. 454, 486 (India).

⁷ Common Cause v. Union of India, (2018) 5 S.C.C. 1, 28 (India)

⁸ Law Comm'n of India, Report No. 241, Passive Euthanasia: A Relook 7–9 (Aug. 2012).

⁹ B. Shiva Rao, *The Framing of India's Constitution: A Study* 235–37 (2d ed. 2006).

¹⁰ Sanjay Chaturvedi, Ethical Dimensions of Euthanasia: An Indian Perspective, 20 *Ind. J. Med. Ethics* 112, 113 (2013).

law, ethics, medicine, and social morality, making its understanding essential for any legal analysis.¹¹

Definition of Euthanasia

Legally and ethically, euthanasia can be defined as the intentional act of causing death in a patient to alleviate extreme pain or suffering, typically when there is no reasonable hope of recovery. The Supreme Court of India, in *Common Cause v. Union of India*, recognized that the right to die with dignity is an intrinsic part of the right to life under Article 21, implying that in certain circumstances, ending life to relieve suffering can be protected under the law.¹²

Forms of Euthanasia

Euthanasia is generally classified into four main categories, based on the method employed and the consent of the patient:

1. Active Euthanasia

Active euthanasia involves a direct action to cause the death of the patient, such as administering a lethal injection or a fatal drug dose.¹³ This form is often ethically debated because it involves deliberate intervention by another person to end life. In India, active euthanasia remains illegal, although some countries like the Netherlands, Belgium, and Canada allow it under strict conditions and procedural safeguards.¹⁴

2. Passive Euthanasia

Passive euthanasia occurs when life-sustaining treatment is withdrawn or withheld, allowing the patient to die naturally.¹⁵ Examples include turning off ventilators, stopping artificial nutrition, or discontinuing critical medication. In India, passive euthanasia is permitted under judicial supervision, first recognized in *Aruna Shanbaug v. Union of India* (2011) and later reinforced in *Common Cause v. Union of India* (2018).¹⁶ This form is generally considered more ethically acceptable because it respects the natural course of death while alleviating suffering.

¹¹ Margaret Battin, *Ending Life: Ethics and the Way We Die* 55–58 (2005).

¹² *Common Cause v. Union of India*, (2018) 5 S.C.C. 1, 28–30 (India).

¹³ *Id.*

¹⁴ *Id.*; see also Battin, *supra* note 2, at 62–64.

¹⁵ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454, 486 (India)

¹⁶ *Id.*; *Common Cause*, 5 S.C.C. at 28 (India).

3. Voluntary Euthanasia

Voluntary euthanasia is conducted with the express consent of the patient. The patient may request euthanasia either verbally, in writing, or through a living will, indicating their desire to end life if a terminal condition occurs. The Supreme Court, in Common Cause, explicitly recognized the legal validity of living wills in India, allowing patients to exercise autonomy over their end-of-life decisions.¹⁷ Voluntary euthanasia underscores the principle of personal liberty and dignity, as the decision comes directly from the individual concerned.

4. Non-voluntary Euthanasia

Non-voluntary euthanasia takes place when the patient is unable to give consent, such as in a coma, vegetative state, or severe cognitive impairment. In India, the landmark Aruna Shanbaug case permitted non-voluntary passive euthanasia under strict judicial safeguards, highlighting the tension between protecting life and preventing unnecessary suffering.¹⁸ This form is the most ethically and legally sensitive, requiring careful balancing of medical opinions, family wishes, and legal oversight.

Importance of Distinctions

Understanding these distinctions is critical for law and policy. The legal recognition, ethical acceptability, and safeguards vary depending on the type of euthanasia. While active euthanasia poses higher risks of misuse, passive and voluntary forms emphasize autonomy, dignity, and relief from suffering, aligning with the humanitarian objectives recognized by Indian courts. Moreover, these classifications provide a framework for comparative studies, allowing lawmakers and jurists to evaluate best practices from other countries while formulating India-specific guidelines.

Right to Life and Dignity under Article 21

The Indian Constitution guarantees the right to life and personal liberty under Article 21, stating that No person shall be deprived of his life or personal liberty except according to procedure established by law.¹⁹ At first glance, this may seem to protect life in a purely physical sense, but over decades, the Supreme Court has interpreted this right to include the quality of life,

¹⁷ Common Cause, 5 S.C.C. at 28–30 (India).

¹⁸ Aruna Ramachandra Shanbaug, 4 S.C.C. at 486 (India).

¹⁹ INDIA CONST. art. 21.

personal dignity, and autonomy.²⁰

Evolution of Article 21

In *Maneka Gandhi v. Union of India* (1978), the Court expanded the meaning of Article 21 beyond mere survival, holding that life must be lived with dignity, freedom, and autonomy.²¹ The Court emphasized that liberty and personal choice are inseparable from human dignity, which laid the foundation for future debates on euthanasia. This progressive interpretation recognized that legal protection extends not only to the act of living but also to how one lives, creating space for discussions on end-of-life choices.

Earlier, the Court in *Francis Coralie Mullin v. Union Territory of Delhi* had recognized that life includes all faculties that make existence meaningful, further reinforcing that dignity is an essential aspect of Article 21.²² These judgments collectively shaped a human-centric understanding of life, making the discourse on euthanasia a natural extension of constitutional protection.

Right to Die with Dignity

The idea that Article 21 may include the right to die with dignity emerged from cases addressing terminal illness and incapacitation. The landmark *Aruna Shanbaug* decision allowed passive euthanasia in extraordinary circumstances, emphasizing that continuing life artificially may sometimes violate human dignity rather than preserve it.²³ Later, *Common Cause v. Union of India* formally recognized that individuals have the right to refuse medical treatment or execute a living will, thereby asserting control over their dying process.²⁴

This recognition is significant because it demonstrates the Court's attempt to balance the sanctity of life with autonomy and compassion. By anchoring the right to die with dignity in Article 21, the judiciary acknowledged that life cannot be understood merely as biological existence; it must include freedom from unbearable suffering and the right to a dignified death.

²⁰ *Maneka Gandhi v. Union of India*, (1978) 1 S.C.C. 248, 278 (India).

²¹ *Id.*

²² *Francis Coralie Mullin v. Union Territory of Delhi*, (1981) 1 S.C.C. 608, 618 (India)

²³ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454, 486 (India).

²⁴ *Common Cause v. Union of India*, (2018) 5 S.C.C. 1, 28–30 (India)

Challenges and Ambiguities

Despite these judicial pronouncements, Article 21 does not provide clear legislative guidance on euthanasia. Questions remain: Who decides when life-support should be withdrawn? How are vulnerable individuals protected from coercion? What safeguards prevent misuse of living wills.²⁵The absence of statutory clarity means courts alone navigate these sensitive ethical waters, leaving a grey zone in the practical application of the right to die.

Thus, while Article 21 forms the constitutional backbone for euthanasia in India, its implementation requires careful interpretation, judicial prudence, and ideally, legislative intervention to reconcile dignity, autonomy, and social safeguards.

Judicial Journey of Euthanasia in India

The legal understanding of euthanasia in India has evolved gradually through landmark judicial decisions, reflecting the delicate balance between the sanctity of life, human dignity, and compassion. The judiciary has consistently grappled with ethical, medical, and constitutional questions, ultimately shaping the modern discourse on the right to die with dignity.

1. Early Debates: P. Rathinam and Gian Kaur Cases

The debate first gained judicial attention in *P. Rathinam v. Union of India* (1994), where the Supreme Court considered whether the right to life under Article 21 could include the right to die.²⁶The Court controversially held that the right to life encompassed the right to end one's life, effectively challenging the existing criminalization of suicide. However, this decision was overturned in *Gian Kaur v. State of Punjab* (1996), where the Court clarified that the right to life does not include the right to die, emphasizing that life is sacred and suicide remains unlawful.²⁷

These early cases highlighted the tension between individual autonomy and state interest in preserving life, setting the stage for nuanced discussions on euthanasia in later years.

2. Aruna Shanbaug Case: Passive Euthanasia Recognized

The landmark *Aruna Ramachandra Shanbaug v. Union of India* (2011) case marked a

²⁵ Law Comm'n of India, Report No. 241, *Passive Euthanasia: A Relook* 7–9 (Aug. 2012).

²⁶ *P. Rathinam v. Union of India*, (1994) 3 S.C.C. 394, 402–03 (India).

²⁷ *Gian Kaur v. State of Punjab*, (1996) 2 S.C.C. 648, 660 (India)

turning point in Indian euthanasia jurisprudence.²⁸ Aruna Shanbaug, a nurse, had been in a persistent vegetative state for decades after a brutal assault. The Court, while denying active euthanasia, permitted passive euthanasia under strict judicial supervision.

The Court emphasized that withdrawing life-sustaining treatment in rare circumstances does not violate the right to life, provided there are safeguards to prevent abuse. This judgment established India's first legal recognition of the right to die with dignity in exceptional circumstances, balancing compassion and the sanctity of life.

3. Common Cause Case: Living Wills and Expanded Recognition

In *Common Cause v. Union of India* (2018), the Supreme Court significantly advanced the legal framework for euthanasia.²⁹ The Court recognized the validity of living wills, allowing individuals to decide in advance to refuse life-sustaining treatment if they are terminally ill or incapacitated. The judgment explicitly linked this right to Article 21, asserting that autonomy and dignity are inseparable from the right to life.

This case also clarified procedural safeguards, including medical assessment by multiple doctors and judicial oversight, to prevent misuse. It marked a progressive step in harmonizing ethical considerations with constitutional principles, making India one of the few countries to legally recognize the concept of living wills.

4. Significance of the Judicial Journey

The progression from *P. Rathinam* to *Common Cause* illustrates the dynamic nature of constitutional interpretation in India. The judiciary has moved from an initial struggle with the abstract right to die to a well-defined, cautiously regulated framework for passive euthanasia. These decisions reflect a human-centric approach, balancing individual autonomy, medical ethics, and societal values.

While the courts have laid down detailed guidelines, the absence of comprehensive legislation continues to leave grey areas, particularly regarding active euthanasia and broader societal safeguards.³⁰

²⁸ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454, 486 (India).

²⁹ *Common Cause v. Union of India*, (2018) 5 S.C.C. 1, 28–30 (India)

³⁰ Law Comm'n of India, Report No. 241, *Passive Euthanasia: A Relook* 7–9 (Aug. 2012).

Comparative Perspectives on Euthanasia

The debate on euthanasia is not unique to India; countries around the world have grappled with the ethical, legal, and social complexities of allowing individuals to end their suffering. Examining international practices provides valuable lessons for India as it continues to shape its legal framework.

1. The Netherlands

The Netherlands was the first country to legalize euthanasia under strict conditions in 2002. Dutch law permits both active and passive euthanasia, provided the patient's request is voluntary, well-considered, and persistent, and the patient suffers from unbearable pain with no prospect of improvement.³¹ Doctors must consult an independent physician and report the case to a review committee. This model highlights how legal safeguards can allow euthanasia while preventing abuse.

2. Belgium

Belgium legalized euthanasia in 2002, allowing voluntary active euthanasia for adults and later extending it to minors under strict conditions.³² Belgian law emphasizes autonomy, informed consent, and psychological evaluation, demonstrating that even vulnerable populations can be protected when comprehensive safeguards are in place. The Belgian experience underscores the importance of clear procedural guidelines and ethical oversight.

3. Canada

Canada legalized medical assistance in dying (MAID) in 2016, allowing competent adults to request euthanasia for grievous and irremediable medical conditions.³³ Canadian law includes safeguards for consent, assessment, and reporting, ensuring that euthanasia is carefully regulated while respecting personal choice. This reflects a rights-based approach similar to the principles emerging under Article 21 in India.

4. United States (Oregon's Death with Dignity Act)

In the United States, euthanasia remains largely illegal, but physician-assisted dying is

³¹ Law Comm'n of India, Report No. 241, *Passive Euthanasia: A Relook* 7–9 (Aug. 2012).

³² *Id.* At 12–14.

³³ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454, 486 (India).

permitted in a few states, including Oregon, Washington, and California. ³⁴Oregon's Death with Dignity Act allows terminally ill patients to request prescription medication to end life voluntarily. The law emphasizes patient consent, multiple confirmations, and reporting requirements, balancing individual autonomy with safeguards against coercion.

Need for a Law in India

Although the Indian judiciary has laid down guidelines for passive euthanasia and recognized the validity of living wills, India still lacks a comprehensive statutory framework to regulate the practice. Without clear legislation, doctors, patients, and families navigate a legal grey area, creating uncertainty and potential risks of misuse. A well-crafted law would provide clear procedures for requesting euthanasia, establish safeguards to protect vulnerable groups, and clarify the responsibilities and legal protections for medical practitioners. It would also standardize the creation and execution of living wills, ensuring that individuals can exercise their autonomy and right to die with dignity in a safe and regulated manner. Comparative experiences from countries such as the Netherlands, Belgium, and Canada demonstrate that euthanasia can be ethically implemented when strict safeguards, procedural clarity, and oversight mechanisms are in place. For India, enacting such legislation would not only uphold the constitutional values of Article 21 but also harmonize compassion, dignity, and protection against abuse.

Conclusion

Euthanasia represents one of the most sensitive and profound intersections of law, ethics, medicine, and human dignity. In India, the judicial recognition of passive euthanasia and living wills under Article 21 reflects a compassionate understanding that the right to life encompasses quality of life and the right to die with dignity. The Supreme Court's decisions in Aruna Shanbaug and Common Cause have carefully balanced the sanctity of life with autonomy and relief from suffering, setting a precedent for humane end-of-life care. However, the absence of comprehensive legislation leaves gaps and uncertainties, particularly regarding active euthanasia, procedural clarity, and protection of vulnerable populations. Comparative experiences from countries like the Netherlands, Belgium, and Canada demonstrate that structured laws with safeguards can ensure euthanasia is ethically and legally managed.

³⁴ Common Cause v. Union of India, (2018) 5 S.C.C. 1, 28–30 (India).

Therefore, India must move toward a statutory framework that respects personal autonomy, prevents abuse, and upholds the constitutional morality of Article 21, ensuring that individuals facing terminal illness can live and die with dignity, compassion, and legal protection.

