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AN EMPIRICAL STUDY ON LEGALISATION OF ACTIVE EUTHANASIA IN INDIA

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ABSTRACT:

Euthanasia, which is the act of intentionally ending a life to stop suffering. Euthanasia is also referred to as mercy killing or good death. This study focuses on the challenges which are present in legalizing active euthanasia in India. India allows passive euthanasia with tight rules, but it does not allow active euthanasia. The study uses a non-doctrinal methodology to understand the opinion of general public and young lawyers in India. The legal framework of euthanasia is primarily based on important Indian Supreme Court cases including Aruna Shanbaug v. Union of India (2011) and Common Cause v. Union of India (2018). It also looks into the roles of judicial monitoring, medical ethics, and keeping vulnerable people safe. Euthanasia may be an accepted practise among many countries in international arena but taking into account India's own social and cultural situation things are different and needs proper ground research on public views and opinions. This study adds to the continuing discussions about euthanasia by recommending a balanced strategy that protects people from possible abuse while also respecting their freedom.

Key words:

Euthanasia, mercy killing, coercion, poverty, dependence, vulnerable groups, choice, freedom, article 21, advancement, legislations.

INTRODUCTION:

The desire to live with dignity and to experience life in its fullest sense is a fundamental human aspiration. The instinct for self-preservation is deeply rooted in human existence; however, there are exceptional circumstances in which individuals, burdened by extreme pain, incurable illness, or irreversible medical conditions, may contemplate ending their lives. The intentional act of taking one's own life is legally and socially recognized as suicide. In contrast, when life is terminated by another person, typically at the explicit request of a patient suffering from a terminal or debilitating condition, the act is described as euthanasia or mercy killing. Unlike suicide, euthanasia raises intricate ethical, medical, and legal questions, particularly in situations involving patients who are incapacitated or incapable of expressing informed consent.

Euthanasia is frequently discussed in the context of terminal illnesses, persistent vegetative states, and severe disabilities that significantly diminish the quality of life. In such cases, the discourse shifts from the mere continuation of biological existence to considerations of dignity, autonomy, and humane treatment. Advances in medical technology have enabled the artificial prolongation of life, sometimes resulting in extended periods of physical suffering or psychological distress. Consequently, proponents of euthanasia emphasize the principle of individual autonomy, arguing that competent individuals should possess the right to make decisions regarding their own bodies, including the refusal or withdrawal of life-sustaining treatment. Conversely, opponents contend that the legalization of euthanasia may erode the sanctity attributed to human life, create potential for misuse or coercion, and conflict with prevailing moral, cultural, and religious norms.

In India, the debate acquired constitutional significance through the landmark decision of the Supreme Court of India in *Aruna Shanbaug v. Union of India*¹, wherein passive euthanasia was recognized under limited circumstances and subject to judicial supervision. The judgment represented a pivotal development in constitutional jurisprudence by interpreting Article 21 of the Constitution — the right to life and personal liberty — to encompass aspects of dignity in the context of end-of-life care. Subsequent judicial pronouncements further clarified the legality of advance directives and living wills, thereby shaping the evolving framework governing end-of-life decisions in India.

¹ AIR 2011 SUPREME COURT 1290

Given the ethical sensitivity and social complexity surrounding euthanasia, there is a compelling need to examine societal perceptions, levels of awareness, and normative attitudes toward its practice. This non-doctrinal research adopts an empirical approach to investigate public opinion in the contemporary Indian setting, with particular attention to themes such as autonomy, dignity, religious beliefs, medical ethics, and confidence in regulatory safeguards. By employing research tools such as structured questionnaires and interviews, the study seeks to generate data-driven insights that extend beyond doctrinal legal analysis. Through this methodology, the research aims to contribute to the ongoing discourse by situating the legal debate within the broader framework of societal realities and stakeholder perspectives.

OBJECTIVES OF THE STUDY:

1. To examine the perception of general public and young lawyers regarding the legal status of euthanasia in India.
2. To assess the level of awareness among the general public and legal professionals about the existing legal position on euthanasia in India.
3. To identify the legal and social challenges in legalising euthanasia in India.
4. To understand the mentality of the public and young lawyers in India and suggest changes according to their views.

RESEARCH QUESTIONS:

1. Are you aware of the term euthanasia before?
2. Do you think euthanasia should be legalized in India?
3. What do you think are the reasons; people support euthanasia in India?
4. What do you think is the major factor against euthanasia in India?
5. Do you think right to life under Article 21 of the Indian constitution includes right to die?
6. Supreme court in the judgement of Aruna Shanbaug V. Union of India (2011) has rejected the euthanasia petition of Aruna Shanbaug, who remained in a vegetative state for 42 years after a sexual assault in 1973. Do you agree with this decision of the Hon'ble supreme court of India?

HYPOTHESIS:

- Legalising euthanasia in India, under strict procedural safeguards and judicial oversight, would better protect patient autonomy, dignity, and the right to life under

Article 21 of the Constitution of India.

- Legalising euthanasia in India would not significantly enhance patient autonomy or dignity and may increase the risk of misuse, coercion, and violation of the right to life under Article 21

SIGNIFICANCE OF THE STUDY:

1. This study provides an insight into the public perception and societal attitude towards euthanasia.
2. This study contributes to frame policies and legislations regarding euthanasia, as the opinion of public and young lawyers are discussed.
3. This study evaluates the practical challenges in implementing euthanasia laws including the social challenges and procedural difficulties associated with it.
4. This study has its significance towards the protection of vulnerable groups, who may be subjected to coercion and exploitation with the legalizing euthanasia.
5. This study provides for the advancement of laws regarding euthanasia as the attitude and needs of the people are evolving with time. Laws in the past must evolve with the needs of the people to keep up with the changing attitude of public.

LIMITATION OF THE STUDY:

- The study is conducted primarily from the views of law students and it does not portray the views of general public
- The sample size of this research is not significant to make any vital conclusions
- This is non-doctrinal research and hence it is subjected to biases of the respondents such as personal, cultural and religious beliefs
- The study is confined only to the legality of the euthanasia and disregards the social and moral emphasis.

REVIEW OF LITERATURE:

- MUDIT BALAI² (2020) in his journal observed: Those who are in favour of legalizing euthanasia emphasis circumstances in which a condition has become vigorously burdened some for the patient, pain management for the patient is inappropriate and

² An Analytical Study on Right to Die and Euthanasia (2020), International Journal of Legal Science and Innovation

only death looks capable of bringing relief. But at the same time there is another class who are very much against to the legalization of euthanasia in its any form whether passive or active, voluntary or non-voluntary

- Shikha Mishra, Uday Veer Singh (2020)³ in their journal: The decision of the honourable court is highly appreciable; it works like a light in the dark. Apex court has focussed upon the agony of the patient and his peaceful exit from life while allowing the same. To make secure the right to die with dignity is the positive expansion of the right to life under the ambit of article 21 of the Constitution
- Brown JH, Henteleff P, Barakat S⁴, Suicide among terminally ill people: Rates of suicide among medically ill populations have been a topic of clinical concern and empirical research for many years prior to the emergence of the PAS debate. This research has generally concluded that depression and suicide among patients with medical illnesses are not particularly common but rather occur more often than in physically healthy populations.
- Eberechi, Justice and Lean, Ogenma⁵: "euthanasia" was first used in a medical context by Francis Bacon in the 17th century to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body. It has been described as a very a very gentle and quiet death, which happens without painful convulsions and with voluntary consent and support the idea that death should be merciful is not new. When a person is gravely wounded or terminally ill, when death is inevitable, and the suffering is so great that living no longer brings any joy to the person, it is understandable that he or she may wish to die.
- Ayush Agarwal⁶ discusses the possibility of legalising active euthanasia in India and highlights that most existing literature focuses on passive euthanasia rather than active forms. The study argues that strict legislation permitting euthanasia may help address the suffering of terminally ill patients while ensuring safeguards against misuse.

³ EUTHANASIA AND ITS DESIRABILITY IN INDIA (2020), Indian Law Institute Law review

⁴ Brown JH, Henteleff P, Barakat S. Is it normal for terminally ill patients to desire death? *Am J Psychiatry*. 1986;143:208–11. doi: 10.1176/ajp.143.2.208

⁵ Eberechi, Justice and Lean, Ogenma, The Legalisation of Euthanasia and Assisted Suicide: An International Comparative Analysis (December 26, 2024)

⁶ Agarwal, A. (2024). Much Awaited Response: Legalising Active Euthanasia in India. *Bennett Journal Of Legal Studies*, 5(1), 29–38.

- RAJESH KUMAR VERMA & BANDANA SINGH⁷, The ethical discourse on euthanasia is deeply complex, encompassing diverse perspectives from medical ethics, human rights, religion, and societal values. The central debate revolves around two conflicting principles: the sanctity of life versus individual autonomy and the right to die with dignity. While proponents argue that euthanasia provides relief from unbearable suffering and respects a patient's right to make end-of-life decisions, opponents contend that legalizing euthanasia could lead to its misuse, erode moral values, and compromise the fundamental duty of medical professionals to preserve life.

RESEARCH METHODOLOGY:

This research follows a non-doctrinal (empirical) research methodology, also known as socio-legal research. It examines euthanasia as a legal concept and not as a social, ethical issue.

This research helps the Indian Judiciary to understand the views of the public particularly among young future lawyers regarding the implications of the concept of euthanasia in real world.

The primary data was collected from 60 individuals having background in the field of law. The data was collected in both online (google forms) and offline (interview). The qualitative data is represented using charts and inferences are made from the data collected. To maintain confidentiality the personal details of the respondents are not disclosed.

FINDINGS AND DISCUSSION:

DATA ANALYSIS:

Data analysis plays a crucial role in non-doctrinal research, as it helps in systematically examining the responses collected from general public and young lawyers to draw meaningful conclusions.

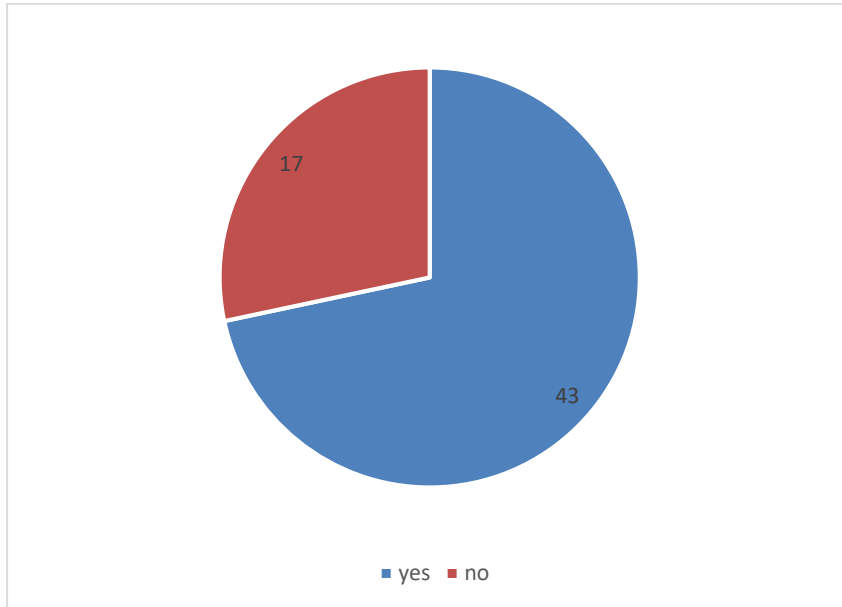
In this present study, the data collected through questionnaires, surveys and interview is carefully analyzed to understand the general public's level of legal awareness on active euthanasia and the thoughts of young lawyers in legalizing active euthanasia and the challenges in doing so.

⁷ DR RAJESH KUMAR VERMA & BANDANA SINGH, EUTHANASIA IN INDIA-A CRITICAL EXAMINATION OF ITS LEGAL AND ETHICAL DIMENSIONS, INDIAN JOURNAL OF LEGAL REVIEW (IJLR), 5 (1) OF 2025, PG. 828-835, APIS – 3920 – 0001 & ISSN - 2583-2344.

INTERPRETATION OF DATA:

Question 1:

Are you aware of the term euthanasia before?



Interpretation:

From the above chart, it can be observed that;

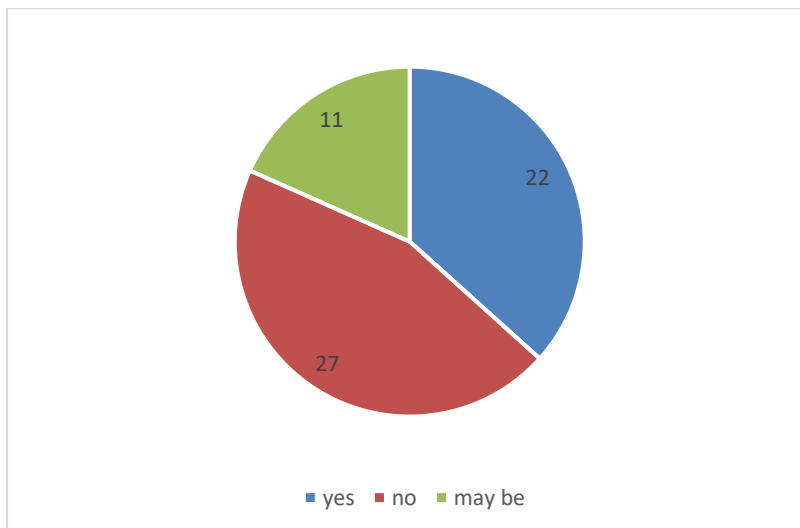
- I. 43 respondents are aware of the term euthanasia before this research.
- II. 17 respondents are unaware of the term euthanasia.

Inference:

From this question, we can infer that most of the respondents are aware of the term euthanasia and others are still aware of the meaning, which is mercy killing (கருணைக் கொலை)

Question 2:

Do you think active euthanasia should be legalized in India?



Interpretation:

From the above chart, it can be observed that;

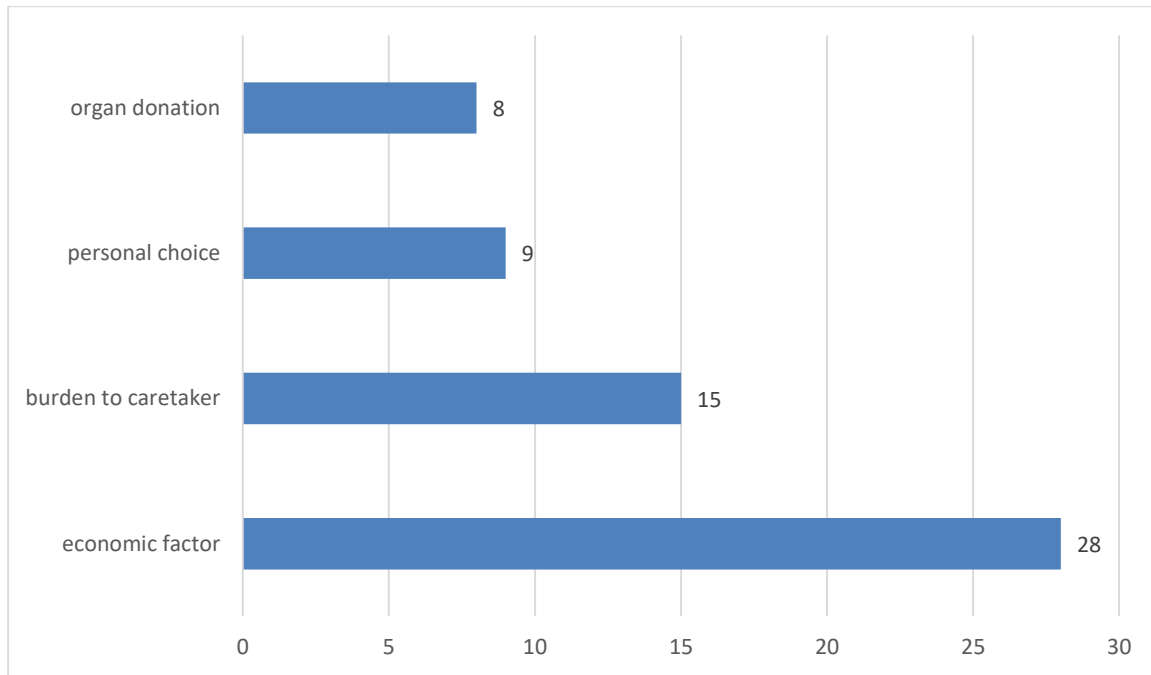
- I. 27 respondents think that active euthanasia should not be legalized in India.
- II. 22 of the respondents think that active euthanasia should be legalized in India.
- III. 11 of the respondents are not sure, whether or not active euthanasia should be legalized in India.

Inference:

From this question we can infer that most of the respondents are skeptical in accepting active euthanasia as a legal method to end a person's life. Some of them are willing to make active euthanasia legal but still mentioned there must be strict procedure followed before allowing it.

Question 3:

What do you think are the reasons; people support euthanasia in India?



Interpretation:

From the above chart, it can be observed that;

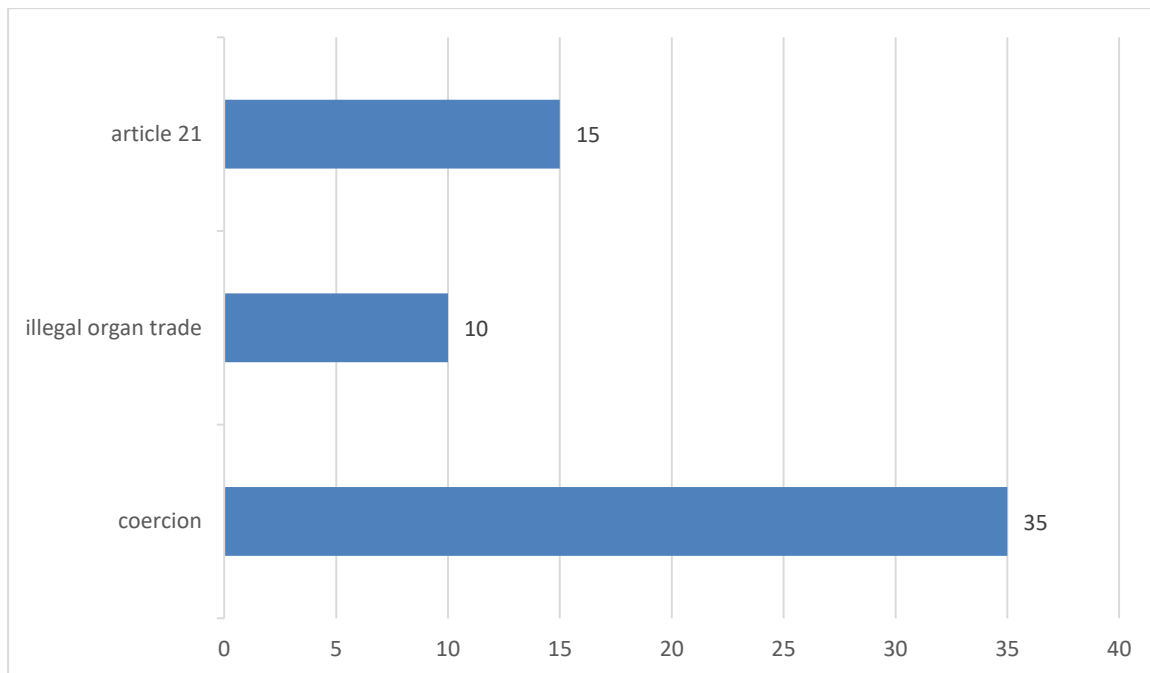
- I. 28 of the respondents thinks that economic factor is the major reason to support legalization of euthanasia in india.
- II. 15 of the respondents feels that bedridden old age people and persons whose are in constant dependence on another person is another vital reason for increasing
- III. 9 of the respondents thinks that whether to die or not should be given as a choice to the concerned person.
- IV. Only 8 respondents thinks that organ donation is a great reason to promote active euthanasia.

Inference:

From the question we can infer that economic factor that is the cost of maintaining, medical expenses of a person suffering from coma or permanent disability is felt as a huge reason to support active euthanasia. Apart from that dependence, freedom of choice and organ donation are considered are vital reasons to consider legalizing active euthanasia.

Question 4:

What do you think is the major factor against euthanasia in India?



Interpretation:

From the above chart, it can be observed that;

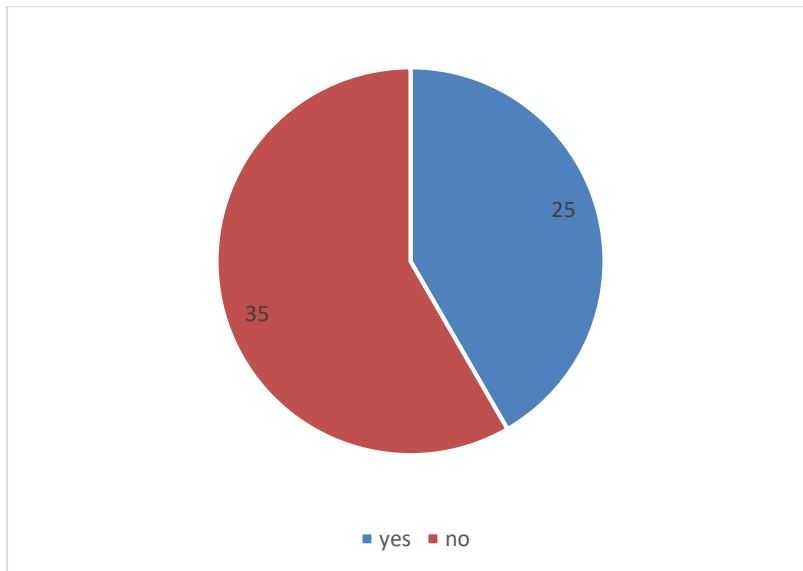
- I. 35 of the respondents considers coercion as a major reason against legalizing active euthanasia in india.
- II. 15 of the respondents considers it is violative of article 21
- III. 10 of the respondents thinks that it may leads to illegal organ trade.

Inference:

From the question we can infer that legalizing active euthanasia may lead to cases involving coercion or force imposed on the concerned person to die rather than the intent of being it as that person’s choice. Rest of the respondents thinks that right to life under Article 21 of Indian constitution doesn’t include right to die and legalizing active euthanasia has high changes of it promoting illegal organ donation.

Question 5:

Do you think right to life under Article 21 of the Indian constitution includes right to die?



Interpretation:

From the above chart, it can be observed that;

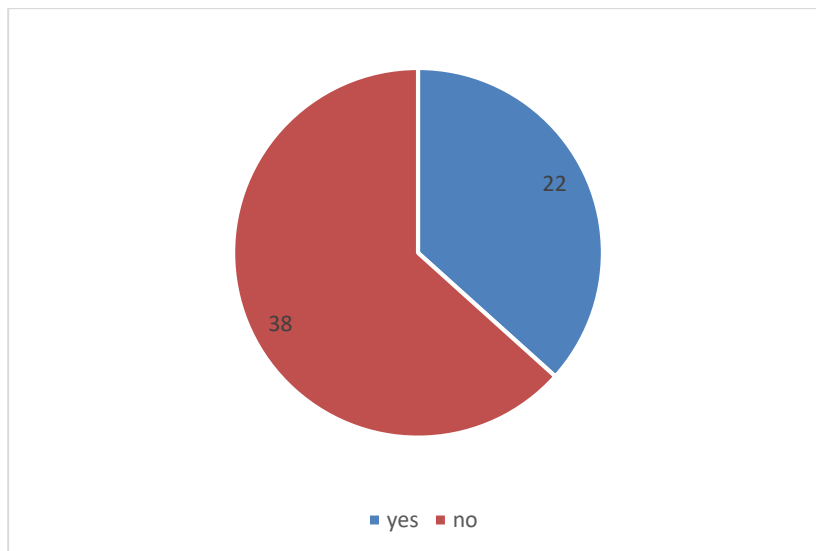
- I. 35 of the respondents think that Article 21 doesn't include right to die.
- II. 25 of the respondents think that Article 21 includes right to die.

Inference:

From the question we can infer that Article 21 of the Indian constitution which protects Right to life and personal liberty doesn't includes and cannot include Right to die. It is because right to life cannot be promised by legalizing active euthanasia.

Question 6:

Supreme court in the judgement of Aruna Shanbaug V. Union of India (2011) has rejected the euthanasia petition of Aruna Shanbaug, who remained in a vegetative state for 42 years after a sexual assault in 1973. Do you agree with this decision of the Hon'ble supreme court of India?



Interpretation:

From the above chart, it can be observed that;

- I. 38 of the respondents do not agree with the judgement.
- II. 22 of the respondents agree with the judgement.

Inference:

From the question we can infer that most of the respondents are not satisfied with the decision of the apex court in this particular case. They think that active euthanasia should be allowed based on the facts and circumstances after employing due diligence. When a victim of rape, who has already suffered enough in the crime cannot be made to suffer for her whole life.

SUGGESTIONS:

- To make laws stating specific procedure for analyzing the active euthanasia request submitted. It can never be made legal to an extent where it shall be allowed to execute without prior permission from authorities.
- A comprehensive euthanasia law must be drafted and public opinions should be collected. It shall only be made legal after absolute acceptance of the public and there must be an expiration date attached to it. This should be done every periodically to fulfill the evolving needs and mentality of the growing future generations
- To prevent the misuse and coercion of vulnerable individuals, it is good to establish strict safeguards and monitoring mechanisms. A multidisciplinary panel consisting of

legal experts, doctors, and ethicists should be involved in reviewing the consent given by person seeking euthanasia.

- Each and every request of euthanasia should be considered based of the specific circumstances of the case. There should not be a common rule for acceptance of euthanasia, the decision of approving euthanasia should be limited to that specific request.
- To establish a government funded institution particularly to take care of terminally ill patients, who are burden to their family. This eradicates the support for active euthanasia from majority of people supporting for the economic reasons and burden to caretakers.

CONCLUSIONS:

The question of legalising euthanasia in India involves a delicate balance between individual autonomy, medical ethics, and the constitutional value of the sanctity of life. While the debate has evolved significantly over the years, the current legal framework reflects a cautious and gradual approach toward end-of-life decision-making.

Through various judgments, the Supreme Court of India has recognised the concept of passive euthanasia and the right of patients to refuse life-sustaining treatment under certain conditions. Judicial developments such as the Aruna Shanbaug case and later decisions recognising living wills have established that individuals have the right to die with dignity in cases involving withdrawal of life support. These rulings demonstrate the judiciary's attempt to balance compassion for terminally ill patients with the need to prevent misuse.

However, the legalisation of active euthanasia, which involves deliberate medical intervention to end a patient's life, remains a far more complex issue. India's socio-economic realities, including poverty, unequal access to healthcare, and limited awareness of legal rights, create significant risks of coercion and exploitation. Vulnerable patients may face pressure from family members or caregivers, particularly in situations involving financial hardship or long-term medical expenses. In such circumstances, the legalisation of active euthanasia could potentially be misused, undermining the fundamental right to life guaranteed under Article 21 of the Constitution of India.

Furthermore, the healthcare infrastructure in India is still developing, particularly in the area

of palliative and end-of-life care. Many patients do not have adequate access to pain management, hospice services, or psychological support. Without strengthening these essential medical services, legalising active euthanasia may shift focus away from improving compassionate care for terminally ill patients.

The empirical analysis in this study therefore indicates that active euthanasia is not yet feasible to be legalised in India. The country must first address critical concerns such as strengthening palliative care systems, ensuring strict regulatory safeguards, improving public awareness, and protecting vulnerable groups from possible abuse.

In conclusion, while the principle of dying with dignity has gradually been recognised within the Indian legal system, the legalisation of active euthanasia at present would be premature. A cautious and incremental approach—focusing on improving healthcare infrastructure and refining existing safeguards for passive euthanasia—remains the most appropriate path for India at this stage.

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