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EUTHANASIA IN INDIA - TOWARDS A UNIFORM NATIONAL END-OF-LIFE DECISION PROTOCOL [UNEDP]

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Abstract:—

Euthanasia– the practice of ending-of a life intentionally to relieve suffering is still a controversial issue in India. The debate surrounding Passive Euthanasia one of the most complex intersections of constitutional law, medical ethics, individual autonomy, and human dignity. In India, the legal recognition of passive euthanasia has developed primarily through judicial interpretation rather than legislative action. The concept of human dignity forms the foundation of Constitutional democracy and human rights jurisprudence. [1]Article 21 of the Indian constitution guarantees every individual the right to life and personal liberty. Initially Article 21 was understood in a limited manner, focusing mainly on protection against unlawful deprivation of life.

Through various landmark judgments of Hon'ble Supreme Court of India gradually expanded the scope of Article 21 and stated that the right to life not only includes survival but also the right to live with human dignity. Hon'ble Courts often emphasized that the dignity is an essential part of human existence and must be protected at every stage of life

The study argues that judicial recognition alone is insufficient to ensure effective protection of the Right to Die with Dignity. [2]It recommends the enactment of comprehensive legislation and proposes the establishment of a Uniform National End-of-Life Decision Protocol[UNEDP] to provide standardized procedures, strengthen patient autonomy, safeguard medical practitioners, and ensure accountability, transparency, and consistency in end-of-life decision-making across India.

This study adopts a doctrinal and analytical research methodology based on constitutional provisions, judicial decisions, legal literature, policy reports, and comparative legal analysis. It critically examines the evolution of passive euthanasia jurisprudence in India, evaluates the

[1] INDIA CONST. art. 21..
[2] Bhagyamma G. & Ramesh, Legal and Ethical Perspectives on Euthanasia: A Comparative Study of India and Canada, 6 Int'l J.L. Mgmt. & Hum. 3017, 3017–18 (2023).

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constitutional principles underlying end-of-life decision-making, and identifies persistent challenges arising from the absence of comprehensive legislation. The research highlights concerns relating to inconsistent implementation, limited public awareness of living wills, uncertainty among medical professionals, and the lack of institutional mechanisms governing end-of-life decisions. A comparative examination of legal frameworks in the United Kingdom, Canada, and the Netherlands demonstrate the advantages of statutory regulation supported by ethical oversight and procedural safeguards.

Keywords – Right to die with dignity, Article 21, advance medical directive, Jurisprudence, sophisticated medical, euthanasia, supreme court, UNEDP,

Introduction:—

[3]Euthanasia comes from the Greek words “eu” (good) and “thanatos” (death), which mean a “peaceful” or “dignified death”.

Euthanasia refers to intentionally ending a person's life by another person to relieve that person of unbearable pain and suffering due to an illness that is deemed to be “incurable” or “irrecoverable” with no chance of recovery.[4] In such cases, the patient or their close family members can approach the Hon'ble Supreme court or High courts withdraw life support.

[5]It is broadly classified into:

- **Active Euthanasia** – This refers to taking active measures to cause a patient's death, such as by administering a lethal injection. Active Euthanasia is strictly prohibited in India.
- **Passive Euthanasia** – Involves the withdrawal or withholding of medical treatment that artificially prolongs the life of a patient who has no reasonable chance of recovery. It may include removal of ventilator support, stopping artificial nutrition, or discontinuing extraordinary medical procedures that only extend biological existence without improving the patient’s condition.

Active euthanasia remains largely prohibited in most countries including India.

[3] Anusree, K.R. Gopalan & G. Aswathy Prakash, Exploring Euthanasia: A Comparative Legal Analysis of India’s Constitutional Approach and Global Practices, 14 J. PIONEERING MED. SCI. 132, 133 (2025). https://doi.org/10.47310/jpms2025140917

[4] Bhagyamma G. & Ramesh, Legal and Ethical Perspectives on Euthanasia: A Comparative Study of India and Canada, 6 Int'l J.L. Mgmt. & Hum. 3017, 3017 (2023).

[5] Iva D. Golijan, Ethical and Legal Aspects of the Right to Die with Dignity, 31 Phil. & Soc'y 420 ,423 (2020), https://doi.org/10.2298/FID2003420G.

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[6]Passive euthanasia on the other hand, is legal in some countries including India. In India, passive euthanasia requires permission from the Hon'ble Supreme Court of India to withdraw life-supporting treatment in cases of patients who have suffered unbearable pain and there is no recovery. The legality of passive euthanasia in India, however, brings out the conflicts between constitutional law, medical ethics, and personal autonomy. [7]While some argue that the dignity of

a person is violated when forced to undergo treatment against his/her wish, euthanasia proponents argue that legalizing euthanasia devalues human life and allows potential abuse. [8]Doctors too face challenges when making life ending decisions as they balance between ethical obligations and personal beliefs.

Furthermore, the judiciary's ongoing effort to balance state interests in preserving human life against individual self-determination highlights the necessity for clear statutory parameters. Consequently, framing end-of-life choices within a structured legal framework remains essential to upholding foundational constitutional guarantees across medical institutions.

Research Objectives:—

- To examine the constitutional law developments and passive euthanasia jurisprudence in India.
- To discuss and evaluate relevant judgments passed by Hon'ble Indian Courts.
- To compare Indian laws regarding passive euthanasia with selected foreign jurisdictions.
- To identify gaps and deficiencies in Indian laws pertaining to passive euthanasia.
- To propose a Uniform National End-of-Life Decision Protocol [UNEDP] for establishing consistent end of life decision making procedures across Hospitals and States to facilitate patient autonomy while protecting the rights of society and medical professionals.

[6] Vinod K. Sinha, S. Basu & S. Sarkhel, Euthanasia: An Indian Perspective, 54 Indian J. Psychiatry 177, 177-183 (2012).https://doi.org/10.4103/0019-5545.99537

[7] Bhagyamma G. & Ramesh, Legal and Ethical Perspectives on Euthanasia: A Comparative Study of India and Canada, 6 Int'l J.L. Mgmt. & Hum. 3017, 3019 (2023).

[8] Andreas Fontalis, Efthymia Prousali & Kunal Kulkarni, Euthanasia and Assisted Dying: What Is the Current Position and What Are the Key Arguments Informing the Debate?, 111 J. R. Soc. Med. 407 (2018). https://doi.org/10.1177/0141076818803452

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Research Methodology:—

This Study employs doctrinal and analytical research methodology. It relies on primary and secondary sources of information.

Primary sources include:-

- Constitution of India
- Hon'ble Supreme Court and High Court judgments
- Legal journals, articles, books, and publications
- Reports and commentaries on euthanasia, human rights, and medical jurisprudence
- Policy papers
- Books relating to constitutional law and medical

Secondary sources include:-

- Online resources
- research papers

This study focuses on analyzing legal developments concerning passive euthanasia in India. Particular attention is paid to examining constitutional law, medical ethics, healthcare governance, and institutional reforms.

Legal Framework of Euthanasia in India:—

Earlier, the Indian legal framework prohibited euthanasia because [9]protection of human life was considered a fundamental obligation of the State and medical professionals. It was considered the duty of doctors to save lives by providing treatment so as to prolong a patient's survival. [10]With the advances in medical procedures, doctors started facing complex moral dilemmas on withholding or withdrawing of life support from patients who were being kept artificially alive despite having no prospect of recovery.

The Indian legal framework on passive euthanasia has been developed through landmark judgements delivered by the Hon'ble Supreme Court and High Courts.

Landmark Cases:—

1. **Maruti Shripati Dubal v. State of Maharashtra , (1987)**

In this case, the Hon'ble[11] Bombay High Court was called upon to interpret the constitutional

[9] WORLD MED. ASS'N, WMA Declaration on Euthanasia (2019), https://www.wma.net.
[10] Dominic Wilkinson, The Ethics of Euthanasia: A Clinical Perspective, 14 J. Bioethical Inquiry 245 (2017). https://doi.org/10.1007/s11673-017-9777-x
[11]Maruti Shripati Dubal v. State of Maharashtra, (1987) Cri LJ 743 (Bom).

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validity of Section 309 IPC which criminalized attempt to commit suicide. The Court examined if the right to life guaranteed by Article 21 of the Constitution also included the right to die.

The Court ruled that the right to die was part of the right to life guaranteed by Article 21 and consequently, Section 309 IPC was declared to be unconstitutional. The decision held that terminally ill or severely ill patients have a fundamental right to decide to end their own lives.

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

This case challenged the constitutionality of [12]Section 306 IPC which penalized causing or attempting to cause suicide. The petitioners argued that since the right to life and the right to die were fundamental rights, Section 306 IPC was an unreasonable restriction.

The Court said life was a natural gift and should be cherished, not destroyed. The Hon'ble Supreme Court agreed with the findings of the Bombay High Court in the Maruti Shripati Dubal case.

However, the Supreme Court ruled that Section 309 IPC was not violative of the Constitution. The Court also ruled that while the right to life guaranteed by [13]Article 21 included the right to live with dignity, it did not include a right to die.

3. Aruna Shanbaug v. Union of India, (2011)

[14]The case involved Ms. Aruna Shanbaug, a nurse employed at (KEM) hospital in Mumbai who suffered grievous injuries in an attack in 1973. As a result of this, she had lost the ability to talk and move normally and was left in a vegetative state for over forty years.

A petition was filed before the Hon'ble Supreme Court seeking permission to withdraw her life support system.

The Hon'ble Supreme Court ruled that passive euthanasia was legal in India and could be authorized in extreme cases when recovery from illness or injury was impossible.

However, [15]The Hon'ble Supreme Court set out elaborate guidelines that had to be followed when making such decisions. In accordance with these guidelines, the Hon'ble High Court had to give permission to withdraw life support treatment.

The Hon'ble Supreme Court ruled that passive euthanasia was admissible only under the following conditions:-

[12] Gian Kaur v. State of Punjab, (1996) 2 S.C.C. 648 (India).
[13] INDIA CONST. art. 21.
[14] Lily Srivastava, Law and Medicine 226 ((New Delhi: Universal Law Pub. Co. Pvt. Ltd., 4th Ed.2010).
[15] Vishaka & Ors. v. State of Rajasthan & Ors. (1997) 6 SCC 241 .

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- The patient must not be given any medical treatment that can help the patient recover from illness or injury.
- The patient's condition must be such that he/she cannot recover from illness or injury. If these conditions are met, then it would be considered passive euthanasia and the life support treatment can be withdrawn.

[16]The case of Aruna Shanbaug was significant because it was the first time the Hon'ble Supreme Court had acknowledged passive euthanasia as a constitutional right. Nevertheless, life support treatment was not withdrawn for Ms. Shanbaug because the doctors looking after her wanted to continue her treatment.

Importance of the Case:—

1. [17]Passive euthanasia recognized for the first time in India.
2. The need for High Court permission to withdraw life-support treatment was acknowledged.
3. The guidelines set out in this judgement serve as a safeguard against misuse of passive euthanasia.

4. Common Cause v. Union of India (2018)

The next landmark judgement was delivered by the Hon'ble Supreme Court of India in the case of Common Cause v. Union of India.

[18]This case was not about a specific individual, but a wider public policy issue. The petitioner in this case was an NGO named Common Cause. The petition sought a declaration that the Right to Die with Dignity was a fundamental right guaranteed by [19]Article 21 of the Constitution of India. The petition also raised the issue of legal validity of "Living Wills" which are advance directives instructing doctors to withhold treatment if the patient is diagnosed with an incurable disease or is placed in a permanent vegetative state.

The Court ruled that the dignity of an individual was a fundamental right and that dignity should be preserved till the end.

[20] The Court also held the Right to Die with Dignity was indeed a constitutional right, falling

[16] LILY SRIVASTAVA, LAW AND MEDICINE, 230, (New Delhi: Universal Law Pub. Co. Pvt. Ltd.,4th Ed. 2010)
[17] Pooja Sharma, Right to Die with Dignity in India: Legal, Ethical, and Human Rights Perspectives on Passive Euthanasia, 6 Int'l J. L. Just. & Juris. 124, 127 (2026). https://www.doi.org/10.22271/2790
[18] Common Cause v Union of India. (2018) 5 SCC 1-197.
[19] Article 21 and the Right to Die: Tracing Passive Euthanasia Law in India, LAWCURATE (Internet).
[20] Anusree, K.R. Gopalan & G. Aswathy Prakash, Exploring Euthanasia: A Comparative Legal Analysis of India's Constitutional Approach and Global Practices, 14 J. PIONEERING MED. SCI. 132, 136 (2025). https://doi.org/10.47310/jpms2025140917

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under the Right to Life and Personal Liberty guaranteed by Article 21 of the Constitution. The Court acknowledged the legality of living Wills or advance medical directives when a patient's life is beyond recovery.

The judgment also laid out extensive procedures and safeguards –

- Two medical boards
- consent
- verification process
- protection against misuse

Later, the Hon'ble Supreme Court took steps to make living Wills more accessible to ordinary citizens.

Importance of the Case:—

1. [21]The right to die with dignity was recognized as a fundamental constitutional right.
2. Living Wills received legal recognition.
3. Detailed procedures and safeguards were established.

5. Harish Rana v. Union of India, (2026)

The Harish Rana case became important because it involved the actual application of passive euthanasia principles in a real-life situation.

The case involved [22]Harish Rana, a person who had been on life support for years after suffering brain injury. Harish was fed artificially via a tube. He was kept artificially alive. Harish's family approached the Delhi High Court seeking permission to withdraw his life-support system.

The Delhi High Court rejected the request on the grounds that the tube feeding was non-medical and the withdrawal of food would be tantamount to starving the patient to death.

The case was then heard by the Hon'ble Supreme Court which held that tube feeding was a medical procedure and passive euthanasia could be resorted to in this case too.

Importance of the Case:—

1. Application of the passive euthanasia principle was practically implemented.
2. Artificial feeding is recognized as a medical treatment.
3. The case reinforced the importance of dignity in end of life care and patient autonomy.

[21] Pooja Sharma, Right to Die with Dignity in India: Legal, Ethical, and Human Rights Perspectives on Passive Euthanasia, 6 Int'l J. L. Just. & Juris. 124, 127 (2026).https://www.doi.org/10.22271/2790

[22] Harish Rana v. Union of India, MANU/SC/0222/2026 (Mar. 11, 2026) (India).

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Table:—

CASE	YEAR	MAIN CONTRIBUTION
Maruti Shripati Dubal v. State of Maharashtra	**1987**	Section 309 IPC was declared unconstitutional.
Gian Kaur v. State of Punjab	**1996**	The right to life guaranteed by Article 21 did not include the right to die.
Aruna Shanbaug v. Union of India	**2011**	First judgement recognizing passive euthanasia as a constitutional right.
Common Cause v. Union of India	**2018**	Right to Die with Dignity was recognized as a fundamental right and legal validity of Living Wills established.
Harish Rana v. Union of India	**2026**	Passive euthanasia principles were applied in a real medical case for the first time.

Critical Examination of the Existing Legal Framework:—

Despite the constitutional rights recognized by the Supreme Court and High Courts, India's legal framework on euthanasia is currently incomplete. Several deficiencies and weaknesses exist which hinder the right to die with dignity and the right to choose whether or not to prolong life support treatment. [23]Some of the key weaknesses in the legal framework include;

- **Absence of comprehensive legislation on euthanasia :—**
  1. The most significant weakness is the absence of a dedicated parliamentary statute on Euthanasia.
  2. Important constitutional rights presently depend almost entirely upon judicial guidelines.
  3. Unlike legislation, judicial directions cannot comprehensively regulate institutional responsibilities, licensing requirements, record maintenance, penalties for non-compliance, or administrative supervision.
  4. The absence of statutory law also creates uncertainty regarding future modifications by courts.

[23] Pooja Sharma, Right to Die with Dignity in India: Legal, Ethical, and Human Rights Perspectives on Passive Euthanasia, 6 Int'l J. L. Just. & Juris. 124, 128-130 (2026).https://www.doi.org/10.22271/2790

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- **Lack of awareness regarding Living Wills/Legal Directives:—**
  1. Most Indians are not aware of living Wills or advance medical directives.
  2. Even those who are familiar with the concept are often confused between active euthanasia and passive euthanasia.
  3. Medical professionals are also often unsure of the exact procedures to follow when a patient refuses treatment.

  Unless there is sufficient awareness about these rights, the fundamental constitutional rights will remain unutilized by ordinary people.
- **Fear of criminal liability by medical practitioners:–**
  1. Many doctors and hospitals remain reluctant to withdraw life support treatment from patients despite the Hon'ble Supreme Court's guidelines.
  2. Doctors fear that they may face criminal charges for murdering or causing the death of a patient or for medical malpractice and negligence. In addition, doctors also fear civil lawsuits initiated by the patient's family.
  3. As a result, many doctors fail to comply with Hon'ble Supreme Court guidelines and continue unnecessary treatment, causing distress to the patient.

Comparative Perspective:—

[24]Comparative analysis of the Indian legal framework with foreign jurisdictions reveals that other jurisdictions have evolved clearer statutory laws concerning passive euthanasia compared to India.

- **United Kingdom —**

  The [25]United Kingdom distinguishes passive euthanasia from active euthanasia.

  Withdrawing of life support treatment from patients who do not have any reasonable hope of recovery from illness or injury is permitted in the UK.

  [26]The Mental Capacity Act 2005 governs advance decisions refusing treatment and advance decisions regarding treatments.

  In addition, hospital ethics committees and judicial reviews provide guidance on matters concerning passive euthanasia.

[24] Anusree, K.R. Gopalan & G. Aswathy Prakash, Exploring Euthanasia: A Comparative Legal Analysis of India's Constitutional Approach and Global Practices, 14 J. PIONEERING MED. SCI. 132, 139 (2025). https://doi.org/10.47310/jpms2025140917

[25] K.R. Gorman, Euthanasia, Ethics, and the Law: A Comparative Perspective (Oxford Univ. Press 2015).

[26] Mental Capacity Act 2005, c. 9 (U.K.).

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- **Canada —**

  [27]Canada has comprehensive legislation governing end of life decisions.

  Medical practitioners are provided legal protection when making end of life decisions in accordance with statutes.

  Detailed documentation safeguards the rights of both patients and medical practitioners.

- **Netherland —**

  [28]The Netherlands has enacted one of the world's most comprehensive legal frameworks governing end-of-life decision-making.

  Although its legislation extends beyond passive euthanasia to regulate active euthanasia under strict conditions, its institutional safeguards—including mandatory reporting, review committees, and physician accountability—demonstrate the advantages of comprehensive statutory governance.

Recommendations:—

[29]Based on this study, several policy recommendations
can be made to improve the legal framework governing passive euthanasia in India.
Some of the key recommendations are as follows;—

1. Parliament should enact a comprehensive Passive Euthanasia and End-of-Life Care Act to replace dependence upon judicial guidelines.
2. The legal validity of Advance Medical Directives should be expressly codified through legislation.
3. The Government should create appropriate digital infrastructure to ensure nationwide accessibility of living wills.
4. The Government should mandate uniform medical boards in all hospitals to handle end of life decision making.
5. Every major hospital should establish an independent Ethics Committee with multidisciplinary representation.
6. Physicians who make decisions in accordance with the law and the ethical guidelines should be granted legal immunity from criminal and civil liability.

[27] An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying), S.C. 2016, c 3 (Can.).
[28] Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding [Termination of Life on Request and Assisted Suicide (Review Procedures) Act], Stb. 2001, 194 (Neth.).
[29] LAW COMM'N OF INDIA, REP. NO. 196, MEDICAL TREATMENT OF TERMINALLY ILL PATIENTS (PROTECTION OF PATIENTS AND MEDICAL PRACTITIONERS) (2006).

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7. The Government should introduce [30]mandatory training programs for medical professionals, judiciary personnel, and hospital administrators regarding end of life decision making.
8. The Government should conduct awareness campaigns to educate the public about the availability of advance directives and end of life care options.
9. State Governments should follow uniform procedures issued by the Union Government to ensure uniformity across the country.
10. The Parliament should periodically review relevant laws to ensure they remain up to date with emerging medical, technological, and constitutional developments.

The Need for a Uniform National End-of-Life Decision Protocol (UNEDP):—

The Constitution of India recognizes passive euthanasia as a fundamental right but the implementation of this policy suffers from various loopholes. The present system lacks comprehensive legislation and institutional mechanisms which are necessary for implementing passive euthanasia in accordance with the law in an organized and systematic manner. Unless proper procedures and institutional mechanisms are put in place, the rights of the patient cannot be exercised effectively. A uniform national end of life decision protocol **[UNEDP]** needs to evolve which can enable consistent end of life decision making procedures across hospitals and states to facilitate patient autonomy while protecting the rights of society and medical professionals.

Accordingly, this paper proposes the establishment of a Uniform National End-of-Life Decision Protocol [UNEDP] through a comprehensive Act of Parliament. The proposed protocol seeks to

preserve constitutional values while introducing administrative consistency, procedural certainty, and institutional accountability.

Conclusion:—

The “Right to Die with Dignity” has acquired increasing recognition as a fundamental right in India. The Supreme Court has ruled that dignity of the individual is an integral part of the Right to Life guaranteed by Article 21. The law relating to passive euthanasia in India has developed through various landmark judgments. In the case of Aruna Ramchandra Shanbaug v. Union of India, the Supreme Court recognized passive euthanasia for the first time and set out detailed

[30] LAW COMM'N OF INDIA, REP. NO. 241, PASSIVE EUTHANASIA—A RELOOK (2012).

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guidelines for its implementation. In Common Cause v. Union of India, the Supreme Court recognized the Right to Die with Dignity as a constitutional right guaranteed by Article 21 and also legalized living wills. The more recent judgement in the case of Harish Rana v. Union of India demonstrated the application of passive euthanasia principles in practice. The study shows that passive euthanasia involves complex constitutional, legal, ethical, administrative, and medical issues which require a comprehensive and systematic legal framework. This research has explored the constitutional law dimensions of passive euthanasia and argued that the next logical step is to develop a uniform national end of life decision making protocol [UNEDP] which will bring coherence, consistency, and uniformity to India's passive euthanasia laws.