INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS

Open Access, Refereed Journal Multi Disciplinary
Peer Reviewed

www.ijlra.com

ISSN: 2582-6433

DISCLAIMER

ISSN: 2582-6433

ABOUT US

The *International Journal for Legal Research & Analysis (IJLRA)* (ISSN: 2582-6433) is a peer-reviewed, academic, online journal published on a monthly basis. The journal aims to provide a comprehensive and interactive platform for the publication of original and high-quality legal research.

IJLRA publishes Short Articles, Long Articles, Research Papers, Case Comments, Book Reviews, Essays, and interdisciplinary studies in the field of law and allied disciplines. The journal seeks to promote critical analysis and informed discourse on contemporary legal, social, and policy issues.

The primary objective of IJLRA is to enhance academic engagement and scholarly dialogue among law students, researchers, academicians, legal professionals, and members of the Bar and Bench. The journal endeavours to establish itself as a credible and widely cited academic publication through the publication of original, well-researched, and analytically sound contributions.

IJLRA welcomes submissions from all branches of law, provided the work is original, unpublished, and submitted in accordance with the prescribed submission guidelines. All manuscripts are subject to a rigorous peer-review process to ensure academic quality, originality, and relevance.

Through its publications, the *International Journal for Legal Research & Analysis* aspires to contribute meaningfully to legal scholarship and the development of law as an instrument of justice and social progress.

ISSN: 2582-6433

PUBLICATION ETHICS, COPYRIGHT & AUTHOR RESPONSIBILITY STATEMENT

The *International Journal for Legal Research and Analysis (IJLRA)* is committed to upholding the highest standards of publication ethics and academic integrity. All manuscripts submitted to the journal must be original, unpublished, and free from plagiarism, data fabrication, falsification, or any form of unethical research or publication practice. Authors are solely responsible for the accuracy, originality, legality, and ethical compliance of their work and must ensure that all sources are properly cited and that necessary permissions for any third-party copyrighted material have been duly obtained prior to submission. Copyright in all published articles vests with IJLRA, unless otherwise expressly stated, and authors grant the journal the irrevocable right to publish, reproduce, distribute, and archive their work in print and electronic formats. The views and opinions expressed in the articles are those of the authors alone and do not reflect the views of the Editors, Editorial Board, Reviewers, or Publisher. IJLRA shall not be liable for any loss, damage, claim, or legal consequence arising from the use, reliance upon, or interpretation of the content published. By submitting a manuscript, the author(s) agree to fully indemnify and hold harmless the journal, its Editor-in-Chief, Editors, Editorial Board, Reviewers, Advisors, Publisher, and Management against any claims, liabilities, or legal proceedings arising out of plagiarism, copyright infringement, defamation, breach of confidentiality, or violation of third-party rights. The journal reserves the absolute right to reject, withdraw, retract, or remove any manuscript or published article in case of ethical or legal violations, without incurring any liability.

ISSN: 2582-6433

MORTALITY AND MORALITY: THE INTERSECTION OF MEDICAL ETHICS AND LEGAL ARCHITECTURE OF EUTHANASIA

AUTHORED BY - AARYA S. SALVI & RIYA P. KANDADE
S.Y.B.A.LL.B.
Thakur Ramnarayan College of Law, Mumbai University

Abstract

The discourse of this research paper analyses the legal framework of implicating euthanasia in India. It traces laws governing euthanasia enacted through the progression of judgements; moreover, it examines the distinction between active and passive euthanasia and the validity of "Right to Die with Dignity". This research paper refines the usage of active euthanasia and reason's it's prohibition in Indian Legal system through landmark judgements. It reviews the medical ethics in parlance to human rights and policy making rather than constitutional right. It then goes onto analyzing the case laws and the progression of personal autonomy though through judicial pronouncements. This asserts and establishes the definition of "dignity" in a more precise manner. Further it delves into the State's interest in preserving life, for sound policy making, ensuring safeguards against abuse while respecting the sanctity of life. This paper is based on the qualitative and doctrinal legal research method, analyzing Supreme Court judgments, constitutional provisions, and international comparisons. Moreover, it aims to study the reasonable differences existing in various legal systems which legalizes Active Euthanasia and its guidelines and whether it fits in the distinction of human rights and medical ethics or merely constitutional pronouncements. In the international context, it analyses how in other countries euthanasia is developed through legislative enactments rather than judicial directives. In conclusion, the research paper asserts the judicial directives in a precise manner and analysis it.

Keywords:

Euthanasia, Active Euthanasia, Passive Euthanasia, Medical Ethics, Human Rights, Policy Making, Right to Life, Right to Die with Dignity, Legal Doctrines, Constitutional Provision, Judicial Directives

ISSN: 2582-6433

Introduction

The contemporary jurisprudence represents philosophically entrenched domain which corroborates medical ethics, human rights, policy making and law; Euthanasia.[1] The word Euthanasia is derived from the Greek word “eu” meaning “good” and “thanatos” meaning “death”, which refers to deliberate ending of a person’s life to relieve from incurable suffering. The implementation of euthanasia has out broken intense debate across the Indian legal system. The doctrine of “Right to Die with Dignity” and principles of individual autonomy and resilience against the State’s interest in preserving life and preventing physician assisted homicide. In India, this topic has acquired various opinions directed by cultural sensibilities, judicial innovations and constitutional pronouncements and the evolution of human rights and policy making. Article 21 of the Constitution of India[2] proclaims that “no person shall be deprived of his life or personal liberty except according to procedure establishes by law.”

The primary argument of this research paper analyses the conflict defying active euthanasia and mortal rights law which advocates particular autonomy of an existent which further pressurizes policy shifts. The debate on euthanasia in India balances the value of life with particular choice. Article 21 of the Indian Constitution protects life and freedom. Courts have slowly allowed “unresisting (passive) euthanasia," which means stopping treatments for those in endless pain with no expedient of recovery. But “active euthanasia" directly ending life, like with a drug is still banned and seen as murder under Indian law. The Constitution focuses on guarding life for everyone, so it resists active euthanasia. Yet, mortal rights and real stories of suffering drive for farther particular choice. This creates pressure for policy changes. The paper examines these clashes, looks at other countries (like the Netherlands, which allows farther options, or the UK, which is stricter), and reviews data on terminal ails like cancer or ALS[3]. It suggests practical way laws for living choices, expert review armies, and strong safety rules. These would fete quality of dying while keeping protections under Constitution 21, making India's laws more compassionate and fairer.

India values life deeply due to its religious and ethical prospects. Ideas like non- violence (ahimsa) from Gandhi and beliefs in persuasions analogous as Hinduism make ending life a

[1] The Greek roots: eu (good) + thanatos (death). See generally, Rachels, J. (1975). Active and passive euthanasia. The New England Journal of Medicine, 292(2), 78–80.
[2] Article 21, Constitution of India, 1950: "No person shall be deprived of his life or personal liberty except according to procedure established by law."
[3] Amyotrophic Lateral Sclerosis, terminal neurodegenerative disease.

ISSN: 2582-6433

sensitive content. The government feels a duty to cover all lives, especially the weak, from detriment or pressure. Croakers promise to "do no detriment," and there are worries that euthanasia could lead to abuse, like forcing the elderly or sick to die. At the same time, mortal rights stress particular freedom. Global agreements say people should control their own bodies and end suffering with quality. In India, the right to "die with quality" is now seen as part of Article 21. overgrown- ups can write "living choices" to refuse machines or treatments if they face a deadly illness. But without clear laws from congress, opinions depend on courts, creating uneven results.

The Essential Distinction: Active and Passive Euthanasia

Euthanasia is of two kinds; Active Euthanasia and Passive Euthanasia, each having different moral and legal valences.

"*384[…]*

(iv) active euthanasia refers to a positive contribution to the acceleration of death;

(v) passive euthanasia refers to the omission of steps which might otherwise sustain life […]

385. The expression "passive" has been used to denote the withdrawal or withholding of medical treatment[…] "[4]

Active Euthanasia:

Active euthanasia refers to a deliberate positive action taken by a physician with the intent to end a patient's life ,[5] typically through administration of a lethal agent, in order to relieve suffering, including in cases of permanent vegetative state. Active euthanasia involves deliberate intervention by healthcare providers that facilitates or causes a patient's death in order to relieve pain and suffering. It is widely considered the most ethically contentious dimension of end-of-life care, as active euthanasia is said to be morally impermissible by some because it requires an intentional act of killing to satisfy the patient's request. Euthanasia and physician-assisted suicide are therefore inexhaustible topics for reflection across medicine, law, sociology, philosophy, religion, and morality.

[4] Common Cause (A Registered Society) v. Union of India, (2018) 5 SCC 1. Five-judge Constitution Bench comprising Dipak Misra CJI, A.K. Sikri, A.M. Khanwilkar, D.Y. Chandrachud, and Ashok Bhushan JJ. Decided on March 9, 2018.

[5] Rachels, J. (1975). Active and passive euthanasia. *New England Journal of Medicine*, 292(2), 78–80.

ISSN: 2582-6433

Passive Euthanasia:

Passive euthanasia is said to occur when circumstances are created in which death can occur, rather than death being actively caused where a patient's life is ended by declining to perform a life-saving act or withholding treatment, rather than by actively administering a lethal therapy. Passive euthanasia is said to be morally permissible because the patient is simply allowed to die, as steps are not taken to preserve or prolong life, for example, when a dying patient requests the withdrawal or withholding of measures whose administration would be medically futile or unacceptably burdensome.[6] Under the doctrine of valid consent and refusal, competent patients have the right to refuse life-sustaining therapies, and for incompetent patients, this right may be exercised through previously executed advance directives or appointed proxy decision-makers.

The practice of Active Euthanasia is criminalised in the Indian legal parlance given the country's culture that emphasises on the sanctity of life and carries no approvals due to concerns over misuse since the country lacks palliative care provisions, but on the other hand Passive Euthanasia though permissible, shall be implicated under certain circumstances laid down by the judicial directives.

The permissibility of giving passive euthanasia has stuck debates across the nation over the years on the interpretation of Art. 21 of the Constitution, Right to Life and Personal Liberty. It is on the interpretation of the word "dignity" and its gravity, to which extend it stretches in medical practices. Whether to name certain medical treatments as dignified or not? On an ethical level, active euthanasia is not accepted because it involves "killing," which contradicts the Indian principle of ahimsa and the Hippocratic oath, while passive euthanasia is allowed because it entails ending futile treatment and respect for autonomy using principled reasoning. Active euthanasia is considered a crime in India (no special laws for mercy killing) while passive euthanasia is conditional upon approval from the High Court, two physicians, and the Medical Board, along with living wills (registered over 50 cases).

Prohibition of Active Euthanasia in India

Active Euthanasia being the deliberate act of ending life, by injecting lethal drug, though justified under autonomy, it's criticized for equating as homicide.

In P. Rathinam v. Union of India, 1994, the Supreme Court held Sec. 309 of Indian Penal

[6] Stanford Encyclopedia of Philosophy. (2022). *Voluntary Euthanasia*.

ISSN: 2582-6433

Code, attempt to suicide to be unconstitutional by passing the ratio that the "Right to Life" includes the "Right to Die" or not to live.7 It attempted to interpret the act of suicide in a humane and medical approach over criminal punishment. But, in 1996, a five-judge bench of the Supreme Court in Gian Kaur v. State of Punjab, overruled the P. Rathinam Judgement. Gian Kaur along with her husband was convicted by the Trial Court under Sec. 306 of IPC, abetting suicide. (were sentenced to six years of imprisonment and fine of ₹2000. Since, Sec. 306 punishes abatement of suicide and 309 (then unconstitutional) punishes the attempt to suicide. In relevance to P. Rathinam, it was argued that while Article 21, Right to life includes the Right to Die, Sec. 306 is contributing towards enforcing the Fundamental Right of Right to Die enshrined under Article 21 of the Constitution.

Why Active Euthanasia remains Illegal in India:

Active Euthanasia is criminalised, in order to preserve the Constitutional sanctity of human life. *Gian Kaur v. State of Punjab*, 1996 (vide paragraphs 22 and 23) "that the right to life guaranteed by Article 21 of the Constitution does not include the right to die."[8] It puts light on prioritising life over the deliberate killing, omission of life in an in-dignified manner by implicating Active Euthanasia, which further violates the protective ambit of Article 21 of the Constitution. (*Maruti Shripati Dubal v. State of Maharashtra, 1986.*)[9]

Moreover, from a Legislative approach, absence of dedicated statues on the implications of Euthanasia creates a Policy Making and Legislative vacuum. The courts hesitate to pronounce directives such topics since it cannot turn a Legislative policy into a Judicial one. It is for the Parliament to assist this vacuum by critically analysing the ethical and legal liabilities.

Additionally, IMC Regulations, 2002, 6.7[10] does not permit mercy killing, it directs that a physician shall not comply to mercy killing though the patient or his next kin is giving justified autonomy. And the NMC further re-affirms palliative care duty and enforces fine, suspension

[7] *P. Rathinam v. Union of India, (1994) 3 SCC 394*. The two-judge bench held that the right to life under Article 21 includes the right not to live, thereby rendering Section 309, Indian Penal Code, 1860, unconstitutional. This decision was subsequently overruled by a five-judge Constitution Bench.
[8] *Gian Kaur v. State of Punjab, (1996) 2 SCC 648.* Constitution Bench (five judges) categorically held that the right to life guaranteed under Article 21 does not include the right to die. The Court upheld the constitutional validity of Sections 306 and 309 of the Indian Penal Code, 1860.
[9] *Maruti Shripati Dubal v. State of Maharashtra, 1986 Cri LJ 1519 (Bom).* The Bombay High Court had earlier held that the right to life includes the right to die, a view ultimately not adopted by the Supreme Court.
[10] Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, Regulation 6.7 (Euthanasia): "Practicing euthanasia shall constitute unethical conduct." Notified under the Indian Medical Council Act, 1956.

ISSN: 2582-6433

and debarment of physicians if they violate their oath. These medical ethics amount to the legislative vacuum. Thus in the Indian parlance, Active Euthanasia is considered to be an illegal act under Sec. 101 of BNS and Sec. 100 of BNS[11].

Evolution of Passive Euthanasia in the Indian Legal Parlance

The Indian Jurisprudence explicitly lacks legislations specifically laid down for euthanasia and it's implications. But through Landmark Legal pronouncements it has had an evolving stance, where the Right to Life and Dignity is defined in a more precise manner.

In the 196th Law Commission Report, 2006[12] on Euthanasia recommended the formulation of a law to protect terminally ill patients who refuse artificial nutrition, medical treatment which follows ventilators, mechanical respirators, dialysis, etc. from Sec. 309[13]. Moreover, the physicians who comply with the decision of the patients, or assist the best interest of the patients and pronoun them to be incompetent shall be protected from the punishment under Sec. 306 of the IPC and Sec. 299 of IPC.[14] The Report clarified that for such laws to come into force, there shall exist specific eligibility on part of the patient, which includes that the 'patient' must be in terminally ill state meaning, suffering extreme pain caused by an illness, or degeneration of a mental or physical condition. Thus, causing untimely death of the patient if not assisted by artificial treatment.

The Law Commission Report on Humanisation and Decriminalisation of Attempt to Suicide, 2008 the 210th Report of the Law Commission of India, affirmed that Sec. 309 of the IPC, attempt to suicide is rather inhuman. Attempt to suicide is in itself, "*may be regarded more as a manifestation of a diseased condition of mind deserving treatment and care rather than an offence to be visited with punishment*." ~ AR. Lakshmanan.[15] It promotes negligence to mental and physical conditions of an individual, by inflicting punishment on a person suffering agony. It won't help in preventing suicide or implicating easy access to medical help to the ones who have attempted suicide.

[11] Bharatiya Nyaya Sanhita, 2023. Section 101 (Murder) and Section 100 (Culpable Homicide). These provisions replaced Sections 300 and 299 of the Indian Penal Code, 1860, respectively, with effect from July 1, 2024.
[12] Law Commission of India. (2006). Medical treatment of terminally ill patients (protection of patients and medical practitioners) (196th Report). Government of India.
[13] Indian Penal Code, 1860 s.309. Attempt to suicide, *repealed in Bharatiya Nyaya Sanhita, 2023*
[14] Indian Penal Code, 1860 Section 306 (Abetment of suicide) and Section 299 (Culpable Homicide); *both repealed in Bharatiya Nyaya Sanhita 2023.*
[15] Law Commission of India. (2008). Humanisation and decriminalisation of attempt to suicide (210th Report). Government of India.

ISSN: 2582-6433

Landmark Judicial Pronouncements

Aruna Ramchandra Shanbaug v. Union of India & Ors., (2011) 4 SCC 454.

Aruna Shanbaug v. UOI[16], is known to be a very crucial landmark judgement which legalized Passive Euthanasia in India. In this matter the Hon'ble Supreme Court was approached under Article 32 of the Constitution for the termination of the life of Ms. Aruna Shanbaug who was in a permanent vegetative state (PVS), by Passive Euthanasia. The writ petition was filed on behalf of Ms. Aruna Shanbaug by one Ms. Pinki Virani, claiming to be a next friend. The Court denied the implication of Passive Euthanasia.

Ms. Aruna Ramchandra Shanbaug worked as a nurse at KEM Hospital, Mumbai, in 1973 she was brutally assaulted and strangled by a dog chain. She did survive the injuries but she didn't recover from the trauma and brain damage which resulted from the assault and strangulation. She was admitted in the hospital on 27 November, 1973 and since then she had been in a vegetative state. She was fed orally till September of 2010, when she developed an illness, probably malaria. After this her oral intake was effected and a tube was inserted in her stomach through her nose. To aid this matter the Supreme Court appointed a team of three physician to examine Ms. Shanbaug's state. This team examined her state provided a report on her mental and physical conditions, but it pronounced her condition to be ineligible for implicating passive euthanasia. The Report stated that Ms. Shanbaug is living a miserable and painful life but the neurological findings pronounced her to be in "a state of intact consciousness without awareness of self or environment. No cognitive or communication abilities could be discerned. Visual function if present is severely limited. Motor function is grossly impaired with quadriparxsis." Since in Gian Kaur v. State of Punjab the Right to die was denied, there remained no violation of Fundamental Rights. Thus, the court did not allow implication of terminating her life through Passive Euthanasia, it discussed the issue of euthanasia in a broader sense and emphasised on implicating passive euthanasia. Moreover, it invoked the principle of Parens Patriae (Parent of the Nation) principle under Art. 226 of the Constitution, where the court steps in to act as the decision making authority and serve as a guardian, it held that the court is the ultimate decider to give directions in the best interest of the patients.

[16] *Aruna Ramchandra Shanbaug v. Union of India & Ors., (2011) 4 SCC 454.* Decided on March 7, 2011, by a Division Bench of Justice Markandey Katju and Justice Gyan Sudha Mishra.

ISSN: 2582-6433

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

The landmark judgment in Common Cause vs. Union of India in 2018 was based on a public interest case. Some people filed it seeking the right to die with dignity and recognition of living Wills for those who're terminally ill.[17] It can keep people alive indefinitely even if they are in a vegetative state or have a terminal illness. This can cause suffering and go against the will of the person. The court said that the 'right to live with dignity' under Article 21 of the Constitution means you also have the 'right to die with dignity'. A person has a choice to die with dignity and it is a part of their freedom thus, the court made passive euthanasia legal. This means to stop the treatment that is not helping rather than actively taking someone's life. The court also made 'Living Wills or Advance Medical Directives' valid. These allow adults to pre decide if they want to refuse life-sustaining treatment when they can't make decisions later. When it comes to rights, the court said making a patient live on machines against their will goes against their right to autonomy, privacy and bodily integrity. The State wants to protect life. This doesn't outweigh a persons right to refuse unwanted treatment. The court said Article 21 protects people from being forced to live a life with no quality and this ruling balanced respect for life and the Constitutional protection of dignity. It created a legal structure to prevent violations of a person's right to die peacefully and, with dignity. In 2023, the Constitution Bench revisited and streamlined the 2018 guidelines, reducing procedural burdens: the experience threshold for medical board members was reduced, the requirement for mandatory magistrate countersignature was eliminated, and boards were directed to deliver decisions within 48 hours.[18]

Harish Rana v. Union of India & Ors. (2026 INSC 222)

In the judgement of Harish Rana v. Union of India & Ors. (2026 INSC 222) involves a young man (20 years old) who suffered a serious brain injury as a result of falling from a fourth storey balcony and becoming permanently bedridden with a persistent vegetative state for over 13 years by receiving his nutrition and hydration through a PEG tube[19] which is clinically assisted but not essentially basic care. Harish has received no medical care or cognitive awareness. The

[17] Common Cause (A Registered Society) v. Union of India, (2018) 5 SCC 1. Five-judge Constitution Bench comprising Dipak Misra CJI, A.K. Sikri, A.M. Khanwilkar, D.Y. Chandrachud, and Ashok Bhushan JJ. Decided on March 9, 2018.

[18] Common Cause v. Union of India, (2023) 14 SCC 131. Decided on January 24, 2023, by a five-judge Constitution Bench. The Court streamlined the 2018 guidelines: reduced experience threshold for medical board members, eliminated mandatory magistrate countersignature, and directed boards to decide within 48 hours.

[19] Percutaneous Endoscopic Gastrostomy.

ISSN: 2582-6433

Supreme Court determined in its decision that Harish's continued assistance through CANH[20] constitutes medical treatment as opposed to basic care and would therefore qualify for lawful omission if it would allow Harish to die naturally and not be killed if it were withdrawn. The principles that will guide the withdrawal of CANH include medical futility and the dignity of the patient, which make up the best interest of the incompetent patient. Additionally, the right to die with dignity is a component of the right to life under Article 21 of the Constitution. When the medical board determines the absence of possibility of recovery, then the withdrawal of life-sustaining interventions does not violate the sanctity of life, but rather honour the constitutional guarantee of dignity and protect the individual by preventing unnecessary and painful medical intervention at death.

Primary Argument: Judicial Constitutional Directives Versus Human Rights and Policy-Making

As D.Y. Chandrachud articulated in *Common Cause v. Union of India (2018) 5 SCC 1* Constitution of India – Art.21 – *"Dignity of life must encompass dignity in the stages of living which lead up to the end of life – Dignity in the process of dying is as much a part of the right to life under Art.21 – To deprive an individual of dignity towards the end of life is to deprive the individual of a meaningful existence – Hence, the Constitution protects the legitimate expectation of every person to lead a life of dignity until death occurs.*"[21] (Per Dr. D.Y. Chandrachud, J.)

In the Indian context of euthanasia, the interim directions of courts based on constitutional provisions lead significant injustice to individuals, hampering their Constitutional Right enshrined under Article 142. Though the constitutional and judicial directives create a concrete and structured framework for governance, often tends to override the discourse of human rights which emphasises on the personal autonomy and the Doctrine of Right to Die with Dignity. This results in fragmented policy-making. This became the key instrument in realizing the human rights are largely directed by judicial directives. Thus, this segment tend to argue that such prioritisation creates injustice. This in turn undermines the coherent directives and equity

[20] Clinically Assisted Nutrition and Hydration.
[21] Common Cause (A Registered Society) v. Union of India, (2018) 5 SCC 1. Five-judge Constitution Bench comprising Dipak Misra CJI, A.K. Sikri, A.M. Khanwilkar, D.Y. Chandrachud, and Ashok Bhushan JJ. Decided on March 9, 2018.

ISSN: 2582-6433

of euthanasia laws by elevating individual rights over collective judicial and constitutional imperatives.

These directions stem from some significant judgments of the Supreme Court in cases, mainly concerned with passive euthanasia, ensure the "right to die with dignity" within the cultural setting where sanctity of life is revered.

In the matter *Aruna Ramchandra Shanbaug v. The Union of India & Ors. (2011) 4 SCC 454*, though Passive Euthanasia was not permissible the Supreme Court laid down directions for the High Court to assist cases of such kind. It extended power to the High Court under Article 226 of the Constitution, and invoked the principle of Parens Patriae, it is a principle where the court acts as a guardian. It held that courts have the decision making capacity in the best interest of the patient. The principle of Parens Patriae, does work in the tilt of Human Rights driven Policy-making. But by granting courts the position to step in as an authoritative decision making body, it implicitly categorises personal autonomy and dignity as superordinate to inflexible constitutional directives.

This, then fostered dynamic policy evolution, in Common Cause v. Union of India (2018) 5 SCC1. It liberalized living wills, and allowed competent adults the right to pre determine the refusal of life longing medical treatment, since mechanical support violates the Fundamental Right enshrined under Art. 21 of the Constitution, Right to Life and Personal Dignity. It further recognised the Right to Autonomy. Moreover, the Human Rights Law, Universal Declaration of Human Rights, Art. 5[22] states that no person shall be subjected to torture or to cruel, inhumane degrading treatment or punishment. It demanded flexibility and exposed constitutional rigidity when applied to cases of prolong vegetative suffering without personal autonomy.

The Human Rights discourse was then influenced by the Universal Declaration of Human Rights Art. 25[23] “guarantees everyone the right to an adequate standard of living ensuring

[22] Universal Declaration of Human Rights, G.A. Res. 217A (III), U.N. Doc. A/810 (Dec. 10, 1948). Articles 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
[23] Universal Declaration of Human Rights, G.A. Res. 217A (III), U.N. Doc. A/810 (Dec. 10, 1948). Article 25. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

ISSN: 2582-6433

health and well-being for themselves and their family." and the Art. 10 of the UN Convention on the Rights of Persons with Disabilities (CRPD)[24] reaffirms the framework of Euthanasia as an extension to personal autonomy over one's own life. After the judgement of Common Cause, 2018, advocates invoked the Fundamental Right under Article 21, which states the "Right to Die with Dignity". It argued that the judicial restrictions tend to infringe self-determination. The Hon'ble Supreme Court then passed guideline which liberalised the living wills, and allowed advanced guidelines, which would prioritise the patients intent over judicial restrictions.

This emerged PILs and Rights Litigation accelerating for Active Euthanasia siting Dignity over Sanctity. Policy making discourse making through Law Commission Report 196 which later increased personal autonomy, with NGOs in India lobbying for such framework.

A major revolutionary change was brought in the matter of *Harish Rana v. The Union of India and Ors., 2026*[25], where the definition of "dignity" was reaffirmed . It ordered that the nutritions and hydration provided to him by the PEG Tube is also considered as the infringement of his Fundamental Right to Life and and Personal Liberty enshrined under Art. 21 of the Constitution. Though the PEG tube merely helped in providing nutrients and not solely life support, this order consider the presence of the tube resulting in not living a dignified life, further violating the fundamental right.

In conclusion, though the judgements of the matters concerning passive euthanasia evolved in an autonomous approach, it still tends to have a judicial direct in it's essence. Which is reasonable from the States approach in preserving sanctity of life keeping in view the negative aspects of passive euthanasia. Since, if the State gave full autonomy over passive euthanasia it may take a toll in a negative manner, which in turn will hold the State liable for such effects.

Nature and Evolution of Judicial Constitutional Directives

Decisions regarding judicial constitutionality begin with Article 142, which allows the Supreme Court to order "complete justice." Temporary laws enacted by these decisions remain until an opposing statute is enacted by Parliament. For example, the Gian Kaur case illustrates

[24] Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, Annex I, U.N. GAOR, 61st Sess., Supp. No. 49, at 65, U.N. Doc. A/61/49 (2006), entered into force May 3, 2008. Article 10.
[25] *Harish Rana v. Union of India & Ors., 2026 INSC 222* (Miscellaneous Application No. 2238 of 2025). Decided on March 11, 2026, by a Division Bench of J.B. Pardiwala and K.V. Viswanathan JJ.

ISSN: 2582-6433

the Supreme Court's total judicial denial of any form of the "right to die" while maintaining the constitutionality of Section 309 IPC, which, restated, is the crime of attempting to commit suicide, and the sanctity of life. In contrast, the 2011 verdict in the Aruna Shanbaug case was the first to permit, within the legal jurisdiction of the High Court, the deliberate passive euthanasia of patients with certified permanent coma status for nearly four decades. Furthermore, the 2018 judgment in Common Cause case extended the provisions for the terminally ill to execute advance medical directives and living wills. Moreover, an assessment in 2023 included, for the first time, a medical board review, thereby elevating the degree of judicial oversight and allowing the Registrars of the Courageous to "register" more than 50 living wills by 2024. Collectively, these provisions have resulted in the judicial sanction of euthanasia in 45 cases across the High Courts of Delhi and Bombay.

The Supreme Court is empowered to exercise legislative power to the extent of enacting temporary laws that can be set aside by a legislation that is contrary to the decision. These temporary laws would comprise of the judicial pronouncements which determine the constitutionality of a specific case. From Gian Kaur Case, where the judicial system entirely closed its doors to the notion of a ‘right to die ’and upheld constitutionality of Section 309 IPC (suicide) and upheld the constitutional principle of the sanctity of life,[26] to the 2011 landmark judgment of Aruna Shanbaug which was the first to set out the law on passive euthanasia (by virtue of a judicial pronouncement) for patients in a persistent vegetative state, subject to High Court approval and medical board certification,[27] and the landmark 2018 Common Cause judgment that granted the terminally ill the right to die with dignity a fundamental right under Article 21, recognised Advance Medical Directives (living wills), and laid down comprehensive procedural safeguards. The 2023 review streamlined these guidelines to improve accessibility.[28][29] The year 2024 recorded over 50 living wills, 45 plus cases of passive euthanasia, and more. In Harish Rana, 2026 The Supreme Court applied the judicial directives passed in the *Common Cause* in a factual context for the first time, holding that CANH via a

[26] *Gian Kaur v. State of Punjab, (1996) 2 SCC 648.* Constitution Bench (five judges) categorically held that the right to life guaranteed under Article 21 does not include the right to die. The Court upheld the constitutional validity of Sections 306 and 309 of the Indian Penal Code, 1860.
[27] *Aruna Ramchandra Shanbaug v. Union of India & Ors., (2011) 4 SCC 454*. Decided on March 7, 2011, by a Division Bench of Justice Markandey Katju and Justice Gyan Sudha Mishra.
[28] *Common Cause (A Registered Society) v. Union of India, (2018) 5 SCC 1.* Five-judge Constitution Bench comprising Dipak Misra CJI, A.K. Sikri, A.M. Khanwilkar, D.Y. Chandrachud, and Ashok Bhushan JJ. Decided on March 9, 2018.
[29] *Common Cause v. Union of India, (2023) 14 SCC 131.* Decided on January 24, 2023, by a five-judge Constitution Bench. The Court streamlined the 2018 guidelines: reduced experience threshold for medical board members, eliminated mandatory magistrate countersignature, and directed boards to decide within 48 hours.

ISSN: 2582-6433

PEG tube constitutes medical treatment subject to lawful withdrawal under the best interests standard, and strongly urging parliamentary legislation.[30]

The State's Interest in Preserving Life and Policy-Making

The Indian Legal framework traditionally interprets Art. 21 of the Constitution as both, Right to Life to the citizens and the duty of the state to to protect and preserve life. As in the matter, Gian Kaur v. State of Punjab, the court asserted its interest in preventing death and suicide by overriding the "Right to Die" originating from the P. Rathinam Case. This forms proper thesis for the criminalisation of Active Euthanasia considering it as Culpable Homicide under Sec. 100 of BNS keeping in view the morally wrong and legal implication of life-ending acts.[31] But with that being said the judiciary came up with an exception giving recognition to "dignity". In Aruna Shanbaug v. Union of India & Ors, 2011 the court permitted Passive Euthanasia under strict guidelines which progressively drew a distinguishing line between "killing" and "Termination of Live". This was Further expanded in the Common Cause 2018 when the judiciary recognised and legalised the "Right to Die with Dignity" under Art.21 of the Constitution and living wills. However, the court directed this permission to be highly procedural and restrictive under strict guidelines to curb its misuse. But irrespective of the said guidelines, a formal legislative framework is not yet implemented. The Indian Parliament has been hesitant to enact comprehensive euthanasia law due to its ethical and moral complexity, it is a sensitive topic intersecting various institutions where law, religion, philosophical beliefs and medical ethics play a crucial role in the society. Moreover, keeping in view the dynamic and pluralistic nature of Indian society where a constant battle of superstitious and pragmatic approach takes place, codifying laws concerning euthanasia could be view as state endorsement of morally contested action holding the law makers liable for the same. Apart from these ethical concern obstructing the enactment of codified law, there are serious concerns regarding coercion and misuse which are of utmost gravity. Considering India's socio-economic context, socio-economic vulnerabilities keeping in view the poverty rate, high medical costs and weak healthcare, the State speculates that assisted dying could become "involuntary euthanasia in disguise," which would majorly affect the vulnerable groups. Additionally, the rising inequality in the accessibility of healthcare complicates this issue further, which maybe the misuse of the

[30] *Harish Rana v. Union of India & Ors., 2026 INSC 222* (Miscellaneous Application No. 2238 of 2025). Decided on March 11, 2026, by a Division Bench of J.B. Pardiwala and K.V. Viswanathan JJ.
[31] Bharatiya Nyaya Sanhita, 2023. Section 101 (Murder) and Section 100 (Culpable Homicide). These provisions replaced Sections 300 and 299 of the Indian Penal Code, 1860, respectively, with effect from July 1, 2024.

ISSN: 2582-6433

fundamental right of “Right to Die with Dignity” rather being voluntary can be directed by economic compulsion, undermining the genuine consent. Thus, through time policy has been shaped by the judiciary, notably in Aruna Ramachandra Shanbaug v. Union of India (2011) and Common Cause v. Union of India (2018), reflecting relative state control and suspicion of misuse. In conclusion, India has adopted cautious and preservation oriented approach, respecting the sanctity of life as a norm. It has implicated the use of Passive Euthanasia under strict guidelines and has delayed the formulation of a comprehensive legislation until a concrete safeguards emerges.

International Applicability of Euthanasia

This segment of the research paper analyses the international context of euthanasia. As we’ve dissected several judicial pronouncements in India, we can conclude that, while the Indian legal system strictly prohibits the implication of active euthanasia keeping in view the risk of abuse and sanctity of life, several countries permit the accessibility of active euthanasia under strict guidelines, by prioritising personal autonomy, right to die with dignity and unbearable suffering. These laws are majorly legislative outcomes rather than court rulings to ensure democratic adaptability.

Netherlands:

The Termination of Life on Request and Assisted Suicide (Review Procedures) Act (2002)[32] legalised both Active and Passive Euthanasia in Netherlands. Though initially it evolved through mere judicial tolerance keeping in view cases like Postma (1971) where a general practitioner, Dr. Postma along with her husband also a practitioner, euthanised her handicapped mother who suffered a brain haemorrhage which resulted in severe deafness and speech difficulties, by injecting 200mg of morphine further constituting to active euthanasia. Dr. Postma was convicted of murder affirming that euthanasia was illegal according to the existing laws. But, after the Parliamentary Report of 1993, Euthanasia was codified confirming its safe practice. It laid down the grounds for implicating euthanasia, these are also known as “due care guidelines”. However, it does not legalise “killing” or “abetting suicide” but it states the actions of the medical practitioners who assist in ending the lives of patients, under strict guidelines as not criminal. According to the lawmakers, patients must be above the age of 12 and have parent's consent if under 16, to undergo "unbearable suffering without prospect of

[32] Netherlands: Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002. Regional Euthanasia Review Committees. Annual Report 2022 statistics.

ISSN: 2582-6433

improvement". They must provide their consent and willingness along with consulting two doctors. According to a regional review committee investigation, Active Euthanasia accounts for 4% of death (in 2022) even after a legal and justified robust palliative care and cultural emphasis on self determination.

Belgium and Luxembourg: Expansive Statutory Frameworks

The Euthanasia Act 2002 of Belgium is similar to the Dutch framework governing euthanasia but it is expanded to non-terminal cases like psychiatric suffering which was amended in 2014.[33] But for its accessibility repeated requests are to be made along with the physicians confirmation of non-recoverable condition, and interdisciplinary review. It was also accessible for minors with parental consent after the 2014 amendment. The 2009 Euthanasia Law drew parallel line in Luxembourg, which was solely driven by public interest. Here the permissibility rooted from a human rights approach recognising personal autonomy (ECHR Article 8)[34] further showing low abuse rate of about 0.4% of deaths. These laws were enacted by public consultations followed by the parliament and not the Judiciary.

Switzerland:

In Switzerland it is legal to assist suicide under certain legal conditions. According to Article 115 of the Swiss Penal Code (StGB), a person abetting suicide only for selfish reason is criminalised.[35] Here, if one assists suicide out of compassion it was not considered as a criminal act under the Swiss Jurisdiction. In other words, in Swiss Law the act of assisting suicide is not illegal unless the person abetting is driven by malicious intention to extract personal gains like property, money benefits or any other self-serving reasons. Thus, we can state that both active and passive euthanasia is legal in Switzerland keeping in view that the physician assists the euthanasia out of compassion in order to relieve the pain and unending sufferings of the patients.

[33] Belgium: Euthanasia Act 2002, as amended in 2014 to include minors. Federal Control and Evaluation Committee on Euthanasia.

[34] Belgium: European Convention on Human Rights (1950) Article 8. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

[35] Switzerland: Swiss Penal Code, Article 115. Assisted suicide is not criminalised absent selfish motive. Dignitas and EXIT organisations operate within this framework.

ISSN: 2582-6433

The United States of America:

In United States the laws concerning Euthanasia are decentralised, the states have the autonomy to the end-of-life choices. Here, Active Euthanasia is illegal nationwide and is interpreted as homicide under the States jurisprudence. Concerning Passive Euthanasia there are no federal legalisation of assisted dying in a centralised manner, however, there exist (MAiD)[36] and (PAD)[37] here the physicians role is not liable to suicide. This provision prioritises self-determination in dying holding the physician as the third party who'd only prescribe the drug not amounting to liability, the patient have full autonomy over the consumption of the same. This practice is legal in 11 jurisdictions including Oregon and District of Columbia, covering 23% of the population. This framework promotes federalism along with the ongoing debate of Personal Autonomy v Sanctity of Life. In *Washington v. Glucksberg (1997),*[38] the U.S. Supreme Court ruled in a unanimous decision that the practice of physician-assisted death (PAD) does not qualify as a fundamental liberty protected by the Constitution, and thus could be prohibited by states. In *Gonzales v. Oregon (2006),*[39] the Court upheld that states have power over regulating medical procedures, which includes PAD, and need no unnecessary intervention by the federal government. State courts made similar rulings with cases such as *Baxter v. Montana (2009)* recognizing PAD as part of state constitutional concepts such as privacy rights, but numerous states have also legislated on the matter. At the federal level, although there are existing laws against assisting suicide, they do not preempt existing state laws. As a result, several states, among others, have passed "Death With Dignity" laws, making limited provisions for PAD. Several states which are not superseded under the Federal Law has interpreted Death with Dignity Act (DWDA, 1997) lays down Voter-Approved model for all having a criteria for the approval of this provision to curb the negative effects.[40] This model asserts that the patient should be a major and a resident of Oregon have terminal illness of more than 6 months. Moreover it laid down the procedure which shall be followed while administering PAD, it includes 2 physicians assisting and prescribing the drug and waits of about 48 hours to 15-days along with 2 oral and a written request insisting assistance in dying.

[36] Medical Assistance in Dying
[37] Physician Assisted Death
[38] *Washington v. Glucksberg, 521 U.S. 702 (1997).* The U.S. Supreme Court held unanimously that the Due Process Clause does not protect a fundamental right to physician-assisted death.
[39] *Gonzales v. Oregon, 546 U.S. 243 (2006).* The U.S. Supreme Court upheld Oregon's Death with Dignity Act, ruling that the U.S. Attorney General could not use the Controlled Substances Act to invalidate Oregon's law permitting physician-assisted dying.
[40] Oregon Death with Dignity Act, Or. Rev. Stat. §§ 127.800–127.897 (1997). The first U.S. state law authorizing physician-assisted dying.

ISSN: 2582-6433

Additionally to ensure safeguards the mental capacity of the patient is taken into consider whether it is free from coercion.

United Kingdom:

Legally in the UK, both euthanasia and physician-assisted dying (PAD) are treated as serious criminal offences. Under the United Kingdom's Homicide Act of 1957, active euthanasia is classified as murder. Assisting a dying person also falls under the United Kingdom's 1961 Suicide Act. With regard to the legalities of passive euthanasia (a.k.a. the withdrawing of or withholding life-sustaining treatment) and the UK court case of *Airedale NHS Trust v. Bland (1993),*[41] passive euthanasia is legally permissible when it is confirmed to coincide with the patient's best interests. Furthermore, as stated in the United Kingdom's Mental Capacity Act of 2005,[42] legally valid advance decisions refusing (life-sustaining) treatment are also legally valid.

Consistent judicial precedent, up to and including the most recent *Bennett v. HM Coroner (2023),* demonstrates the ban of assisted dying to be considered neither unreasonable nor unjust. Specifically in *R (Nicklinson) v. Ministry of Justice (2014)*[43] maintained that there is no judicial sanction regarding the 'right to die' and that a defacto 'right to die' legislative reform is the exclusive responsibility of the UK Parliament. Even with the ban of assisted dying in the UK, enforcement has remained apathetic as there are very few euthanasia prosecutions under the Suicide Act. With the United Kingdom's world renowned hospice and palliative care systems, the focus has always been on quality end-of-life care rather than assisted stated dying. On the other hand, there is fetched optimism with the passage of reform. The 2021 Assisted Dying Bill and the 2024 Bill are both strides in the UK Parliament to legalize PAD with a strict framework (e.g. a terminal illness + physician approval) in The Kingdom. The Isle of Man has also preemptively approved PAD to be active in 2027.

Advocacy groups such as Dignity in Dying champion reform with strong public support (75–80%) in the UK, where public opinion is on the more conservative end of the spectrum with

[41] *Airedale NHS Trust v. Bland, [1993] AC 789 (UK House of Lords).* The foundational UK precedent permitting withdrawal of life-sustaining treatment for a patient in a persistent vegetative state, subject to best interests determination.

[42] Mental Capacity Act 2005 (UK), c. 9. Section 24–26 govern advance decisions (living wills) to refuse treatment, including life-sustaining treatment.

[43] *R (Nicklinson) v. Ministry of Justice, [2014] UKSC 38.* The UK Supreme Court held that the existing law on assisted dying did not breach Article 8 of the European Convention on Human Rights (right to private life), and that Parliament, not the courts, was the appropriate forum for reform.

ISSN: 2582-6433

passive euthanasia being legal and active euthanasia illegal, but with imminent changes in the law.

Authors' Opinion

The author believes that euthanasia in India continues to be a highly sensitive issue, and involves a delicate interplay of law, ethics, and human sentiments. The research shows that India has taken a slow and careful approach to the issue, relying more on court decisions than on specific laws.

The identification of the "right to die with dignity" in Article 21 is a positive, and therefore a more humane development. It is also the most constructive in the sense that, in most cases, extreme suffering is entailed, and life is a mere existence.

While the active euthanasia still being a crime, india shows a sense of social responsibility in the preservation of life. The views of social traditions such as ahimsa (non-violence), the ethics of medicine, and the fear of abuse, influence this position. It is true that the risks of allowing active euthanasia, particularly in a country like india where the medical services and the protective mechanisms are inadequate, are enormous. But the denial of active euthanasia also embodies a lack of respect for the autonomy of individuals and a denial of the right of individuals to control over the body, suffering, and the decisions to end the suffering.

Passive euthanasia has developed through important court cases such as `Aruna Shanbaug` and `Common Cause`, and represents a middle ground. It enables a person to stop further medical care but greats the wall from which someone could take steps to end another's life. The `living wills` option also offers further progress by enhancing control over a person's medical future. The considerable reliance on the courts in the absence of legislation leaves policy in limbo, as the courts are not to take the place of the legislatures, and this issue needs a more orderly and democratic approach to the law.

Legislation on euthanasia in most countries where active euthanasia is legal is characterised by a high degree of regulation and safeguards. In this regard, it is important for India to develop its own legislation, with its own cultural and ethical particularities, from the discussion of empathy and the integration of rationality. It is also important that the legislation seeks to protect the vulnerable, and that the respect for autonomy is not misused. The issue of euthanasia

ISSN: 2582-6433

is in its essence a question of humanity, and thus, a response to the issue demands a high degree of empathy and accountability.

Conclusion

The path trailing euthanasia in India as explored through this research paper shows an equating stance between constitutional directive, judicial innovations and human rights and government policies. In India it has grown to landmark pronouncements rather than legislative enactments. Passive euthanasia which is withdrawing life sustaining support, is now allowed under strict guidelines as a part of "Right To Die With Dignity" under Article 21 of the Constitution Of India, which protects life and personal liberty, this research paper also recognizes the evolving definition of dignity. While active euthanasia, injecting lethal drugs to deliberately end life is yet illegal in India. This in turn reflects the cultural value and ethics and the sanctity of life and fear of pronouncing physicians as the abettors of suicide. Major landmark Judgements like P. Rathinam (1994), Gian Kaur (1996), Aruna Shanbaug (2011), Common Cause (2018), and Harish Rana (2026) have shaped the present legal stance of euthanasia in India.

The core split remains between active and passive euthanasia. Active euthanasia—deliberately injecting or giving lethal drugs to end life—is still illegal in India. It falls under Section 101 of the Bharatiya Nyaya Sanhita, like culpable homicide or murder, and clashes with the sanctity of life upheld in Gian Kaur v. State of Punjab (1996). This ban reflects strong cultural values like ahimsa, the Hippocratic oath, and IMC Regulations 2002, which oppose doctors causing death. It also stems from fears of labeling physicians as abettors of suicide, especially given India's socio-economic challenges, lack of laws, and weak palliative care setup, making this a cautious policy choice.

Passive euthanasia, by contrast—withdrawing life-sustaining support—has seen big judicial progress. It started with Aruna Ramchandra Shanbaug v. Union of India (2011), which first allowed pulling support for patients in persistent vegetative state. Then Common Cause v. Union of India (2018) recognized the right to die with dignity and validated Advance Medical Directives (living wills). The latest, Harish Rana v. Union of India (2026 INSC 222), ruled that clinically assisted nutrition and hydration through PEG tubes counts as medical treatment that can be lawfully withdrawn. These judgments, building on earlier ones like P. Rathinam (1994) and Gian Kaur (1996), have shaped a step-by-step framework for end-of-life choices, deepening dignity under Article 21.

ISSN: 2582-6433

The paper argues that while court directives using parens patriae (Article 226) and quasi-legislative powers (Article 142) have filled the law gap well, they create tensions with human rights and policy needs, and can't replace Parliament's democratic role. Law Commission Reports 196th and 241st, easier living will rules, and global comparisons push for legislation. Countries like Netherlands, Belgium, Switzerland, and the US legalized active euthanasia or assisted dying via laws with strong safeguards and autonomy focus, based on public consensus. India's diverse, hierarchical society needs caution, but endless court reliance isn't right. Rising passive euthanasia acceptance, more living will registrations, and Harish Rana's call for full laws show India at a turning point.

In conclusion, India's approach is constitutionally solid but incomplete without codes. Passive euthanasia under court safeguards is a humane win, but no law means uncertainty and unfairness, especially for rural or poor patients unable to reach High Courts. Parliament must act, using court wisdom and Law Commission advice, to pass an end-of-life care law. It should respect everyone's dignity, shield the vulnerable from pressure, and give doctors clear rules—turning a court-made right into a guaranteed one.

References

Cases:

Airedale NHS Trust v. Bland, [1993] AC 789 (UK House of Lords). https://pubmed.ncbi.nlm.nih.gov/11648606/

Aruna Ramchandra Shanbaug v. Union of India & Ors., (2011) 4 SCC 454. https://api.sci.gov.in/jonew/judis/37709.pdf

Baxter v. Montana, 2009 MT 449, 354 Mont. 234 (Mont. Sup. Ct. 2009). https://law.justia.com/cases/montana/supreme-court/2009/50c59956-3100-468d-b397-4ab38f6eda4d.html

Common Cause (A Registered Society) v. Union of India, (2023) 14 SCC 131. https://www.scconline.com/blog/post/2023/02/03/detailed-order-supreme-court-modifies-the-guidelines-given-in-2018-euthanasia-judgment-legal-research-legal-news-updates/

Gian Kaur v. State of Punjab, (1996) 2 SCC 648. https://ghconline.gov.in/VernacularJudgments/English/CA-274-1984_Eng.pdf

Gonzales v. Oregon, 546 U.S. 243 (2006). https://supreme.justia.com/cases/federal/us/546/243/

ISSN: 2582-6433

Harish Rana v. Union of India & Ors., (2026) INSC 222. https://api.sci.gov.in/supremecourt/2025/60980/60980_2025_7_1501_69246_Judgement_11-Mar-2026.pdf

Maruti Shripati Dubal v. State of Maharashtra, (1986) Cri LJ 1519 (Bom). https://ghconline.gov.in/VernacularJudgments/English/CRLA-130-1987_Eng.pdf

(Misc. Application No. 2238 of 2025, decided 11 March 2026). https://www.scconline.com/blog/post/2026/03/12/supreme-court-india-verdict-allows-passive-euthanasia-key-takeaways/

P. Rathinam v. Union of India, (1994) 3 SCC 394. https://www.scobserver.in/journal/right-to-die-court-in-review/

R (Nicklinson) v. Ministry of Justice, [2014] UKSC 38. https://www.supremecourt.uk/cases/uksc-2013-0235

Washington v. Glucksberg, 521 U.S. 702 (1997). https://supreme.justia.com/cases/federal/us/521/702/

Constitutional and Legislative Provisions:

Bharatiya Nyaya Sanhita, 2023, §§ 100–101 (India). https://www.mha.gov.in/sites/default/files/250883_english_01042024.pdf

Constitution of India, 1950, Art. 21–32–142–226. https://www.legislative.gov.in/constitution-of-india

Euthanasia Act 2002 (Wet betreffende de euthanasie) (Belgium), as amended 2014. https://www.endoflifecare.be/sites/default/files/2022-11/Sigrid_Dierickx.pdf

Mental Capacity Act 2005 (UK), c. 9. https://www.legislation.gov.uk/ukpga/2005/9/contents

Oregon Death with Dignity Act, Or. Rev. Stat. §§ 127.800–127.897 (1997). https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx

Suicide Act 1961 (UK), c. 60. https://www.legislation.gov.uk/ukpga/1961/60/pdfs/ukpga_19610060_en.pdf

Swiss Penal Code (Strafgesetzbuch), art. 115 (Switz.). https://www.fedlex.admin.ch/eli/cc/54/757_781_799/en

Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002 (Netherlands). https://english.euthanasiecommissie.nl/

ISSN: 2582-6433

Official Reports and International Instruments:

Law Commission of India. (2006). Medical treatment of terminally ill patients (protection of patients and medical practitioners) (196th Rep.). Government of India. https://lawcommissionofindia.nic.in/reports/report196.pdf

Law Commission of India. (2008). Humanisation and decriminalisation of attempt to suicide (210th Rep.). Government of India. https://lawcommissionofindia.nic.in/reports/report210.pdf

Law Commission of India. (2012). Passive euthanasia — A relook (241st Rep.). Government of India. https://lawcommissionofindia.nic.in/reports/report241.pdf

United Nations. (1948). Universal Declaration of Human Rights (G.A. Res. 217A (III), U.N. Doc. A/810). https://www.un.org/en/about-us/universal-declaration-of-human-rights

United Nations. (2006). Convention on the rights of persons with disabilities (G.A. Res. 61/106). https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Secondary Sources:

Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, reg. 6.7 (India). Notified under the Indian Medical Council Act, 1956. https://www.nmc.org.in/wp-content/uploads/2017/10/Ethics-Regulations-2002.pdf

Rachels, J. (1975). Active and passive euthanasia. The New England Journal of Medicine, 292(2), 78–80. https://doi.org/10.1056/NEJM197501092920206

SCC Online. (2026, March 12). Passive euthanasia in India: Key takeaways from Supreme Court's landmark verdict. https://www.scconline.com/blog/post/2026/03/12/supreme-court-india-verdict-allows-passive-euthanasia-key-takeaways/

SCC Online. (2026, March 13). Passive euthanasia in India: Supreme Court bats for legislative framework and streamlining Common Cause guidelines. https://www.scconline.com/blog/post/2026/03/13/supreme-court-india-bats-for-law-on-passive-euthanasia/

Supreme Court Observer. (2023, December 26). Euthanasia and the right to die with dignity — Case background. https://www.scobserver.in/cases/common-cause-euthanasia-and-the-right-to-die-with-dignity-case-background/