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Should Euthanasia be Legalised in India?

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Abstract

Euthanasia, often described as the practice of ending a person's life to relieve them from unbearable suffering, represents one of the most profound moral and legal dilemmas of our time. In India, the question of whether euthanasia should be legalised invites debate across ethical, constitutional, and social dimensions. The rapid progress of medical science has made it possible to extend life even in cases of irreversible illness, forcing society to reconsider the meaning of dignity and compassion in end-of-life care. The debate revolves around whether the right to life under Article 21 of the Indian Constitution inherently includes the right to die with dignity. The judiciary, through landmark judgments, has cautiously recognised passive euthanasia under strict safeguards, marking a gradual shift from the preservation of life at all costs to a recognition of autonomy and relief from suffering. The issue, however, is not without complexity. Legalising euthanasia in India raises serious ethical and practical concerns, including the potential for misuse, the moral duties of doctors, and the need to protect vulnerable individuals from coercion. Balancing compassion with responsibility, and autonomy with societal values, remains a delicate task. This article examines the constitutional, ethical, and human dimensions of euthanasia, evaluating whether its legalisation aligns with the principles of justice, dignity, and humanity. It argues that with appropriate legal safeguards, medical protocols, and social awareness, euthanasia can be responsibly integrated into India's legal framework as a compassionate response to terminal suffering.

Introduction

Euthanasia, often referred to as "mercy killing," is one of the most sensitive and complex issues confronting modern societies. It raises deep moral, legal, and philosophical questions about the value of human life and the limits of human suffering. At its core, euthanasia involves intentionally ending the life of a person who is terminally ill or in a state of irreversible pain, with the purpose of relieving them from prolonged agony. The question of whether such an act should be legally permitted in India touches the very essence of human dignity, personal liberty, and the ethical duties of the medical profession.

In India, the debate around euthanasia has gained prominence with advances in medical science that allow for the prolongation of life, often at the cost of quality and dignity. While medical technology can keep patients alive for extended periods, it sometimes leads to a condition where survival becomes a source of suffering rather

than relief. This has prompted society, lawmakers, and the judiciary to consider whether continuing life in such circumstances truly upholds the constitutional promise of a dignified existence. The question, therefore, is not simply about ending life but about recognising an individual's right to make choices about their own body and suffering.

The constitutional dimension of the debate is closely tied to **Article 21** of the Indian Constitution, which guarantees the right to life and personal liberty. Over time, the judiciary has interpreted this right expansively to include the right to live with dignity. The logical extension of this interpretation leads to the question of whether the right to live with dignity should also include the right to die with dignity. Landmark judgments have opened the door to discussions about passive euthanasia, but the absence of comprehensive legislation continues to create uncertainty in both ethical and legal terms. Euthanasia also raises significant ethical concerns within Indian society, which is deeply rooted in spiritual and moral traditions that value life as sacred. For many, the act of intentionally ending a life, regardless of motive, conflicts with religious and cultural values. On the other hand, proponents argue that allowing a person to suffer indefinitely when death is inevitable is itself unethical and inhumane. Thus, the issue stands at the intersection of compassion and morality, requiring a careful balance between human empathy and respect for life.

In this context, the question of whether euthanasia should be legalised in India demands a multidimensional analysis one that considers not only legal and constitutional principles but also medical ethics, human rights, and socio-cultural realities. The debate is not about promoting death, but about recognising the boundaries of suffering, autonomy, and dignity in the face of inevitable mortality. As India continues to evolve legally and ethically, the discussion on euthanasia offers an opportunity to reaffirm its commitment to human dignity while ensuring that compassion and justice guide end-of-life decisions.

Constitutional and Judicial Perspective

The Indian Constitution is a living document that reflects the evolving moral and social conscience of the nation. Among its most significant guarantees is **Article 21**, which provides that no person shall be deprived of their life or personal liberty except according to procedure established by law. Over time, the Supreme Court of India has expanded the interpretation of this article to include the **right to live with dignity**, making it a cornerstone of human rights jurisprudence. Within this broad interpretation lies a fundamental question: does the right to live with dignity also include the **right to die with dignity**? This constitutional inquiry forms the basis of the debate surrounding euthanasia in India. Initially, Indian courts adopted a conservative view that life under Article 21 was sacred and inviolable, and therefore, any act intended to end life was inconsistent with the constitutional mandate. However, as society evolved and medical technology advanced, the judiciary began to recognise that artificially prolonging life in a state of terminal suffering may, in fact, violate the very dignity that Article 21 seeks to protect. The constitutional interpretation thus shifted from merely preserving biological existence to ensuring a **meaningful and dignified life**, even in the face of inevitable death.

One of the earliest and most significant judicial engagements with the issue of euthanasia was seen in the case of *Gian Kaur v. State of Punjab* (1996). In this case, the Supreme Court held that the "right to life" does not include the "right to die," thereby upholding the criminalisation of attempts to commit suicide under Section 309 of the Indian Penal Code. However, the Court also observed that the right to die with dignity could be a part of the right to life in cases where the process of natural death had already begun. This nuanced observation laid the foundation for later judicial

developments on euthanasia. The turning point came with the landmark judgment in *Aruna Ramachandra Shanbaug v. Union of India* (2011), which brought the issue of euthanasia into the mainstream legal discourse. Aruna Shanbaug, a nurse who had been in a vegetative state for over three decades, became the symbol of the ethical and legal struggle over the right to die with dignity. The Supreme Court, while rejecting the plea for active euthanasia, permitted **passive euthanasia** the withdrawal of life support under strict judicial supervision. This decision marked a historic recognition of the principle that continuing life artificially without hope of recovery could amount to an undignified existence.

Following the Aruna Shanbaug case, the Court emphasised the need for legislative clarity and procedural safeguards. It laid down guidelines for allowing passive euthanasia, including medical evaluation, approval from family members, and authorization by a High Court. These judicially crafted safeguards served as temporary law until Parliament enacted a comprehensive statute. The decision acknowledged the need to balance compassion with caution, ensuring that the right to die with dignity was not misused or applied arbitrarily.

The evolution of constitutional interpretation reached a decisive stage with *Common Cause v. Union of India* (2018), where the Supreme Court expanded the right to life under Article 21 to include the **right to die with dignity**. In this judgment, the Court upheld the legality of **passive euthanasia** and recognised the validity of **advance medical directives**, or living wills. It ruled that individuals have the autonomy to decide in advance whether they wish to receive life-prolonging treatment in case of terminal illness or irreversible conditions. This decision aligned Indian jurisprudence with global human rights standards, emphasizing that dignity must accompany both life and death. The Common Cause judgment represented a significant milestone in constitutional law, as it harmonised the principles of autonomy, dignity, and compassion. The Court observed that denying a person control over their own dying process could amount to an infringement of personal liberty. This marked a shift from a paternalistic interpretation of law to one grounded in individual choice and human dignity. It also underscored that the purpose of Article 21 was not merely to protect life biologically, but to ensure that life retains meaning and respect till its natural end.

Despite these judicial advancements, the absence of clear legislation continues to pose challenges. While the Supreme Court has provided guidelines for passive euthanasia, implementation remains inconsistent due to bureaucratic, medical, and ethical constraints. Moreover, the judiciary has refrained from endorsing **active euthanasia**, where deliberate action is taken to end life, as it remains punishable under Sections 302 and 304 of the Indian Penal Code. This partial recognition has led to an uneven legal landscape, where moral sympathy and legal restraint coexist uneasily.

Another constitutional aspect arises from the **doctrine of proportionality** and the **right to privacy**, which the Supreme Court recognised as a fundamental right in *Justice K.S. Puttaswamy v. Union of India* (2017). The right to privacy includes the freedom to make personal decisions about one's body, health, and medical treatment. Extending this reasoning, one could argue that the decision to refuse prolonged medical intervention or to choose euthanasia falls within the sphere of personal liberty and bodily autonomy, protected by the Constitution.

The judiciary's approach reflects a careful balancing act between compassion for suffering individuals and the state's obligation to preserve life. By recognising passive euthanasia and advance directives, the courts have paved the way for a humane and

constitutionally sound discourse on end-of-life choices. However, until Parliament enacts a clear and comprehensive law, euthanasia will continue to occupy a grey zone legally permissible under strict conditions but practically difficult to implement.

In essence, the constitutional and judicial perspective on euthanasia in India illustrates the progressive humanisation of constitutional law. The journey from absolute prohibition to cautious acceptance reflects the judiciary's responsiveness to changing social realities and ethical understanding. The recognition of the right to die with dignity under Article 21 is not a negation of life but an affirmation of **autonomy, compassion, and human dignity** the very values that the Indian Constitution seeks to protect.

Ethical Considerations

The ethical debate surrounding euthanasia is deeply rooted in questions of morality, human dignity, and the sanctity of life. At its core, euthanasia challenges the fundamental belief that life is inherently valuable and should be preserved at all costs. Supporters argue that when life becomes a source of unbearable pain, continuing it through artificial means may no longer hold moral justification. They contend that allowing a person to die peacefully, when medical science can no longer offer relief, upholds the ethical principle of compassion. On the other hand, critics maintain that deliberately ending life, regardless of the intention, contradicts the moral duty to protect human existence. This conflict between compassion and moral responsibility forms the foundation of the ethical discourse on euthanasia. One of the central ethical principles relevant to this issue is autonomy the right of individuals to make decisions concerning their own bodies and lives. Advocates of euthanasia argue that every person should have the freedom to choose how and when to end their suffering, particularly in cases of terminal illness. Denying this choice, they claim, amounts to prolonging pain against the individual's will, violating the essence of personal liberty. However, autonomy must be balanced against the moral and social implications of normalising euthanasia. Ethical concerns arise about whether all requests for euthanasia are genuinely voluntary or influenced by fear, depression, or external pressure, especially in societies where family or economic factors can shape personal decisions.

Another important ethical dimension involves the duty of medical professionals. Doctors take an oath to preserve life and to "do no harm," which is often seen as incompatible with the practice of euthanasia. However, the interpretation of "harm" becomes complex when life itself becomes a source of unrelenting suffering. In such cases, continuing treatment that prolongs pain may conflict with the principle of beneficence—the moral obligation to act in the best interest of the patient. Ethically, the medical profession must navigate this delicate line between preserving life and alleviating suffering, ensuring that decisions are guided by empathy, integrity, and respect for the patient's dignity.

Euthanasia also raises broader ethical concerns about social justice and vulnerability. In a country like India, where poverty, illiteracy, and unequal access to healthcare persist, there is a risk that euthanasia could be misused against the poor, elderly, or disabled. Ethical safeguards must ensure that the choice for euthanasia is free, informed, and uncoerced. Without such protections, euthanasia could become a tool for exploitation rather than compassion. The ethical justification for euthanasia, therefore, depends not only on individual choice but also on the fairness and integrity of the system that governs it. Ultimately, the ethical discourse on euthanasia in India calls for a balance between human compassion and moral restraint. Legalisation, if pursued, should not be seen as a rejection of life but as an affirmation of dignity in the face of inevitable death. Ethical frameworks must guide the practice through

transparency, accountability, and empathy, ensuring that it remains an act of mercy rather than convenience. In a society built on values of respect for life and human suffering, the ethics of euthanasia demand not only legal precision but also moral sensitivity to the complex realities of human existence.

Comparative Legal Framework

Euthanasia has been a subject of global legal discourse, with countries adopting diverse approaches based on their social, cultural, and moral values. While some nations have recognised it as a legitimate right linked to human dignity and autonomy, others continue to prohibit it, citing ethical and religious concerns. The legal frameworks in countries such as the **Netherlands, Belgium, Canada, and New Zealand** provide valuable insights for India as it grapples with the question of legalisation. These jurisdictions have moved from moral debates to structured regulations, ensuring that euthanasia is exercised under clear, humane, and strictly monitored conditions.

The **Netherlands** was among the first nations to legalise euthanasia through a comprehensive statute known as the Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002. The law permits euthanasia and physician-assisted suicide provided certain criteria are met — the patient's suffering must be unbearable and without prospect of improvement, the request must be voluntary and well-considered, and at least one independent doctor must confirm these conditions. This legal model balances compassion with caution by subjecting each case to post-procedural review by a regional committee. The Dutch framework highlights how strong procedural oversight can coexist with respect for individual autonomy.

Belgium, following the Dutch example, legalised euthanasia in 2002 but went further by including patients experiencing unbearable psychological suffering, not only physical illness. The law also allows minors, under strict supervision, to request euthanasia if they possess the capacity for discernment. This demonstrates Belgium's commitment to the ethical principle of self-determination, while also maintaining medical accountability. Similarly, **Canada** introduced its Medical Assistance in Dying (MAID) Act in 2016, which permits eligible adults to request medical assistance in dying when faced with grievous and irremediable conditions. Canada's model places strong emphasis on consent, medical assessment, and transparent documentation, reflecting a mature and rights-based approach to end-of-life decisions.

Several **U.S. states**, such as Oregon and Washington, have adopted laws allowing physician-assisted suicide under "Death with Dignity Acts." These laws typically apply to terminally ill patients with a prognosis of less than six months to live, ensuring that only those in the final stages of life can make such requests. The requirement for mental competence and the ability to self-administer medication ensures autonomy while preventing misuse. **Switzerland**, on the other hand, adopts a more permissive stance by allowing assisted suicide provided there is no selfish motive involved. This approach is grounded in the moral principle of individual freedom rather than state control, making Switzerland unique in its liberal interpretation of euthanasia-related acts.

When compared with these international practices, India's legal position appears cautious and conservative. Indian courts have permitted **passive euthanasia** under judicial supervision but have refrained from endorsing **active euthanasia**, which remains a criminal offence under the Penal Code. However, global experiences suggest that legalisation, coupled with strict medical and ethical safeguards, can function effectively without compromising human dignity or public trust. For India, studying these comparative frameworks offers valuable lessons in designing laws that uphold autonomy while preventing abuse. A well-regulated system inspired by successful

international models could transform euthanasia from a controversial idea into a compassionate legal right consistent with India's constitutional promise of dignity and justice.

European countries such as **Luxembourg and the Netherlands** also include robust review mechanisms. Physicians are required to document the patient's request and report the case to a regional review committee. This system ensures compliance with legal criteria and provides accountability for medical professionals, minimizing the risk of misuse or abuse. In contrast, countries like **the United Kingdom, India, and most Asian nations** continue to prohibit active euthanasia, although passive euthanasia may be recognised under judicial supervision. These jurisdictions rely heavily on courts to interpret constitutional rights and ethical principles, rather than having a codified statutory framework. This creates legal uncertainty for patients, families, and medical practitioners. The international legal landscape demonstrates that euthanasia can be ethically and legally regulated without undermining societal respect for life. India, by studying these comparative frameworks, can design legislation that permits **passive or voluntary euthanasia** under strict safeguards, incorporating procedural, ethical, and judicial oversight to protect vulnerable populations.

In this way we can say that, comparative legal frameworks reveal that euthanasia is feasible within a regulated environment that prioritises **patient autonomy, transparency, and accountability**. For India, these examples offer practical guidance in balancing constitutional rights, medical ethics, and social concerns, ensuring that any legislation supports dignity, safeguards, and responsible end-of-life care.

Challenges and Concerns in Legalising Euthanasia in India

Legalizing euthanasia in India faces multiple challenges:

1. India currently lacks comprehensive legislation governing euthanasia. While judicial pronouncements permit passive euthanasia under strict safeguards (Aruna Shanbaug, 2011; Common Cause, 2018), the absence of statutory law creates uncertainty for medical professionals and families. Legal ambiguity can deter physicians from assisting patients even in legitimate cases, due to fear of criminal liability.
2. Medical practitioners face moral conflicts between the Hippocratic Oath "do no harm" and respecting patient autonomy. Administering euthanasia may be seen as violating ethical obligations, even when done voluntarily, causing stress and professional dilemmas for doctors. Clear guidelines and protections are necessary to support ethical decision-making.
3. In India, socio-economic disparities may lead families to consider euthanasia as a cost-saving measure, particularly when long-term care or advanced medical treatment is unaffordable. This raises the risk of euthanasia being chosen due to financial pressure rather than genuine consent from the patient.
4. Patients may experience psychological distress, depression, or feelings of being a burden, influencing their decision for euthanasia. Distinguishing genuine informed consent from decisions influenced by emotional or psychological pressure is challenging and necessitates psychiatric evaluation.
5. India's diverse cultural and religious landscape views life as sacred. Legalising euthanasia may conflict with societal norms and religious beliefs, leading to social resistance and ethical controversies. Any legislative framework must carefully navigate these sensitivities.
6. Effective euthanasia legislation requires a clear regulatory framework including

medical boards, judicial oversight, reporting mechanisms, and review committees. Implementing these safeguards nationwide, particularly in rural or resource-poor areas, poses significant logistical challenges.

7. A lack of public awareness about euthanasia rights, living wills, and procedural safeguards could result in confusion, misuse, or misinterpretation. Comprehensive awareness campaigns, education for patients and families, and professional training for doctors are essential to implement euthanasia responsibly.

In conclusion, legalising euthanasia in India involves multifaceted challenges ranging from legal uncertainty and ethical dilemmas to socio-cultural sensitivities and potential misuse. Addressing these concerns requires comprehensive legislation, procedural safeguards, medical and psychological protocols, and public education to ensure that euthanasia is exercised ethically, voluntarily, and safely.

Way Forward for Legalising Euthanasia in India

1. Comprehensive Legislation

To address the current legal ambiguity, India requires clear statutory laws governing euthanasia. Legislation should distinguish between active and passive euthanasia, and outline conditions under which life-sustaining treatment can be withheld or withdrawn. A well-defined legal framework will provide clarity to medical practitioners, patients, and families, reducing fear of criminal liability while ensuring ethical practices are followed. The legislation should also explicitly criminalise misuse or coercion, setting strict penalties for violations. By codifying judicial precedents such as *Aruna Shanbaug* (2011) and *Common Cause* (2018), the law can formalise procedural safeguards and establish nationwide standards for implementing euthanasia ethically and safely.

2. Medical and Ethical Safeguards

Medical boards and ethics committees should be mandated to review euthanasia requests to ensure compliance with medical, ethical, and legal criteria. Psychiatric evaluations should assess the patient's mental competence and voluntariness, while multiple physicians must confirm terminal illness or unbearable suffering. These safeguards ensure that euthanasia is not misused and that patients' decisions are informed and autonomous. Ethical guidelines for doctors should be reinforced, balancing the duty to preserve life with compassion for patients in terminal conditions. Providing legal protection for medical professionals acting in good faith is essential to encourage participation in ethically sanctioned euthanasia.

3. Advance Directives and Living Wills

Legal recognition of advance directives or living wills allows individuals to express their wishes regarding end-of-life care in advance, especially if they may become incapacitated. Courts in India have recognised the validity of such directives under *Common Cause* (2018), but statutory backing is needed to standardise procedures, formats, and filing mechanisms. Advance directives empower patients, reduce family disputes, and provide clear guidance to medical practitioners. They also help ensure that euthanasia is voluntary and reflective of the patient's genuine wishes, rather than decisions made under pressure or uncertainty.

4. Judicial Oversight and Monitoring

Judicial supervision should remain an integral part of euthanasia regulation. High Courts can play a role in approving cases of passive euthanasia and reviewing compliance with procedural safeguards. Regular reporting and monitoring mechanisms should be established to maintain transparency, accountability, and public trust. Monitoring bodies can track trends, detect misuse, and evaluate the efficacy of the

legal framework. This oversight also ensures that euthanasia remains restricted to eligible cases and aligns with constitutional rights and ethical principles.

5. Public Awareness and Palliative Care Integration

Comprehensive public education campaigns are essential to inform citizens about euthanasia rights, advance directives, and procedural safeguards. Awareness reduces misconceptions, prevents misuse, and empowers individuals to make informed choices. Simultaneously, integrating palliative care services into the healthcare system is crucial. Euthanasia should be seen as a last resort when pain management and palliative care cannot alleviate suffering. Strengthening palliative care ensures compassionate alternatives and reinforces the ethical principle of minimizing suffering while preserving life whenever possible.

Conclusion

The question of whether euthanasia should be legalised in India is not merely a legal or medical issue but a profound moral and human dilemma. It forces society to reflect on the meaning of life, suffering, and dignity in the face of irreversible illness. While opponents argue that legalising euthanasia could weaken respect for human life, supporters view it as an act of compassion that acknowledges an individual's right to die with dignity rather than endure prolonged pain. The Indian legal system has gradually evolved to recognise passive euthanasia, reflecting a cautious yet humane approach. However, without comprehensive legislation, the current framework remains incomplete, leaving patients, families, and medical practitioners in a state of uncertainty.

Legalising euthanasia in India, with stringent safeguards and ethical oversight, could strike a balance between compassion and responsibility. It would ensure that the decision to end life is neither impulsive nor coerced, but a deeply considered act of self-determination supported by medical and legal scrutiny. Ultimately, the debate is not about promoting death but about preserving dignity in life's final moments. A sensitive, transparent, and well-regulated legal framework would affirm India's commitment to human rights and empathy, ensuring that the right to live gracefully also includes the right to die peacefully when life becomes synonymous with suffering.

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References

1. The Constitution of India, Articles 21 and 14.
2. Maneka Gandhi v. Union of India, AIR 1978 SC 597.
3. Aruna Shanbaug v. Union of India, (2011) 4 SCC 454.
4. Common Cause v. Union of India, (2018) 5 SCC 1.
5. Indian Penal Code, 1860, Sections 302, 304.
6. Basu, D.D., Commentary on the Constitution of India, LexisNexis, 2021.
7. Bhatia, Gautam, The Transformative Constitution, HarperCollins, 2019.

8. Downie, R.S., Euthanasia: Moral and Legal Issues, 2nd Edition, 2012.
9. Netherlands Government, Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002.
10. BBC News, "Euthanasia Laws Around the World," 2021.
11. Whiting, Raymond (2002). A Natural Right to Die: Twenty-Three Centuries of Debate. Westport, Connecticut. p. 41.
12. McDougall, Jennifer Fecio; Martha Gorman (2008). Contemporary World Issues: Euthanasia. Santa Barbara, California: ABC-CLIO. pp. 70–73.
13. Emanuel, E J (15 November 1994). "The History of Euthanasia Debates in the United States and Britain". *Annals of Internal Medicine* 121 (10): 793–802. doi:10.1059/0003-4819-121-10-199411150-00010. PMID 7944057. Retrieved 31 March 2013.
14. "India joins select nations in legalising "passive euthanasia"". *The Hindu*. 7 March 2011. Retrieved 8 March 2011.

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