



Affirmation of Autonomy: Judicial Evolution of the Right to Die with Dignity Under Article 21 of the Indian Constitution

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ABSTRACT

The right to life has long been recognized as one of the most sacred and inalienable rights guaranteed under the Indian Constitution. However, an emerging jurisprudential and ethical question challenges the traditional understanding of this right whether the right to life under Article 21 of the Constitution also encompasses the right to die with dignity. The debate is complex, lying at the intersection of law, ethics, medicine, and human rights. In India, the journey toward recognizing this right has been gradual and intricate, shaped through a series of landmark judicial decisions such as *P. Rathinam v. Union of India*, *Gian Kaur v. State of Punjab*, *Aruna Ramachandra Shanbaug v. Union of India*, and the watershed judgment in *Common Cause v. Union of India* (2018). This paper undertakes an analytical study of the evolution, scope, and limitations of the right to die with dignity in India. It examines the philosophical underpinnings of the concept of dignity, the judicial interpretation of Article 21, and the comparative global trends surrounding euthanasia and assisted dying. It also critically evaluates the procedural and ethical challenges that continue to hinder the practical implementation of passive euthanasia and living wills, despite their legal recognition. The research ultimately aims to establish that the right to die with dignity is not a negation of the right to life but an affirmation of the individual's autonomy, self-determination, and freedom to choose a dignified end when life itself



becomes devoid of meaning or quality.

Introduction

The right to life is the cornerstone of human existence and lies at the heart of every constitutional democracy. Under Article 21 of the Indian Constitution, this right has been expansively interpreted by the judiciary to include a wide range of derivative rights from the right to livelihood and privacy to the right to health and clean environment. Yet, a profound and contentious question remains: if an individual has the right to live with dignity, does that not also imply the right to die with dignity when continued existence becomes a source of unbearable suffering?

Historically, Indian society, influenced by religious, cultural, and moral values, has viewed life as sacred and inviolable. The idea of voluntarily ending one's life has often been condemned as contrary to societal ethics and divine will. The Indian Penal Code, 1860, reinforces this perspective by criminalizing attempts to commit suicide under Section 309, treating it as an offence against the State. However, as medical technology advances and life can be artificially prolonged even in irreversible conditions, the ethical and constitutional boundaries between living and merely existing have blurred. This has led to growing calls for recognizing the individual's autonomy to make end-of-life choices.

The judicial trajectory of the right to die in India reflects this evolving tension between sanctity of life and individual liberty. The early decision in *State of Maharashtra v. Maruti Shripati Dubal (1986)* became a turning point, wherein the Bombay High Court held that the right to die was implicit in the right to life under Article 21. This liberal interpretation was endorsed by the Supreme Court in *P. Rathinam v. Union of India (1994)*, which struck down Section 309 IPC as unconstitutional, recognizing an individual's choice to end life as part of personal liberty. However, this position was short-lived. The Constitution Bench in *Gian Kaur v. State of Punjab (1996)* overruled Rathinam, holding that the right to life did not include the right to die, as life is a natural process protected by law. Yet, the judgment introduced a crucial nuance that the right to die with dignity could be considered part of the right to life, particularly in cases of terminal illness or imminent natural death. This conceptual opening laid the foundation for the recognition of passive euthanasia.

A significant milestone came in *Aruna Ramachandra Shanbaug v. Union of India (2011)*, where the Supreme Court allowed passive euthanasia under strict guidelines, introducing judicial oversight to ensure ethical safeguards.⁵ However, it was the landmark judgment in *Common Cause v. Union of India*



(2018) that gave full constitutional legitimacy to passive euthanasia and validated advance directives or living wills. The Court emphatically held that the right to die with dignity is an inseparable facet of the right to life under Article 21, emphasizing the importance of autonomy, privacy, and bodily integrity.⁶ The decision represents a paradigm shift in India's constitutional jurisprudence one that balances compassion with caution and autonomy with accountability.

Despite this progress, the practical implementation of the right to die with dignity remains fraught with challenges. The absence of comprehensive legislation, lack of awareness among medical practitioners, procedural complexities, and social stigmas continue to impede its realization. Moreover, ethical dilemmas persist about consent, medical futility, and the potential misuse of euthanasia laws.

The right to die with dignity, thus, is not merely a legal issue but a profound moral and human question. It compels society and the State to rethink the nature of life, the meaning of dignity, and the limits of individual freedom. This paper seeks to analyze these dimensions through an interdisciplinary lens constitutional, ethical, and comparative to understand whether the Indian legal system has truly achieved a balance between the preservation of life and respect for personal autonomy.

Research Methodology

This study is based on a doctrinal and analytical research methodology, primarily relying on judicial decisions, constitutional provisions, and academic commentary. The doctrinal method is appropriate for this research because the right to die with dignity is primarily a product of judicial interpretation of Article 21 of the Indian Constitution rather than legislative enactment.

The primary sources of data include the Constitution of India, relevant provisions of the Indian Penal Code, 1860, and significant judicial pronouncements such as *Maruti Shripati Dubal*, *Gian Kaur*, *Aruna Shanbaug*, and *Common Cause*. Secondary sources include books on constitutional law, articles from peer-reviewed legal journals, medical ethics reports, and comparative studies on euthanasia laws across jurisdictions like the Netherlands, Canada, and the United Kingdom.

The study adopts an analytical approach, focusing on how judicial reasoning and constitutional principles have evolved to balance the sanctity of life with individual autonomy. The research also employs a comparative perspective, examining how India's cautious approach contrasts with global trends toward legalization of assisted dying under strict regulation.



Additionally, the methodology involves qualitative legal analysis of arguments on autonomy, morality, and the State's role in regulating death. The research does not involve empirical data collection since it primarily examines legal doctrines, judicial pronouncements, and philosophical arguments within a constitutional framework.

Overall, the methodology aims to:

1. Trace the historical and legal evolution of the right to die with dignity in India.
2. Evaluate the constitutional morality underlying Article 21 and its judicial interpretation.
3. Compare Indian jurisprudence with international legal standards on euthanasia.
4. Identify ethical and procedural challenges in implementing passive euthanasia and living wills.

Hypothesis

The research is based on the following primary hypothesis:

The Right to Die with Dignity is an integral part of the Right to Life under Article 21 of the Indian Constitution, and the recognition of passive euthanasia and living wills by the Supreme Court upholds the principles of human dignity, personal autonomy, and constitutional morality.

This hypothesis assumes that the right to life is not limited to mere physical survival but extends to the quality of existence, and hence, encompasses the freedom to choose a dignified end when life becomes devoid of purpose due to terminal illness or incapacitation.

A secondary hypothesis further suggests that the absence of a comprehensive legislative framework continues to undermine the effective implementation of this right, thereby creating a gap between judicial recognition and practical realization.

Research Questions

To validate the above hypothesis, the study seeks to answer the following research questions:

1. Does the interpretation of Article 21 include the Right to Die with Dignity as a part of the Right to Life?
2. How has Indian judicial thought evolved on the issue of euthanasia and end-of-life decisions?
3. What is the constitutional and ethical justification for recognizing passive euthanasia and living wills?



4. What are the procedural, medical, and moral challenges in implementing the right to die with dignity in India?
5. How does India's position on euthanasia compare with international frameworks and human rights standards?

These questions guide the research toward understanding the constitutional, moral, and legal dimensions of dignified death, while identifying the challenges in harmonizing individual autonomy with public interest.

Literature Review

The right to die with dignity has been extensively discussed in philosophical, ethical, and legal literature, though its constitutional interpretation in India remains relatively recent. The literature reviewed here includes academic works, judicial pronouncements, and comparative studies that contribute to the discourse.

1. Philosophical Foundations

Classical philosophical thought has long grappled with the moral legitimacy of taking one's own life. Ancient Stoics such as Seneca viewed suicide as a rational choice in the face of unbearable suffering, aligning it with autonomy and reason. In contrast, religious traditions in India particularly Hinduism and Buddhism view life as sacred, considering suicide or euthanasia as interference with the natural karmic cycle. Modern philosophers like Immanuel Kant reject euthanasia, arguing that it undermines human dignity by treating life to an end. However, John Stuart Mill's utilitarian approach supports individual autonomy, asserting that personal liberty includes the right to determine the conditions of one's life and death.

These philosophical tensions between sanctity of life and autonomy continue to influence constitutional debates on the right to die.

2. Indian Scholarly Discourse

In the Indian context, M.P. Jain in *Indian Constitutional Law* emphasizes that Article 21 must be interpreted expansively to protect human dignity in all stages of life, including its end. He argues that the essence of dignity does not vanish at the approach of death. Similarly, Dr. Durga Das Basu maintains that



the right to live with dignity logically implies the right to a dignified death, as the concept of life under Article 21 is not confined to mere biological existence.

S. Ramaswamy in his article *Euthanasia and the Right to Die with Dignity* explores how judicial activism has expanded the meaning of life to encompass autonomy in dying. He argues that recognition of passive euthanasia in *Common Cause* aligns Indian jurisprudence with the moral core of Article 21. Conversely, P. Tripathi raises ethical concerns, suggesting that permitting euthanasia may lead to misuse and erode the State's duty to protect vulnerable lives.

3. Judicial Commentaries and Evolution

Judicial opinions have significantly shaped the debate. *P. Rathinam v. Union of India (1994)* initially held that the right to life includes the right to die, emphasizing individual liberty and freedom of choice. However, *Gian Kaur v. State of Punjab (1996)* overruled this, reaffirming the sanctity of life but acknowledging that death during a terminal condition may fall within the ambit of dignified living.

The transformative moment came with *Aruna Ramachandra Shanbaug v. Union of India (2011)*, which for the first time recognized passive euthanasia under judicial supervision. The decision was later reinforced in *Common Cause v. Union of India (2018)*, where the Supreme Court held that the right to die with dignity is a fundamental right under Article 21. This judgment emphasized self-determination and the constitutional value of dignity, drawing from international precedents such as *Airedale NHS Trust v. Bland (UK)* and *Carter v. Canada (Attorney General) (Canada)*.

4. Comparative and International Perspectives

Internationally, the jurisprudence on euthanasia varies widely. The Netherlands and Belgium have legalized both active and passive euthanasia under strict safeguards. In contrast, the UK allows withdrawal of life support in cases of medical futility but prohibits active euthanasia. Canada's Medical Assistance in Dying (MAiD) Act, 2016 offers a rights-based approach that closely aligns with autonomy and dignity.

The European Court of Human Rights in *Pretty v. United Kingdom (2002)* held that the right to die is not explicitly guaranteed under Article 2 of the European Convention on Human Rights but acknowledged the importance of respecting individual autonomy and private life under Article 8. These developments



indicate a global trend toward reconciling individual choice with ethical restraint a balance India is still striving to achieve.

1. Constitutional Foundations of the Right to Die with Dignity

Article 21 of the Constitution of India provides that “No person shall be deprived of his life or personal liberty except according to procedure established by law.” This seemingly simple provision has undergone the most dynamic and expansive judicial interpretation in Indian constitutional history. Beginning with *A.K. Gopalan v. State of Madras (1950)*, the Supreme Court adopted a narrow, procedural interpretation of Article 21, focusing on legality rather than substantive justice. However, with *Maneka Gandhi v. Union of India (1978)*, the Court revolutionized constitutional jurisprudence by reading Article 21 in conjunction with Articles 14 and 19, emphasizing that life under Article 21 means a life of dignity and not mere animal existence.

This liberal interpretation created the foundation for incorporating the right to die with dignity as an extension of the right to live with dignity. The Court in *Francis Coralie Mullin v. Administrator, Union Territory of Delhi (1981)* explicitly held that the right to life includes the right to live with human dignity and all that goes along with it, such as the right to health, shelter, and privacy. By implication, if dignity is integral to life, it must also be respected at the end of life.

The right to dignity has been recognized as a constitutional value under the doctrine of substantive due process. It denotes respect for human autonomy and self-worth principles that underpin the modern understanding of euthanasia and end-of-life decisions. Thus, Article 21 has evolved from a guarantee of mere existence to a holistic protection of individual liberty, autonomy, and personal choice, making space for discussions about dignified death.

2. Judicial Evolution of the Right to Die in India

The judicial trajectory of the right to die in India has been marked by contradictions and gradual progression toward constitutional recognition.

(a) Early Judicial Stance

The debate began in *State of Maharashtra v. Maruti Shripati Dubal (1986)*, where the Bombay High Court declared that the right to die is included within the ambit of Article 21. The Court reasoned that the



right to live includes the right not to live, as a person cannot be compelled to enjoy life when it has become painful or burdensome.

This progressive interpretation was upheld in *P. Rathinam v. Union of India (1994)*, where the Supreme Court struck down Section 309 of the Indian Penal Code (criminalizing attempt to suicide) as unconstitutional. The Court emphasized that the right to life necessarily includes the right to end life voluntarily in circumstances of unbearable suffering. However, this liberal approach was short-lived.

(b) The Gian Kaur Judgment

In *Gian Kaur v. State of Punjab (1996)*, a Constitution Bench overruled Rathinam, holding that Article 21 does not include the right to die. The Court distinguished between unnatural death (suicide) and natural death (occurring in the ordinary course of nature). It asserted that the right to life is a natural right, while the right to die is inconsistent with the concept of life. Nevertheless, the judgment introduced a crucial qualification it recognized that the right to die with dignity may be part of the right to life in cases of terminal illness or imminent natural death. This observation became the jurisprudential basis for later developments in passive euthanasia.

(c) From Aruna Shanbaug to Common Cause

In *Aruna Ramachandra Shanbaug v. Union of India (2011)*, the Supreme Court dealt with a poignant case of a nurse who had been in a persistent vegetative state for over three decades. The Court, while rejecting active euthanasia, recognized the legality of passive euthanasia — withdrawal of life support — under strict medical and judicial supervision. The judgment, though limited, marked the first judicial acknowledgment of dignified death in India.

The final constitutional recognition came with *Common Cause v. Union of India (2018)*, where a five-judge Constitution Bench unequivocally held that the right to die with dignity is an inseparable facet of the right to life under Article 21. The Court legalized passive euthanasia and validated advance directives or “living wills,” allowing individuals to express their wishes regarding end-of-life treatment. Chief Justice Dipak Misra observed that life and death are not antagonistic but complementary; hence, the right to die with dignity flows naturally from the right to live with dignity.

This judgment represents a constitutional balance between autonomy and sanctity of life, transforming the Indian approach from prohibition to compassion.



3. Passive Euthanasia and Living Wills: Legal Recognition and Practical Challenges

The recognition of passive euthanasia and living wills marks a turning point in Indian jurisprudence. Passive euthanasia refers to the deliberate withdrawal of life-sustaining treatment, enabling the natural process of death for terminally ill or permanently incapacitated patients. The Common Cause decision emphasized that forcing a person to continue vegetative existence through artificial means violates the constitutional promise of dignity.

A living will or advance directive is a written declaration by a competent person specifying medical decisions to be made when they are incapable of expressing consent. The Supreme Court, in Common Cause, laid down procedural safeguards: such directives must be voluntarily executed, signed before witnesses, and authenticated by a Judicial Magistrate.

However, several **implementation challenges** persist:

1. **Procedural Complexity:** The multi-layered process of verification, medical board approval, and magistrate authorization makes execution cumbersome.
2. **Medical Hesitation:** Doctors often avoid participating in passive euthanasia due to fear of legal repercussions and societal stigma.
3. **Lack of Legislation:** The absence of a statutory framework leads to inconsistencies in implementation across hospitals and states.
4. **Awareness Deficit:** Public understanding of living wills remains minimal, preventing individuals from exercising informed choice.

To address these gaps, the Supreme Court in January 2023 simplified the Common Cause guidelines, reducing bureaucratic procedures for executing advance directives. Yet, without codified legislation, the right remains judicially recognized but practically constrained.

4. Ethical and Legal Dilemmas

The recognition of the right to die with dignity raises profound ethical dilemmas that extend beyond constitutional interpretation. The primary moral concern revolves around balancing autonomy and sanctity of life. While autonomy supports an individual's right to make end-of-life choices, sanctity of life insists that life is sacred and should not be intentionally ended.



From a legal standpoint, allowing euthanasia risks potential misuse, especially in cases involving coercion or economic pressure. Critics argue that vulnerable groups the elderly, disabled, or terminally ill may face subtle pressure to opt for euthanasia to reduce financial burden on families. Additionally, the distinction between active and passive euthanasia* is ethically ambiguous, as both result in death through human intervention, albeit in different forms.

Medical ethics further complicates the debate. The Hippocratic Oath traditionally forbids physicians from causing death, but modern interpretations advocate for compassionate care over mere prolongation of suffering. The Indian Council of Medical Research (ICMR) has supported palliative care and endorsed patient autonomy in end-of-life decisions, aligning with the principles laid down in Common Cause.

Thus, while the right to die with dignity embodies constitutional compassion, its ethical exercise requires vigilance, accountability, and a robust procedural framework.

5. Comparative Jurisprudence: Global Lessons for India

Internationally, approaches to euthanasia and assisted dying vary significantly, reflecting differing cultural and ethical contexts.

- **The Netherlands:** The Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002 legalized both active and passive euthanasia under strict conditions, requiring voluntary consent and unbearable suffering.
- **Belgium:** Similar legislation allows euthanasia for adults and, under certain circumstances, for minors capable of discernment.
- **Canada:** The Medical Assistance in Dying (MAiD) Act, 2016 recognizes medically assisted dying as a constitutional right flowing from personal liberty and equality under the Charter of Rights and Freedoms.
- **United Kingdom:** Active euthanasia remains illegal, but withdrawal of life support was permitted in *Airedale NHS Trust v. Bland (1993)*, where the House of Lords upheld the discontinuation of treatment for a patient in a persistent vegetative state.
- **United States:** States like Oregon, Washington, and California permit physician-assisted dying under “Death with Dignity” statutes.

India’s cautious recognition of passive euthanasia through judicial interpretation parallels the UK model but lacks the legislative backing seen in Western jurisdictions. The comparative study demonstrates that



while India has constitutionally embraced dignified death, it must move toward statutory codification to ensure clarity, accountability, and protection against misuse.

Conclusion

The right to die with dignity in India has emerged as one of the most profound and ethically challenging aspects of constitutional jurisprudence. The trajectory of this right from *Maruti Shripati Dubal* to *Common Cause* reveals a significant evolution in judicial thought, shifting the focus of Article 21 from a mere protection of biological existence to a guarantee of autonomy, dignity, and choice. The Indian judiciary, through progressive interpretation, has harmonized constitutional morality with compassion for the terminally ill.

The recognition of passive euthanasia and living wills in *Common Cause v. Union of India* marks a constitutional milestone. It acknowledges that the right to life includes the freedom to avoid prolonged suffering and the right to a peaceful, dignified death. However, the practical realization of this right remains hindered by procedural rigidity, medical hesitation, and the absence of a specific legislative framework.

The current position grounded primarily in judicial guidelines leaves implementation largely uncertain. The absence of statutory codification creates ambiguity for medical practitioners and families who fear criminal consequences under the Indian Penal Code. Therefore, while the judiciary has performed a transformative role, it is the duty of the legislature to enact a comprehensive law on euthanasia that defines eligibility, safeguards, and accountability mechanisms in clear terms.

Ethically, the right to die with dignity reflects the interplay between autonomy and sanctity of life. It does not devalue life but recognizes that life's worth lies in its quality, not its duration. The concept reinforces the constitutional vision of dignity as the cornerstone of human rights a vision that allows every person to live and die with self-respect, free from unnecessary pain or external compulsion.

In conclusion, the right to die with dignity is not an antithesis to the right to life; it is its final affirmation. India's jurisprudence must continue to evolve toward a humane, rights-based, and compassionate approach that balances individual autonomy with ethical responsibility. The enactment of a dedicated statute, public awareness, medical training, and ethical discourse will together ensure that the right to die with dignity becomes a living constitutional reality, not just a judicial pronouncement.



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