



Euthanasia: A Legal and Ethical Analysis of the Right to Die With Dignity

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ABSTRACT

Euthanasia refers to the intentional termination of life to relieve a person from incurable suffering or terminal illness.ⁱ The issue has generated intense debate across legal, ethical, medical, and social domains.ⁱⁱ While some consider euthanasia an act of compassion aimed at alleviating suffering, others view it as contrary to the sanctity of life. In India, the judiciary has played a crucial role in shaping the legal framework governing euthanasia. The Supreme Court recognized the “right to die with dignity” as a component of the right to life under Article 21 of the Constitution in the landmark **Common Cause v. Union of India (2018)**ⁱⁱⁱ judgment. This paper analyses the concept, types, ethical debates, constitutional position, and legal developments concerning euthanasia, particularly in the Indian context.

1. Introduction

Advancements in medical technology have significantly increased the ability of doctors to prolong human life.^{iv} However, these developments have also raised complex ethical and legal questions concerning patients who suffer from incurable diseases or irreversible medical conditions. In such circumstances, the question arises whether individuals should have the right to end their life to escape unbearable suffering.

The concept of euthanasia has therefore emerged as an important issue in medical jurisprudence and constitutional law.^v The term euthanasia originates from the Greek words “**eu**” meaning good and “**thanatos**” meaning death, which together signifies a “good death.”^{vi}



The central issue surrounding euthanasia is whether the law should permit a person to choose death in circumstances where life has become unbearable due to severe illness or irreversible medical conditions.

2. Meaning and Concept of Euthanasia

Euthanasia may be defined as the deliberate termination of a person's life in order to relieve that person from extreme pain or suffering caused by terminal illness or irreversible medical conditions.^{vii}

In legal and medical discourse, euthanasia involves situations where the continuation of life through artificial medical support is considered futile and inconsistent with the patient's dignity.^{viii} The Law Commission of India played a pivotal role through its 196th Report (2006) and 241st Report (2012). The 196th Report proposed a draft bill titled "Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners)" to legalise passive euthanasia while explicitly excluding active euthanasia and assisted suicide as offences under the IPC. The 241st Report reiterated these recommendations, advocating statutory safeguards to protect doctors and patients without conflicting with criminal law provisions.^{ix}

The idea is closely connected with the concept of "**death with dignity**," which emphasizes that individuals should not be forced to live in conditions where their dignity, autonomy, and quality of life are severely compromised.^x

Advancements in modern medical science and technological innovation have significantly enhanced the capacity of healthcare professionals to prolong human life. With the development of sophisticated medical equipment such as ventilators, artificial nutrition and hydration systems, and life-support technologies, it has become possible to sustain biological life even in circumstances where the patient has little or no prospect of recovery.^{xi} While these advancements represent a major achievement of medical science, they have simultaneously generated complex ethical, legal, and constitutional dilemmas.

A particularly difficult situation arises when patients suffer from terminal illnesses, irreversible neurological conditions, or remain in a persistent vegetative state in which consciousness and meaningful interaction with the external world are permanently lost. In such circumstances, medical treatment may merely prolong biological existence without restoring dignity, autonomy, or quality of life. Consequently, a critical legal question emerges: whether an individual should have the right to refuse life-sustaining treatment or to end life in order to escape unbearable pain or irreversible suffering.



The debate surrounding these issues has given rise to the concept of euthanasia, which occupies a central place in contemporary discussions of medical jurisprudence, bioethics, and constitutional law.

The term euthanasia originates from the Greek words “**eu**” meaning **good** and “**thanatos**” meaning **death**, collectively referring to the idea of a “good death” or a peaceful death without unnecessary suffering. In legal and medical discourse, euthanasia generally refers to the intentional termination of life or the withdrawal of life-sustaining treatment in order to relieve a person from extreme suffering caused by incurable illness.^{xii}

The central controversy surrounding euthanasia concerns whether the law should permit individuals to choose death when life has become unbearable due to severe illness or irreversible medical conditions. This issue lies at the intersection of competing values such as the sanctity of life, individual autonomy, human dignity, and the ethical obligations of medical professionals.^{xiii}

Within the Indian constitutional framework, the debate regarding euthanasia largely revolves around the interpretation of **Article 21 of the Constitution of India**, which guarantees the fundamental right to life and personal liberty.^{xiv} Over time, the judiciary has expanded the scope of Article 21 to include the **right to live with dignity**. However, the question whether the right to life also includes the **right to die with dignity** has been the subject of extensive judicial debate.

The Indian justice system draws a clear distinction between active and passive euthanasia. Active euthanasia entails a positive act (e.g., lethal injection) intended to cause death and remains illegal. Passive euthanasia, by contrast, involves omission, such as withdrawing ventilators or feeding tubes from a patient in a persistent vegetative state (PVS) and is not considered an actus reus of murder because the underlying condition, not the withdrawal, causes death. This distinction was crystallised through Supreme Court jurisprudence to balance autonomy with criminal liability.^{xv}

The Supreme Court first addressed this issue in **P. Rathinam v. Union of India**^{xvi}, where the Court held that the right to life under Article 21 includes the right not to live. The Court consequently declared the offence of attempt to commit suicide unconstitutional under the then penal law. The reasoning was that compelling a person to continue living in unbearable circumstances may violate personal liberty and human dignity.

However, this view was later reconsidered by a Constitution Bench in **Gian Kaur v. State of Punjab**^{xvii}, which overruled the earlier judgment. The Court held that the right to life under Article 21 does not include a right to die. At the same time, the Court made an important observation that the concept of a



dignified death in cases of terminal illness could fall within the broader interpretation of Article 21. This observation laid the constitutional foundation for future recognition of passive euthanasia.

A significant development occurred in **Aruna Ramachandra Shanbaug v. Union of India**^{xviii}, where the Supreme Court allowed passive euthanasia under certain exceptional circumstances. The case involved a nurse who had remained in a persistent vegetative state for decades following a brutal assault. The Court held that withdrawal of life-sustaining treatment could be permitted under strict judicial supervision and subject to approval by the High Court.

The jurisprudence on euthanasia was further developed in the landmark Constitution Bench judgment of **Common Cause v. Union of India**^{xix}, where the Supreme Court recognised that the **right to die with dignity is an integral part of the right to life under Article 21**. The Court also recognised the legality of **advance medical directives or “living wills,”** enabling individuals to specify their wishes regarding refusal of life-sustaining treatment in situations of terminal illness.

Under the present criminal law framework, active euthanasia would still amount to offences relating to causing death under the **Bharatiya Nyaya Sanhita, 2023**, particularly provisions dealing with culpable homicide and abetment of suicide. The BNS provisions corresponding to the earlier **Sections 299, 300, and 306 of the IPC** continue to criminalise acts that intentionally cause death or assist another person in ending life.

Nevertheless, judicial recognition of passive euthanasia reflects a constitutional balance between the sanctity of life and the dignity of individuals suffering from terminal medical conditions.

Recent judicial decisions have reaffirmed this principle by permitting withdrawal of life-sustaining treatment in cases where patients remain in persistent vegetative states for prolonged periods and medical experts confirm that recovery is impossible. The courts have emphasised that allowing a patient to die peacefully in such circumstances does not amount to abandoning the patient but rather reflects compassion and respect for human dignity.

Thus, the legal evolution of euthanasia in India demonstrates a gradual transition from strict prohibition towards a more humane and dignity-oriented approach. While **active euthanasia remains illegal**, the recognition of **passive euthanasia and living wills** under constitutional jurisprudence represents a significant step towards respecting patient autonomy and dignity at the end of life.



3. Types of Euthanasia

Euthanasia is generally classified into the following categories.

3.1 Active Euthanasia

Active euthanasia occurs when a doctor or another person deliberately performs an act that causes the patient's death, such as administering a lethal injection.^{xx}

Active euthanasia is illegal in India because it involves a direct act intended to end life and may amount to criminal offences such as culpable homicide.

3.2 Passive Euthanasia

Passive euthanasia involves withholding or withdrawing life-sustaining medical treatment, allowing the patient to die naturally.

Examples include:

- Removing ventilator support
- Withdrawing artificial nutrition and hydration
- Stopping life-sustaining medication

In India, passive euthanasia has been recognized under strict safeguards as part of the right to die with dignity.

3.3 Voluntary Euthanasia

Voluntary euthanasia occurs when the patient himself requests termination of life.

3.4 Non-Voluntary Euthanasia

Non-voluntary euthanasia occurs when the patient is unable to express consent, such as in a coma or persistent vegetative state.^{xxi}

3.5 Involuntary Euthanasia

Involuntary euthanasia refers to ending a person's life without their consent. This form is universally condemned and treated as murder.^{xxii}



4. Ethical Debate on Euthanasia

4.1 Arguments in Favor

Supporters of euthanasia argue that:

1. It respects **individual autonomy and freedom of choice**.
2. It relieves unbearable suffering.
3. It preserves human dignity in terminal illness.
4. It prevents unnecessary prolongation of life through artificial medical support.

4.2 Arguments Against

Opponents argue that:

1. Human life is sacred and should not be intentionally ended.
2. Legalizing euthanasia may lead to misuse or coercion.
3. It may undermine trust between doctors and patients.
4. Medical professionals are ethically obligated to save lives.

5. Constitutional and Legal Position in India

5.1 Article 21 and the Right to Life

Article 21 of the Constitution guarantees the **right to life and personal liberty**. Over time, the Supreme Court has interpreted this provision broadly to include the **right to live with dignity**.

The debate emerged regarding whether the right to life also includes the **right to die with dignity**.^{xxiii}

5.2 Landmark Case: Common Cause v. Union of India (2018)

In **Common Cause v. Union of India (2018)**, the Supreme Court held that the right to die with dignity is a part of the right to life under Article 21.

The Court recognized the legality of:

- Passive euthanasia



- Advance medical directives
- Living wills

A **Living Will** allows a person to declare in advance that they do not wish to receive life-sustaining treatment if they become terminally ill or enter an irreversible medical condition.^{xxiv}

5.3 Recent Judicial Developments

In a recent case, the Supreme Court permitted withdrawal of life-sustaining treatment for a patient who had remained in a vegetative state for many years. The Court emphasized that allowing a patient to die peacefully in such circumstances reflects compassion and respect for human dignity.

5.4 Recent Judicial Development: **Harish Rana v. Union of India (2026)**

A significant recent development in the jurisprudence relating to euthanasia emerged in **Harish Rana v. Union of India**^{xxv}. In this case, the Supreme Court was confronted with the issue of withdrawal and withholding of life-sustaining treatment for a patient who had remained in a persistent vegetative state for an extended period.

The case concerned **Harish Rana**, a thirty-two-year-old individual who had remained in a persistent vegetative state for nearly thirteen years due to severe medical complications. The matter was placed before a Bench comprising **Justice J.B. Pardiwala and Justice K.V. Viswanathan**, which examined whether withdrawal of life-sustaining treatment would be legally permissible in the circumstances.

The Supreme Court permitted the withdrawal and withholding of life-sustaining medical treatment, observing that the patient had no realistic possibility of recovery and that continued medical intervention would merely prolong biological existence without restoring dignity or meaningful consciousness. The Court emphasized that allowing the patient to die peacefully under such circumstances was consistent with the constitutional principle of “**the right to die with dignity**” under **Article 21 of the Constitution of India**.

While granting relief, the Court made an important observation regarding the **absence of a comprehensive statutory framework governing passive euthanasia in India**. The Bench highlighted that due to the continued **legislative vacuum**, the judiciary has repeatedly been compelled to frame guidelines governing end-of-life decisions as a matter of constitutional necessity.



The Court traced the historical development of the legal discourse on euthanasia in India. It referred to the **196th Report of the Law Commission of India (2006)**, which had examined the legality of withdrawing or withholding life-support treatment for terminally ill patients. The Commission had concluded that such decisions, when taken in the best interests of the patient and in accordance with medical opinion, should not attract criminal liability for attempt to suicide.^{xxvi} The Commission had also identified **Entry 26 of List III (Concurrent List)** of the Seventh Schedule to the Constitution as the legislative basis for Parliament to enact a law governing euthanasia and appended a draft bill for consideration by the Union Government.

Subsequently, the **241st Law Commission Report (2012)** revisited the issue and reiterated the need for a statutory framework governing passive euthanasia and medical decision-making in terminal illness cases.^{xxvii} The report proposed certain modifications to the procedural safeguards laid down earlier by the Supreme Court in **Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454**.

Despite these recommendations, no comprehensive legislation was enacted. The Court also referred to the **draft “Medical Treatment of Terminally Ill Patients (Protection of Patients and Medical Practitioners) Bill, 2016”** published by the Ministry of Health and Family Welfare, which had invited public comments but was not subsequently enacted into law.^{xxviii}

The Court further observed that although the Constitution Bench decision in **Common Cause v. Union of India, (2018) 5 SCC 1** recognized the **right to die with dignity as a fundamental right under Article 21** and laid down detailed guidelines for passive euthanasia and living wills, those guidelines were intended only as an interim measure until Parliament enacted appropriate legislation.

In the **Harish Rana judgment**, the Supreme Court reiterated that the expectation expressed in **Common Cause** for legislative intervention had now become an **“imminent necessity.”** The Court observed that the prolonged absence of legislation has compelled the judiciary to intervene repeatedly in matters relating to end-of-life decisions.

The Court stated:

“The prolonged absence of a comprehensive legislation on end-of-life care has compelled this Court, time and again, to step in to fill the vacuum out of constitutional necessity rather than institutional choice. While the guidelines laid down in Common Cause have served as an important interim safeguard, they were never intended to operate as a permanent substitute for legislation.”



Accordingly, the Supreme Court urged the **Union Government** to consider enacting a comprehensive law governing euthanasia and end-of-life medical care. The Court emphasized that such legislation would provide **clarity, coherence, and certainty** in addressing the ethical, legal, and practical complexities associated with withdrawal of life-sustaining treatment.

The **Harish Rana decision (2026)** therefore represents an important continuation of the constitutional jurisprudence on euthanasia. While reaffirming the principles established in **Common Cause (2018)**, the Court also underscored the urgent need for a statutory framework regulating passive euthanasia and advance medical directives in India.

The Court also clarified that:

- Active euthanasia remains illegal
- Withdrawal of medical treatment in terminal cases may be permitted under strict guidelines.

6. Safeguards Against Misuse

To prevent misuse, courts have introduced several safeguards:

1. The decision must be based on medical opinion.
2. Consent of the patient or family must be obtained.
3. A medical board must evaluate the patient's condition.
4. The decision must be recorded transparently.

These safeguards aim to balance compassion with protection of vulnerable individuals.

7. Comparative Position in Other Countries

Different countries have adopted varying approaches to euthanasia.

Countries such as:

- Netherlands
- Belgium
- Canada



permit certain forms of euthanasia under strict legal regulations.

However, many countries continue to prohibit active euthanasia due to ethical concerns.

8. Challenges in Implementing Euthanasia Laws

Despite judicial recognition, several challenges remain:

1. Lack of comprehensive legislation in India.
2. Ethical concerns within the medical community.
3. Fear of misuse for financial or inheritance purposes.
4. Lack of awareness about living wills.

These challenges highlight the need for a detailed legislative framework.

9. Conclusion

Euthanasia remains one of the most complex issues at the intersection of law, ethics, and medicine. While the sanctity of life must be respected, the law must also recognize situations where prolonging life artificially may undermine human dignity.

The recognition of the right to die with dignity under Article 21 reflects the evolving constitutional understanding of personal autonomy and humane treatment of terminally ill patients. However, strict safeguards and clear legal frameworks are necessary to ensure that euthanasia is not misused.^{xxix}

A balanced approach that protects both human dignity and the sanctity of life is essential in addressing this sensitive issue.

ⁱ *Black's Law Dictionary*, 11th edn., Thomson Reuters, "Euthanasia".

ⁱⁱ Ratanlal & Dhirajlal, *The Indian Penal Code*, LexisNexis.

ⁱⁱⁱ *Common Cause v. Union of India (2018)*

^{iv} Jonathan Herring, *Medical Law and Ethics*, Oxford University Press.

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