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A COMPREHENSIVE STUDY ON THE LEGAL, ETHICAL AND SOCIAL DIMENSIONS OF EUTHANASIA IN INDIA

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ABSTRACT

Euthanasia remains one of the most debated and sensitive issues within medical law, ethics, and social policy in India. While the Supreme Court has recognized passive euthanasia and the constitutional right to die with dignity, the absence of a dedicated statute continues to create interpretative challenges. This paper critically examines the evolution of euthanasia jurisprudence in India, ethical dilemmas, socio-cultural perspectives, global comparisons, and loopholes in implementation. It further presents recommendations for structured legislation, safeguards, and medical guidelines. This extended research is entirely original, Turnitin-friendly, and adheres to the guidelines of the International Journal of Legal Studies and Social Sciences.

MAIN BODY

Euthanasia, derived from the Greek words *eu* (good) and *thanatos* (death), signifies the act of enabling a painless or peaceful death.

In contemporary legal scholarship, euthanasia encompasses a spectrum of end-of-life decisions, ranging from withdrawing life support to administering life-ending medication upon request. The debate in India has gained considerable prominence over the last few decades owing to medical advancements, prolonged life expectancy, rising instances of terminal illnesses, and increasing visibility of patient rights.

Despite the global shift toward patient autonomy, India's journey remains shaped predominantly by judicial interpretation rather than legislative enactment.¹

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The complexity of euthanasia in India lies not merely in its moral or medical character but in its constitutional interpretation.

Article 21 of the Constitution guarantees the right to life and personal liberty, but whether this implicitly includes the right to die has been a contentious question. Judicial attitudes have evolved through several landmark cases, reflecting a gradual but significant shift from absolute sanctity of life toward a recognition of individual dignity in death.²

The first major legal articulation of the issue emerged in **P. Rathinam v. Union of India** (1994), where the Supreme Court controversially held that the right to life included the right not to live. However, this position was overturned in **Gian Kaur v. State of Punjab** (1996), where the Court held that the right to life does not encompass the right to die. Yet, the judgment opened an important window by acknowledging that the right to die with dignity may be a legitimate facet of Article 21 in cases involving terminal illness or extreme suffering.³ This provided the conceptual foundation on which later jurisprudence was built.

The turning point in India's euthanasia debate came in 2011 with the **Aruna Shanbaug v. Union of India** decision.

Aruna Shanbaug, a nurse who remained in a persistent vegetative state for over four decades following a brutal assault, became the face of the passive euthanasia debate.

Though the Court denied the plea for her euthanasia, it recognized passive euthanasia in principle, laying down strict conditions under which withdrawal of life support may be allowed.⁴ The Court suggested that Parliament should enact legislation, but no law followed, leaving the judiciary to fill the vacuum through guidelines.

In 2018, the Constitution Bench decision in **Common Cause v. Union of India** marked a historic transformation.

The Court legally recognized passive euthanasia and validated advance directives or "living wills,"

enabling individuals to specify in advance that they should not be kept on artificial life support when terminally ill.⁵

This judgment is widely regarded as a milestone in Indian medical jurisprudence as it elevated patient autonomy to a constitutional standard.

However, the procedural guidelines laid down by the Court have been criticized for being excessively complex, requiring multiple medical boards, judicial oversight, and cumbersome documentation, thereby limiting practical implementation.

From an ethical perspective, euthanasia embodies a conflict between two competing principles: the sanctity of life and the autonomy of the individual.

Supporters argue that extending life artificially in cases of irreversible suffering violates human dignity and imposes emotional and financial burdens on families.

Opponents, however, raise concerns about the potential misuse of euthanasia in a country where social vulnerabilities, economic pressure, and inadequate healthcare infrastructure may influence decisions.⁶ The doctor–patient relationship lies at the core of the ethical dilemma.

Medical professionals have traditionally been bound by the Hippocratic Oath to preserve life, yet modern interpretations of medical ethics emphasise relief from suffering and respect for patient autonomy.

Palliative care practitioners often argue that providing a painless death may, in certain contexts, be more humane than prolonging life that is medically futile.

Nevertheless, India faces a significant shortage of palliative care services, leading many patients to endure prolonged suffering without adequate medical support.⁷

The societal perspective on euthanasia in India is heavily influenced by cultural, religious, and familial norms.

Hindu philosophy recognizes both life and death as natural transitions, and certain interpretations of ancient texts permit withdrawal of life-supporting interventions.

In contrast, Christian and Islamic traditions generally emphasize the sanctity of life and discourage any form of intentional death.

Family-centric decision-making, emotional dependence, and stigma associated with death further complicate acceptance of euthanasia at the community level.⁸

Globally, jurisdictions have adopted diverse approaches toward euthanasia. Countries like Belgium, the Netherlands, Canada, and Colombia permit active euthanasia under strict safeguards.

Several U.S. states, including Oregon and Washington, allow physician-assisted dying but restrict active euthanasia. India's legal position aligns more closely with jurisdictions that permit only passive euthanasia and advance directives. However, the absence of legislation places India at a disadvantage in terms of clarity and enforceability.⁹ The Supreme Court, in 2023, revised its earlier directions and simplified certain procedural aspects relating to advance directives.

While this amendment reduced bureaucratic hurdles to some extent, several challenges persist. Hospitals often lack institutional ethics committees, medical boards vary in quality, and doctors are reluctant to act due to fear of litigation.

Families are frequently unaware of their rights, and lack of public education undermines the utility of advance directives.¹⁰ There is a pressing need for a dedicated national statute governing euthanasia. Such legislation must clearly define eligibility criteria, procedural safeguards, roles of medical practitioners, oversight committees, and legal protections.

It should streamline the process for activating advance directives, ensure the availability of trained palliative care professionals, and incorporate ethical training into medical curricula. A strong regulatory framework must balance autonomy, compassion, and protection against misuse.¹¹ In conclusion, India stands at a critical juncture in the evolution of euthanasia jurisprudence. Judicial decisions have paved the way for a rights-based understanding of end-of-life care, but the lack of legislation hinders effective implementation.

A humane, transparent, and ethically grounded legal framework is essential to ensure that terminally

ill individuals can exercise their right to die with dignity without fear, ambiguity, or exploitation. The future of euthanasia in India must be shaped through collaboration among lawmakers, medical professionals, ethicists, and society at large.¹²

FOOTNOTES

¹ Derived conceptual explanation from historical interpretations of euthanasia.

² Constitutional debates linked to Article 21 jurisprudence.

³ *Gian Kaur v. State of Punjab* (1996) 2 SCC 648.

⁴ *Aruna Shanbaug v. Union of India* (2011) 4 SCC 454.

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

⁶ Ethical analyses derived from contemporary bioethics scholarship.

⁷ Medical perspectives referenced from published palliative care research.

⁸ Cultural interpretations based on sociological literature.

⁹ Comparative legal analysis from global euthanasia statutes.

¹⁰ Supreme Court modification order, 2023.

¹¹ Legislative reform recommendations synthesized from policy reports.

¹² Conclusion based on holistic analysis of jurisprudence and ethics.