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Euthanasia in India: Constitutional Morality, Human Dignity, and the Evolving Legal Framework—A Critical Analysis

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Abstract

The legalization of euthanasia has emerged as one of the most complex and controversial issues confronting constitutional democracies in the twenty-first century. Rapid advancements in medical science have significantly increased the capacity to sustain biological life through artificial means, often extending survival even where recovery has become medically impossible. Although such developments have transformed healthcare and enhanced life expectancy, they have simultaneously generated difficult legal, ethical, and constitutional questions concerning the circumstances under which life-support measures may legitimately be withdrawn. The debate surrounding euthanasia therefore extends beyond medical decision-making and enters the domains of constitutional law, criminal jurisprudence, human rights, medical ethics, and public policy.

In India, the constitutional discourse on euthanasia has undergone a remarkable transformation over the last three decades. While the Supreme Court initially rejected the proposition that the right to life under Article 21 of the Constitution includes a general right to die, subsequent judicial decisions gradually recognized that the constitutional guarantee of life necessarily encompasses the right to live—and ultimately die—with dignity in appropriate circumstances. Landmark judgments, particularly *Aruna Ramachandra Shanbaug v. Union of India* and *Common Cause v. Union of India*, fundamentally altered the legal landscape by recognizing passive euthanasia and legally enforceable advance medical directives under carefully regulated safeguards. These judicial pronouncements have attempted to reconcile individual autonomy with the State's obligation to preserve life while simultaneously protecting vulnerable persons from coercion and abuse.

Despite these significant judicial developments, India continues to lack comprehensive legislation governing end-of-life decision-making. The existing legal framework remains predominantly judge-made, requiring healthcare professionals, hospitals, patients, and families to navigate complex procedural requirements in emotionally sensitive situations. Questions concerning active euthanasia, physician-assisted suicide, substituted decision-making, palliative care, medical negligence, and institutional accountability continue to generate considerable legal uncertainty. Moreover, India's socio-cultural diversity, religious pluralism, economic disparities, and unequal access to quality healthcare further complicate attempts to formulate a uniform legal policy concerning euthanasia.

This article critically examines the historical evolution, philosophical foundations, constitutional principles, ethical debates, judicial developments, and comparative legal approaches relating to euthanasia. It analyses the distinction between active and passive euthanasia, evaluates the constitutional interpretation of Article 21, examines judicial safeguards governing advance directives, and compares India's legal framework with developments in other jurisdictions. The article further identifies existing legal challenges and proposes comprehensive legislative reforms capable of balancing the constitutional values of dignity, autonomy, compassion, and protection of life within a coherent statutory framework.

Keywords: Euthanasia, Passive Euthanasia, Active Euthanasia, Right to Die with Dignity, Article 21, Living Will, Constitutional Morality, Medical Ethics, Human Dignity, Advance Medical Directive.

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1. Introduction

Human life has traditionally occupied the highest position within legal systems across civilizations. Every constitutional democracy recognizes the preservation of life as one of the foremost responsibilities of the State, while virtually every major religion regards life as sacred and inviolable. Modern constitutional jurisprudence similarly treats the right to life as the foundation upon which all other fundamental rights rest. Nevertheless, developments in contemporary medicine have fundamentally altered the relationship between life, death, and law. Sophisticated life-support technologies, artificial ventilation, advanced intensive care, extracorporeal life support, dialysis, and artificial nutrition now enable physicians to prolong biological existence far beyond what was previously possible. Although these innovations have saved innumerable lives, they have also generated profound legal dilemmas where medical intervention merely postpones death without offering any realistic possibility of recovery.[1]

The resulting ethical conflict is particularly evident in cases involving terminal illness, irreversible neurological injury, persistent vegetative state, advanced neurodegenerative disorders, and end-stage organ failure. In such circumstances, continued medical treatment may preserve biological functions while simultaneously prolonging severe physical pain, psychological suffering, emotional distress, and financial hardship for both patients and their families. Consequently, courts across the world have increasingly been required to determine whether the law should compel the continuation of life-sustaining treatment in every circumstance or whether respect for personal autonomy permits individuals to refuse extraordinary medical intervention and die naturally with dignity.[2]

The concept of euthanasia has therefore emerged at the intersection of constitutional law, criminal justice, medical ethics, philosophy, and human rights. Derived from the Greek expression *eu thanatos*, meaning "good death," euthanasia generally refers to intentionally bringing about or permitting the end of life in order to relieve unbearable suffering arising from incurable illness. However, contemporary legal scholarship distinguishes between several forms of euthanasia, including active euthanasia, passive euthanasia, voluntary euthanasia, non-voluntary euthanasia, involuntary euthanasia, and physician-assisted suicide. These distinctions possess significant legal implications because different jurisdictions regulate each category in markedly different ways.[3]

The legal controversy surrounding euthanasia primarily arises from the apparent conflict between two equally significant constitutional values. On one hand lies the sanctity of human life, which obligates the State to protect individuals from unlawful deprivation of life and discourages intentional killing in all forms. On the other hand stands the principle of personal autonomy, according to which every competent individual possesses the moral and constitutional authority to make fundamental decisions concerning bodily integrity, medical treatment, and personal dignity. Modern constitutional democracies increasingly recognize that autonomy constitutes an indispensable component of human dignity, thereby complicating traditional legal assumptions regarding compulsory preservation of life irrespective of individual wishes.[4]

The Indian constitutional framework has experienced a particularly significant transformation in this regard. Initially, the Supreme Court maintained that Article 21 of the Constitution, which guarantees that no person shall be deprived of life or personal liberty except according to procedure established by law,

[1] World Health Organization, Integrating Palliative Care and Symptom Relief into Primary Health Care (2018).

[2] Law Commission of India, 196th Report on Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners) (2006).

[3] Margaret P. Battin, Ending Life: Ethics and the Way We Die (Oxford University Press 2005).

[4] Ronald Dworkin, Life's Dominion: An Argument About Abortion, Euthanasia and Individual Freedom (Alfred A. Knopf 1993).

could not be interpreted to include a right to die. This position reflected the traditional understanding that constitutional protection of life necessarily excludes any legal entitlement to terminate it. However, subsequent judicial developments gradually recognized that while the Constitution does not sanction a generalized right to die, it nevertheless protects an individual's right to die with dignity where continued artificial treatment merely prolongs the process of inevitable death. This nuanced constitutional distinction ultimately laid the foundation for judicial recognition of passive euthanasia within carefully regulated procedural safeguards.[5]

The evolution of euthanasia jurisprudence in India has largely occurred through constitutional adjudication rather than legislative enactment. The decisions in *Aruna Ramachandra Shanbaug v. Union of India* and *Common Cause v. Union of India* represent watershed moments in Indian constitutional history because they recognized passive euthanasia and advance medical directives while simultaneously emphasizing the need to prevent abuse, coercion, and exploitation of vulnerable patients. Subsequent modifications issued by the Supreme Court further simplified procedural requirements relating to Living Wills and strengthened practical implementation within healthcare institutions. Nevertheless, the absence of comprehensive parliamentary legislation continues to create uncertainty regarding institutional responsibilities, medical liability, substituted decision-making, and procedural uniformity across healthcare facilities.[6]

Beyond legal doctrine, euthanasia also raises profound philosophical and ethical questions concerning the meaning of dignity, suffering, compassion, and medical responsibility. Supporters argue that forcing terminally ill patients to endure prolonged suffering despite irreversible medical conditions violates constitutional dignity and individual autonomy. Conversely, opponents contend that legal recognition of euthanasia risks undermining the sanctity of life, weakening trust between patients and physicians, exposing elderly and disabled persons to subtle coercion, and creating opportunities for abuse within healthcare systems. These competing considerations have produced diverse legislative responses across different jurisdictions, with countries such as the Netherlands, Belgium, Canada, Spain, Luxembourg, and New Zealand recognizing varying forms of medically assisted dying, while numerous other jurisdictions continue to prohibit euthanasia entirely.[7]

Against this evolving global background, India occupies a distinctive constitutional position by recognizing passive euthanasia without legalizing active euthanasia or physician-assisted suicide. This intermediate approach attempts to reconcile constitutional dignity with societal interest in preserving life, reflecting judicial sensitivity toward India's unique social, cultural, and ethical context. However, increasing life expectancy, technological advancements, demographic transitions, and expanding recognition of patient autonomy suggest that further legislative development remains both necessary and inevitable.

The present article undertakes a comprehensive examination of euthanasia within the broader framework of constitutional governance, criminal law, medical ethics, and comparative jurisprudence. It critically analyses the historical evolution of euthanasia, judicial interpretation of Article 21, statutory developments, ethical controversies, comparative international practice, and contemporary challenges confronting Indian law. The article ultimately argues that while judicial intervention has significantly advanced protection of human dignity, Parliament should enact comprehensive legislation capable of providing clarity, procedural certainty, institutional accountability, and effective safeguards against misuse while preserving the constitutional commitment to compassion, autonomy, and human dignity.

Constitutional Framework: Article 21 and End-of-Life Decision Making

[5] Gian Kaur v. State of Punjab, (1996) 2 SCC 648.

[6] Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454; Common Cause v. Union of India, (2018) 5 SCC 1; Common Cause v. Union of India (Modification of Guidelines), 2023 SCC OnLine SC 373.

[7] Penney Lewis, Assisted Dying and Legal Change (Oxford University Press 2007).

The Constitution of India does not expressly confer either a right to die or a right to euthanasia. Nevertheless, constitutional adjudication over the last five decades has transformed Article 21 into one of the broadest guarantees of human rights in comparative constitutional law. Originally interpreted narrowly, Article 21 now protects not merely biological existence but also dignity, autonomy, privacy, bodily integrity, health, and the freedom to make intimate personal decisions. These developments have profoundly influenced the legal discourse surrounding euthanasia.

Article 21 provides that *"No person shall be deprived of his life or personal liberty except according to procedure established by law."* Initially, the expression "life" was understood primarily as physical survival. However, beginning with *Maneka Gandhi v. Union of India*, the Supreme Court adopted a purposive interpretation, holding that the procedure contemplated by Article 21 must be fair, just, and reasonable rather than arbitrary or oppressive.[8] This decision transformed Article 21 into a dynamic source of substantive rights, enabling the judiciary to recognize numerous derivative rights essential for preserving human dignity.

Subsequent decisions further expanded the constitutional meaning of life. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, the Court observed that the right to life includes the right to live with human dignity and all that accompanies it, including adequate nutrition, shelter, medical care, and opportunities for personal development.[9] Likewise, in *Bandhua Mukti Morcha v. Union of India*, the Court emphasized that dignity constitutes an indispensable component of constitutional liberty.

These decisions collectively established that constitutional protection extends beyond mere survival. Consequently, when medical intervention merely prolongs the biological functioning of a patient who has permanently lost consciousness or whose illness is irreversible, the question arises whether compulsory continuation of such treatment truly promotes the constitutional values of dignity and autonomy.

The constitutional debate concerning euthanasia therefore does not concern the recognition of an unrestricted right to end one's life. Rather, it concerns whether a competent individual may refuse extraordinary medical treatment that only prolongs the process of dying without offering any realistic prospect of recovery. Indian constitutional jurisprudence has increasingly recognized this distinction.

Right to Life versus Right to Die

The relationship between the right to life and the alleged right to die has generated considerable constitutional debate across jurisdictions. One school of thought argues that individual autonomy necessarily includes the freedom to determine the manner in which one's life should end, particularly in circumstances involving terminal illness and unbearable suffering. According to this view, compelling a person to endure futile medical intervention violates dignity and personal liberty.

An opposing view maintains that constitutional protection of life necessarily excludes any legally enforceable right to terminate life. Supporters of this position contend that recognizing such a right could undermine the State's duty to protect vulnerable individuals, including the elderly, persons with disabilities, and those suffering from depression or economic hardship. They further argue that the legalization of euthanasia may create opportunities for coercion, abuse, or subtle familial pressure.

Indian constitutional law has sought to reconcile these competing perspectives by distinguishing between **actively causing death** and **allowing the natural process of dying** through withdrawal of medically futile treatment. This distinction has become the cornerstone of Indian jurisprudence relating to passive euthanasia.

***P. Rathinam v. Union of India*: Recognition of a Limited Right to Die**

[8] Maneka Gandhi v. Union of India, (1978) 1 SCC 248.

[9] Francis Coralie Mullin v. Administrator, Union Territory of Delhi, (1981) 1 SCC 608.

The first significant constitutional decision concerning the right to die was *P. Rathinam v. Union of India*.[10] The constitutional validity of Section 309 of the Indian Penal Code, 1860—which criminalized attempted suicide—was challenged on the ground that it violated Articles 14 and 21 of the Constitution.

A two-Judge Bench held that criminal punishment for attempted suicide was unconstitutional. The Court reasoned that if Article 21 protects the right to live with dignity, it must also encompass the freedom not to live in situations where continued existence has become unbearable. The Bench compared the right to die with other fundamental freedoms that necessarily include their negative aspects, observing that just as freedom of speech includes the freedom to remain silent, the right to life could include the freedom not to continue living.

The judgment further noted that individuals attempting suicide frequently suffer from severe emotional distress, mental illness, or extraordinary hardship. Subjecting such persons to criminal prosecution was considered inconsistent with the humanitarian objectives of the Constitution.

Although *P. Rathinam* represented a significant development in constitutional jurisprudence, it attracted substantial criticism. Scholars argued that the judgment conflated the decriminalization of attempted suicide with constitutional recognition of a general right to die. The decision also failed to distinguish adequately between suicide and medically supervised end-of-life decisions involving terminally ill patients.

***Gian Kaur v. State of Punjab*: Constitutional Correction**

The correctness of *P. Rathinam* was reconsidered by a Constitution Bench in *Gian Kaur v. State of Punjab*.[11] The appellants challenged the constitutional validity of Section 306 of the Indian Penal Code, which criminalized the abetment of suicide, contending that if attempted suicide could not be punished, assisting suicide likewise could not constitute an offence.

The Constitution Bench unanimously overruled *P. Rathinam*. The Court held that the right to life guaranteed by Article 21 is a natural right and cannot logically include a right to terminate life. According to the Court, the expression "life" in Article 21 signifies a protected constitutional value rather than a liberty to extinguish oneself.

However, the judgment introduced an important constitutional distinction that later became the foundation of Indian euthanasia jurisprudence. The Court observed that the "right to die with dignity" at the end of a natural life may be different from an unnatural termination of life through suicide. Where death is imminent and the patient is terminally ill, the process of dying with dignity may legitimately fall within the protective scope of Article 21.

Although the Court declined to recognize a constitutional right to euthanasia, this observation laid the jurisprudential groundwork for subsequent decisions permitting passive euthanasia and advance medical directives. Thus, *Gian Kaur* simultaneously rejected a generalized right to die while affirming that constitutional dignity extends to the final stages of human life.

***Aruna Ramachandra Shanbaug v. Union of India*: The Recognition of Passive Euthanasia**

The jurisprudence relating to euthanasia in India entered a transformative phase with the Supreme Court's landmark decision in *Aruna Ramachandra Shanbaug v. Union of India*.[12] The case concerned Ms. Aruna Shanbaug, a nurse employed at Mumbai's King Edward Memorial Hospital, who remained in a permanent vegetative state for more than four decades following a brutal sexual assault in 1973. Although she retained certain reflexive bodily functions, medical experts concluded that there was no realistic possibility of regaining consciousness or leading an independent life.

[10] P. Rathinam v. Union of India, (1994) 3 SCC 394.
[11] Gian Kaur v. State of Punjab, (1996) 2 SCC 648.
[12] Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454.

A petition seeking permission for withdrawal of life-sustaining treatment was filed before the Supreme Court. Recognizing the absence of any statutory framework governing euthanasia, the Court was compelled to address the issue by balancing constitutional values, criminal law principles, and medical ethics.

The Court categorically rejected **active euthanasia**, observing that the deliberate administration of a lethal substance to end a patient's life would amount to culpable homicide unless specifically authorized by legislation. Such a significant change in criminal law, the Court held, lay within the legislative domain rather than judicial interpretation.[13]

However, the Court distinguished active euthanasia from **passive euthanasia**, which involves withholding or withdrawing extraordinary medical treatment that merely prolongs the process of dying. The Bench held that passive euthanasia could, in exceptional circumstances, be legally permissible where continuation of treatment served no therapeutic purpose and recovery was medically impossible.

Recognizing the possibility of misuse, the Supreme Court formulated detailed procedural safeguards. It directed that withdrawal of life support could occur only after approval by the jurisdictional High Court. Before granting permission, the High Court was required to constitute an independent medical board comprising experienced specialists, issue notice to the State, hear the patient's close relatives or caregivers, and satisfy itself that the decision genuinely served the patient's best interests.[14]

Although the Court ultimately refused to permit withdrawal of treatment in Aruna Shanbaug's own case—primarily because the hospital staff caring for her wished to continue treatment—the judgment marked the first judicial recognition of passive euthanasia in India.

The significance of *Aruna Shanbaug* extends beyond its immediate outcome. It established that preserving dignity may sometimes require allowing the natural process of death rather than insisting upon medically futile treatment. At the same time, the Court reaffirmed that active euthanasia remained outside the permissible limits of constitutional interpretation.

***Common Cause v. Union of India*: Constitutional Recognition of the Right to Die with Dignity**

The constitutional position was substantially clarified by a Constitution Bench of the Supreme Court in *Common Cause v. Union of India*.[15] Unlike *Aruna Shanbaug*, which primarily addressed judicial authorization for passive euthanasia, *Common Cause* directly examined whether Article 21 encompasses an individual's autonomy to decline life-prolonging medical treatment.

The petition sought recognition of the constitutional validity of **advance medical directives**, commonly known as **living wills**, through which competent adults could specify the medical treatment they wished—or did not wish—to receive if they later became incapable of communicating their decisions.

The Constitution Bench unanimously held that the **right to life under Article 21 includes the right to die with dignity** in the context of terminal illness and irreversible medical conditions. The Court emphasized that constitutional dignity does not terminate at the threshold of death. Rather, dignity accompanies every individual throughout the entire course of life, including its final stage.

The Court further observed that forcing a terminally ill patient to undergo invasive medical treatment contrary to his or her wishes violates bodily integrity, decisional autonomy, and personal liberty. Respect for individual choice constitutes an essential component of constitutional democracy.

Consequently, the Court recognized the legal validity of **advance directives**, enabling competent adults to record their preferences concerning future medical treatment. Such directives permit patients to decline extraordinary life-support measures where recovery has become medically impossible.

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[13] Id. 96–101.
[14] Id. 124–135.
[15] Common Cause (A Reg'd Soc'y) v. Union of India, (2018) 5 SCC 1.

Importantly, the Court clarified that passive euthanasia does not involve intentionally causing death. Instead, it allows the disease to take its natural course once continued treatment becomes medically futile. Accordingly, passive euthanasia differs fundamentally from active euthanasia both legally and ethically.

Living Wills and Advance Medical Directives

One of the most enduring contributions of *Common Cause* is its recognition of the **living will** as an expression of personal autonomy.

A living will is a written declaration executed by a competent adult specifying the medical treatment to be followed in circumstances where the individual subsequently loses decision-making capacity owing to coma, irreversible brain injury, advanced dementia, or terminal illness.

The Court prescribed several safeguards to ensure authenticity and prevent misuse. It required that the document be voluntarily executed, free from coercion or undue influence, and sufficiently clear regarding the medical circumstances in which treatment could be withheld or withdrawn.

The judgment also emphasized that physicians retain an independent professional obligation to determine whether the medical conditions contemplated in the advance directive actually exist. Accordingly, implementation of a living will depends not merely upon the patient's prior wishes but also upon objective medical evaluation.

By recognizing advance directives, the Supreme Court aligned Indian constitutional law with international developments emphasizing patient autonomy and informed consent while simultaneously preserving institutional safeguards against abuse.

Simplification of the Procedure: The 2023 Guidelines

Although *Common Cause* represented a major constitutional advance, its procedural framework proved difficult to implement in practice. The requirement of multiple medical boards, judicial oversight, and extensive documentation often caused significant delays, thereby frustrating the very objective of ensuring dignified end-of-life care.

Recognizing these practical difficulties, the Supreme Court revisited the issue in **2023** and substantially simplified the procedure governing passive euthanasia.[16]

The revised guidelines eliminated the requirement of prior approval from the jurisdictional High Court. Instead, decisions regarding withdrawal or withholding of life-sustaining treatment are now primarily entrusted to **hospital-based medical boards** constituted in accordance with the Court's directions.

The revised framework generally requires:

1. Confirmation that the patient suffers from a terminal or irreversible medical condition.
2. Independent evaluation by qualified medical specialists.
3. Verification of any existing advance medical directive.
4. Consultation with the patient's family or legally authorized representatives wherever appropriate.
5. Maintenance of detailed medical records documenting the decision-making process.

These modifications significantly reduced procedural complexity while retaining safeguards designed to protect vulnerable patients from arbitrary or unethical decisions.

The 2023 guidelines also reflect an important constitutional principle: judicial oversight should not unnecessarily obstruct compassionate medical decision-making where appropriate institutional safeguards already exist within the healthcare system.

[16] Common Cause v. Union of India, Misc. Application No. 1699 of 2019 in Writ Petition (Civil) No. 215 of 2005, Order dated Jan. 24, 2023 (modifying guidelines governing advance medical directives and passive euthanasia).

Constitutional Significance of Judicial Developments

Taken together, *Aruna Shanbaug* and *Common Cause* fundamentally reshaped Indian constitutional jurisprudence concerning end-of-life care.

First, they firmly established that **human dignity extends beyond mere biological existence**. Constitutional protection under Article 21 requires respect not only for life itself but also for the manner in which life naturally concludes.

Secondly, the judgments strengthened the doctrine of **patient autonomy** by recognizing that competent individuals possess the right to refuse unwanted medical treatment, even where such refusal may ultimately result in death.

Thirdly, the Supreme Court carefully balanced autonomy with public interest by preserving procedural safeguards intended to prevent coercion, abuse, and commercial exploitation.

Finally, the Court reaffirmed that **active euthanasia remains unlawful**, thereby maintaining consistency with India's criminal law framework while permitting compassionate withdrawal of medically futile treatment in narrowly defined circumstances.

Accordingly, Indian constitutional law today adopts a balanced approach that respects both the sanctity of life and the dignity of death.

XIII. Medical Ethics and Euthanasia

The legal regulation of euthanasia cannot be understood solely through constitutional or criminal law. Medical ethics plays an equally significant role because physicians occupy the central position in end-of-life decision-making. Every decision regarding withdrawal of life-sustaining treatment requires careful consideration of professional obligations, patient autonomy, and societal interests.

Modern medical ethics is founded upon four universally accepted principles:

1. **Autonomy**
2. **Beneficence**
3. **Non-maleficence**
4. **Justice**.[17]

The principle of **autonomy** recognizes the patient's right to make informed decisions concerning medical treatment. Respect for autonomy requires physicians to honor a competent patient's refusal of treatment, even where such refusal may ultimately hasten death. The doctrine of informed consent, now firmly embedded in Indian medical jurisprudence, is a direct manifestation of this principle.

The principle of **beneficence** obliges healthcare professionals to act in the patient's best interests. In terminal illness, however, determining what constitutes the patient's "best interest" becomes exceptionally difficult. Continuing invasive treatment that offers no realistic prospect of recovery may merely prolong suffering without improving the patient's condition.

Closely related is the doctrine of **non-maleficence**, traditionally expressed through the maxim *primum non nocere* ("first, do no harm"). Physicians must avoid causing unnecessary injury. Where aggressive medical intervention only extends pain, physical discomfort, or loss of dignity, withdrawal of medically futile treatment may arguably inflict less harm than its continuation.

The fourth principle, **justice**, emphasizes fairness in healthcare delivery. Intensive care resources are limited, particularly in developing countries. Ethical discussions therefore occasionally consider whether scarce medical resources should be devoted indefinitely to irreversible cases when they may benefit patients with realistic prospects of recovery. Nevertheless, resource allocation alone can never justify

[17] Tom L. Beauchamp & James F. Childress, Principles of Biomedical Ethics 101–176 (8th ed. 2019).

withdrawal of treatment; every decision must remain individualized and guided by constitutional and ethical standards.

The **Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations** require physicians to preserve life while also respecting patient welfare and informed consent. Accordingly, passive euthanasia is ethically acceptable only when undertaken in accordance with constitutional principles, judicial guidelines, and accepted standards of medical practice.

Criminal Liability under the Bharatiya Nyaya Sanhita, 2023

Although the Supreme Court has recognized passive euthanasia under carefully regulated circumstances, **active euthanasia remains unlawful** under Indian criminal law.

The **Bharatiya Nyaya Sanhita, 2023 (BNS)**, which replaced most provisions of the Indian Penal Code, continues to criminalize intentional acts causing death except where specifically justified by law. Deliberate administration of a lethal injection with the intention of ending a patient's life may therefore attract criminal liability depending upon the facts and circumstances of the case.

Similarly, intentionally assisting another person to commit suicide may also attract criminal consequences under the applicable provisions of the BNS dealing with abetment or instigation of suicide, subject to statutory interpretation and judicial precedents.

However, passive euthanasia recognized by the Supreme Court stands on an entirely different legal footing. Where life-sustaining treatment is withdrawn strictly in accordance with the constitutional framework established in *Common Cause* and the procedural safeguards subsequently modified in 2023, the physician's conduct is not regarded as an unlawful act causing death. Rather, death results from the underlying medical condition after medically futile intervention has been discontinued.

This distinction reflects an important principle of criminal jurisprudence. Active euthanasia involves a **positive act** intended to terminate life, whereas passive euthanasia permits the natural progression of an irreversible disease after treatment has ceased to serve any therapeutic purpose.

Consequently, physicians acting in good faith and in compliance with judicially prescribed safeguards are protected from criminal liability, whereas unauthorized acts intended to hasten death remain punishable under general criminal law.

Comparative Legal Perspectives

Different jurisdictions have adopted markedly different approaches to euthanasia, reflecting variations in constitutional philosophy, medical ethics, cultural traditions, and public policy.

A. The Netherlands

The Netherlands became the first country to enact comprehensive legislation permitting active voluntary euthanasia through the **Termination of Life on Request and Assisted Suicide (Review Procedures) Act, 2002**.[18]

The statute permits euthanasia where:

- the patient's request is voluntary and well considered;
- suffering is unbearable with no reasonable prospect of improvement;
- the patient is fully informed regarding medical options;
- an independent physician confirms statutory requirements; and
- the procedure is performed with due medical care.

[18] Termination of Life on Request and Assisted Suicide (Review Procedures) Act, Stb. 2001, 194 (Neth.), effective Apr. 1, 2002.

Dutch law emphasizes transparency, mandatory reporting, and post-procedure review by regional committees.

B. Belgium

Belgium legalized euthanasia in 2002 through legislation similar to that of the Netherlands. The law permits euthanasia for competent adults suffering from incurable illnesses causing constant and unbearable physical or psychological suffering.

Subsequent amendments extended eligibility, under exceptional safeguards, to certain minors possessing decision-making capacity. Belgian law therefore represents one of the most liberal statutory models presently in force.

C. Canada

Canada legalized **Medical Assistance in Dying (MAID)** through federal legislation enacted following the decision of the Supreme Court of Canada in *Carter v. Canada (Attorney General)*.[19]

Canadian law allows eligible adults suffering from grievous and irremediable medical conditions to receive physician-assisted dying subject to detailed statutory safeguards, independent medical assessments, waiting periods in specified circumstances, and informed consent.

The Canadian framework places particular emphasis upon personal autonomy while simultaneously protecting vulnerable individuals through comprehensive procedural requirements.

D. United Kingdom

The United Kingdom continues to prohibit active euthanasia as well as assisted suicide under the **Suicide Act 1961**.

Nevertheless, English courts have consistently recognized the right of competent patients to refuse life-sustaining medical treatment. Decisions such as *Airedale NHS Trust v. Bland* established that withdrawal of artificial nutrition and hydration from patients in a persistent vegetative state may, in carefully defined circumstances, be lawful where continued treatment offers no therapeutic benefit.[20]

Thus, the British approach resembles the Indian position in permitting passive euthanasia while prohibiting active measures intended to cause death.

E. United States

The United States has no uniform federal law governing physician-assisted dying.

Instead, individual states determine their own legal policies. States such as Oregon, Washington, California, Colorado, and several others permit physician-assisted dying through legislation modeled on the **Oregon Death with Dignity Act**. Other states continue to prohibit both physician-assisted suicide and euthanasia.

American jurisprudence therefore reflects a decentralized constitutional model balancing federalism with individual autonomy.

F. India's Middle Path

India has adopted a distinctive constitutional approach situated between complete prohibition and unrestricted legalization.

Unlike the Netherlands or Belgium, India does not authorize active euthanasia. Conversely, unlike jurisdictions imposing absolute prohibitions, India constitutionally recognizes passive euthanasia, advance medical directives, and the patient's right to refuse medically futile treatment.

[19] Carter v. Canada (Attorney General), 2015 SCC 5, [2015] 1 S.C.R. 331.
[20] Airedale NHS Trust v. Bland, [1993] AC 789 (HL).

This balanced approach seeks to preserve the sanctity of life while respecting dignity, autonomy, and compassionate medical care during the final stages of terminal illness.

Comparative Evaluation

A comparative examination reveals several important observations.

First, jurisdictions legalizing active euthanasia invariably prescribe rigorous procedural safeguards involving medical specialists, independent review, documentation, and informed consent.

Secondly, virtually every legal system distinguishes between active intervention causing death and withdrawal of medically futile treatment.

Thirdly, constitutional democracies increasingly recognize patient autonomy as an essential aspect of human dignity. Nevertheless, this autonomy is not absolute and remains subject to safeguards intended to prevent coercion, abuse, and commercial exploitation.

India's present legal framework reflects constitutional caution. Judicial recognition of passive euthanasia demonstrates sensitivity toward individual dignity while preserving legislative authority over broader questions concerning active euthanasia.

Sumup :

Euthanasia continues to occupy one of the most sensitive intersections of constitutional law, criminal jurisprudence, medical ethics, and human rights. The evolution of Indian law demonstrates a careful and principled attempt to reconcile two equally significant constitutional values—the sanctity of life and the dignity of the individual. Through its landmark decisions in Gian Kaur v. State of Punjab, Aruna Ramachandra Shanbaug v. Union of India, and Common Cause v. Union of India, the Supreme Court of India has progressively recognized that the constitutional guarantee under Article 21 extends beyond the mere preservation of biological existence and encompasses the right to die with dignity in narrowly defined circumstances. By permitting passive euthanasia and recognizing the legal validity of advance medical directives, the Court has affirmed the principles of autonomy, informed consent, and compassionate healthcare while simultaneously retaining stringent procedural safeguards to prevent abuse.

Despite these significant judicial developments, the absence of a comprehensive statutory framework continues to create uncertainty for patients, families, healthcare professionals, and hospitals. The current legal position, which is largely judge-made, requires legislative consolidation to ensure clarity, uniformity, and effective implementation across the country. Parliament should therefore enact a dedicated law regulating end-of-life decision-making, prescribing transparent procedures for advance directives, constitution of medical boards, institutional oversight, protection of vulnerable patients, and immunity for medical practitioners acting in good faith. Such legislation should harmonize constitutional values with ethical medical practice and international human rights standards while preserving adequate safeguards against coercion, commercial exploitation, and misuse.

Ultimately, the debate on euthanasia is not a contest between life and death but a constitutional inquiry into the quality, dignity, and autonomy of human existence. A humane legal system must recognize that preserving dignity at the final stage of life is as important as protecting life itself. As medical technology continues to advance and societal attitudes evolve, Indian law must remain guided by the constitutional ideals of compassion, dignity, justice, and respect for individual choice. A balanced and carefully regulated legal framework governing end-of-life decisions will not diminish the sanctity of life; rather, it will reaffirm the Constitution's enduring commitment to human dignity, personal liberty, and the rule of law.