
BETWEEN LIFE AND LIBERTY: A CONSTITUTIONAL AND CRIMINOLOGICAL EXAMINATION OF EUTHANASIA IN INDIA

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ABSTRACT

Euthanasia has evolved as the most contemplated problem in contemporary medical ethics and constitutional jurisprudence. Within India, the debate has been advanced due to the promising improvements in medical technology, which can extend life even in cases where recovery is medically impossible. This has impelled courts to analyse whether the constitutional guarantee of life under Article 21 also safeguards the dignity of an individual at the time of their final phases of existence. Although active euthanasia continues to be forbidden in the Indian criminal law, passive euthanasia has gradually established judicial recognition by constitutional interpretation and emerging medical ethics. So far, the discussion surrounding euthanasia includes complex queries relating to autonomy, criminal liability, consent, and the obligation of the State to conserve life. Judicial decisions have progressively recognised that dignity is a necessary part of personal liberty and that unnecessary prolongation of suffering might conflict with constitutional values.

Alongside legal concerns, euthanasia also raises criminological and ethical issues concerning misuse, protection of vulnerable individuals, and coercion. This legal article critically analyses the constitutional growth of euthanasia within India, examines significant judicial decisions, and assesses ethical and criminological dimensions related to the end-of-life decisions. It further compares India's position with multinational strategies to understand the limitations and strengths of the up-to-date legal framework. The article claims that even though Indian courts have acknowledged the principle of dying with dignity, the absence of a detailed legislative system continues to create uncertainty.

Introduction

The debate surrounding euthanasia has become increasingly significant in contemporary ethical and legal discourse. The medical discipline has progressed to such an extent that life can now be prolonged by ventilators, other life-support systems, and artificial nutrition. Although these growths have changed healthcare, they've also developed circumstances in which patients with irrevocable brain damage or terminal illness continue to survive without any meaningful possibility of recovery. Consequently, the topic of euthanasia has become closely associated with issues of suffering, personal autonomy, and dignity.

Within India, euthanasia occupies a sensitive position as it includes a direct dispute between two significant principles. On one side lies the sanctity of life and the State's constitutional duty to safeguard it. On the other hand, it is the rising acknowledgement of personal sovereignty, self-esteem, and privacy as central parts of constitutional liberty. This dispute has prompted courts to reconsider the interpretation of Article 21 of the Constitution of India and identify whether the Right to Life involves the right to refuse pointless prolongation of misery.

The legal strategy towards euthanasia within India has emerged smoothly through judicial intervention. Initially, courts adopted a stringent understanding and declined to acknowledge any constitutional protection aligned with assisted death. Nevertheless, by the time, the judiciary started to recognise that conserving dignity at the end of life is equally significant. Decisions like *Gian Kaur v. State of Punjab*¹, *Aruna Ramachandra Shanbaug v. Union of India*², and *Common Cause v. Union of India*³ have significantly influenced the euthanasia jurisprudence of India. Recent developments, involving *Harish Rana v. Union of India*⁴, demonstrate the rising acceptance of passive euthanasia under regulated situations.

Apart from the statutory interpretation, euthanasia also raises significant criminological and ethical concerns. The Criminal Law traditionally treats deliberate termination of life as prohibited. However, euthanasia involves situations in which the purpose is not to inflict harm, but to bring relief from intolerable suffering. This has resulted in a tough legal and moral dilemma, including compassion, protection against abuse, and medical responsibility. The article analyses euthanasia from ethical, criminological, and constitutional perspectives. It will

¹1996 SCC (2) 648.

²2011 (4) SCC 454.

³AIR 2018 SC (CIV) 1683.

⁴ 2026 INSC 222

analyze the juristic development of the Right to die with dignity, investigate proportional multinational strategies, and delineate the urgent need for legislative reform in India.

Understanding the Concept of Euthanasia and Its Types

Euthanasia is described as the thoughtful termination of the life of an individual in order to relieve excruciating pain or suffering caused by an irretrievable or terminal medical condition. The concept is usually related to the idea that individuals must be allowed to die peacefully and with dignity instead of enduring continuous suffering, deprived of the hope of recovery. Because euthanasia directly concerns medical intervention and human life, it remains one of the most controversial problems in ethics and law. Euthanasia is usually categorised within distinct types, relying on the nature of the act and role of consent.

These distinct forms are as follows:

1. Passive Euthanasia

The passive euthanasia is referred to as withholding or withdrawing therapeutic treatment which exaggeratedly prolong the life of a patient. This might involve removal of ventilator assistance, discontinuation of life-saving treatment, or stopping artificial feeding where recovery is not possible. The passive euthanasia has been lawfully acknowledged in India under the stringent medical and judicial supervision.

2. Active Euthanasia

The active euthanasia includes intentionally causing the death of a patient by direct means, like administering a medication or lethal injection. The purpose is to consistently end suffering and pain. Under Indian law, active euthanasia is unlawful as it amounts to the intentional killing and attracts criminal charges.

3. Voluntary Euthanasia

Voluntary euthanasia takes place once the patient willingly and consciously requests support in ending their life because of unbearable suffering or terminal illness. Although some nations lawfully permit voluntary euthanasia under regulated situations, Indian law does not empower intentional active euthanasia.

4. Non-Voluntary Euthanasia

Non-voluntary euthanasia is implemented in circumstances in which the patient is unable to give permission due to unconsciousness or an everlasting vegetative state. In such cases, the pronouncements are generally made by the family members, courts, and medical experts after considering the medical situation and the best interests of a patient.

Presently, only passive euthanasia has restricted legal acceptance within India, while active euthanasia remains prohibited.

Judicial and Constitutional Evolution of Euthanasia under Article 21

Article 21 of the Constitution of India confirms the protection of individual authorisation and life. Through its judicial interpretation, the Supreme Court has expanded the meaning of this establishment to involve confidentiality, compassionate treatment, dignity, and autonomy. The constitutional argument surrounding euthanasia fundamentally concerns whether the Right to life also includes the Right to die with dignity under exceptional situations. The initial judicial position on euthanasia was restrictive. In *Gian Kaur v. State of Punjab (1996)*, the Supreme Court held that Article 21 does not include the Right to die. The court upheld the constitutional validity of laws aligning with the abetment of suicide and considered that life should be safeguarded by the State. Nevertheless, the judgement also acknowledged that the concept of dignified death in cases of terminal illness differs from ordinary suicide.

The significant transformation occurred in *Aruna Ramachandra Shanbaug v. Union of India (2011)*. The case involved a nurse who had remained in a permanent vegetative state for several decades. The court, while denying the request to withdraw treatment in her specific case, legally recognized passive euthanasia in exceptional circumstances.

The court also stated that procedural safeguards require medical analysis and judicial approval before life support can be withdrawn. The legal recognition of euthanasia expanded further in the *Common Cause v. Union of India (2018)*. In this landmark conclusion, the Supreme Court acknowledged that the Right to die with dignity constitutes part of Article 21. The Court also validated living wills and advance medical directives, empowering individuals to express their wishes concerning medical treatment in circumstances where they might later become incapable of communicating. The judgement has strongly focused on dignity and autonomy as

necessary elements of constitutional liberty.

More recently, in *Harish Rana v. Union of India (2026)*, a key development occurred in Indian euthanasia law. While the Supreme Court had already recognized the legality of passive euthanasia in prior cases, this decision was the first implementation of passive euthanasia for an individual case before the Court. The Court allowed the withdrawal of clinically assisted nutrition and hydration for a patient in a prolonged vegetative state, reinforcing that dignity extends beyond mere biological existence.

Thus, the evolution of euthanasia in India shows a gradual shift from full protection of life towards acknowledging dignity, autonomy, and compassionate choices at the end of life under Article 21 of the Constitution of India.

Case of Harish Rana (2026) and Other Modern Developments

The decision in the case of *Harish Rana v. Union of India* marked a major phase in the real-world application of passive euthanasia within India. This case determined how the principles of the Constitution can be implemented in real situations of medication, unlike the earlier decisions, which mainly established constitutional principles. The patient in this case was in a permanent vegetative state for nearly thirteen years without any possibility of recovery. Medical professionals confirmed that continuation of artificial assistance would only prolong biological survival without restoring meaningful recovery or consciousness. After analysing medical reports and consultation with specialists, the Supreme Court allowed withdrawal of medically assisted hydration and nutrition under judicial supervision.

The significance of this case resides in the Court's acknowledgment that dignity transcends mere physical existence. The judgment emphasized that when medical science offers no prospects for recovery, the coercive continuation of treatment may undermine rather than preserve constitutional dignity. The decision also elevated public discourse regarding end-of-life care and the necessity for explicit legal procedures. The healthcare centres and hospitals have become more cautious in dealing with the patients in irreversible situations and highly depend on medical ethics committees and review boards before signifying withdrawal of treatment. At the same time, the judgement outlined the limitations of the current legal framework. Since India lacks detailed legislation administering euthanasia, families and medical practitioners often experience uncertainty about the legal responsibilities and

processes. Consequently, the policy-makers and legal scholars have renewed demands for a comprehensive statutory system governing end-of-life decisions.

Criminological and Ethical Dimensions

Euthanasia presents difficult ethical queries as it directly concerns suffering, human dignity, morality, and life. The major ethical dispute takes place between the principle of individual self-government and the sanctity of life. The traditional remedial ethics focus on the preservation of life as the fundamental duty of doctors. Nevertheless, modern ethical strategies widely acknowledge that pressurising an individual to continue living under irreversible medical conditions or unbearable pain might violate personal choice and dignity. Another significant ethical issue relates to consent. Identifying whether a patient's decision is actually voluntary can be complicated, especially where financial dependence, family influence, and emotional pressure are present. In circumstances involving unconscious patients, ethical concerns become more significant due to the decisions that should be made by others on behalf of a patient.

The possibility of misuse also develops major issues. Elderly individuals, economically susceptible patients, and disabled persons might experience indirect pressure to select death in order to decrease financial or emotional burdens on their family members. Thus, strict safeguards and transparency are necessary in any lawful system permitting euthanasia. From a criminological perspective, euthanasia is challenging the conventional understanding of criminal acts. Criminal law usually punishes intentional acts causing death, but with euthanasia, the intention is often to relieve suffering instead of causing harm. This creates an ethical distinction between unlawful killing and compassionate conduct. Another criminological concern is veiled compulsion. Inheritance disputes, institutional pressure, family conflicts, or social neglect might improperly influence decisions related to withdrawal of treatment. Consequently, judicial and regulatory oversight becomes even more essential to stop abuse and ensure that these decisions are really voluntary.

Comparative Multinational Perspective

Various nations have adopted distinct legal strategies towards euthanasia, relying on their constitutional values, ethical traditions and social attitudes. While a few jurisdictions allow euthanasia through detailed legislation, others continue to prohibit it completely.

The Netherlands is the first nation to legalise both physician-assisted dying and active euthanasia, implemented under strict statutory safeguards. The patients must be experiencing incurable and unbearable conditions, and even then, several medical assessments are required before euthanasia can be authorised. Belgium has developed a similar legal framework allowing euthanasia under regulated conditions.

Similarly, Canada has recognised Medical Assistance in Dying (MAID) through legislative reform, allowing eligible patients to receive medical help in ending their lives under carefully defined legal criteria. The Canadian model places strong emphasis on eligibility assessments, informed consent, and procedural safeguards, making it one of the more structured frameworks globally.

In contrast, Switzerland permits assisted suicide under limited circumstances, provided that selfish motives do not drive the assistance. Unlike other jurisdictions, the act is not confined strictly to medical professionals, although medical involvement is often present in practice.

On the other hand, many countries, including India, continue to adopt a cautious approach. In India, only passive euthanasia has been recognised through judicial decisions, while active euthanasia remains prohibited under criminal law. The Indian model, therefore, relies heavily on judicial guidelines rather than a comprehensive statutory framework, which creates procedural uncertainty in implementation.

This comparative overview shows that jurisdictions permitting euthanasia typically rely on detailed legislation, strong institutional oversight, and clear eligibility criteria. India's evolving jurisprudence, particularly through major judicial decisions, reflects a gradual movement towards recognising end-of-life dignity. Still, the absence of specific legislation continues to distinguish it from countries with established regulatory systems.

The Need for Legislative Reform

Although Indian courts have increasingly acknowledged passive euthanasia and the Right to die with dignity, the present legal framework remains incomplete due to the absence of detailed legislation. Judicial decisions alone cannot give sufficient clarity for every practical medical condition. Consequently, ambiguity continues to impact doctors, families, and patients. The primary concern is the absence of uniform processes for the withdrawal of life support.

Hospitals might follow different standards while making decisions related to end-of-life. A statutory framework will ensure transparency and consistency in the foundations of healthcare. On similar lines, governmental reform is also essential to reinforce safety against misuse. Another critical issue is safeguarding vulnerable populations. In the absence of a definitive legal structure, there is a constant risk of abuse, coercion, or misinterpretation of consent, particularly concerning elderly patients or individuals with disabilities. A carefully crafted law would need to include strict protections, such as independent medical committees, obligatory review processes, and explicit consent stipulations.

Further, legislative reform is necessary to provide legal protection to medical practitioners acting in good faith. Doctors often face a dilemma between ethical duty and fear of criminal liability. A clear statutory provision would help reduce legal uncertainty and encourage ethically sound decision-making without the fear of prosecution when procedures are properly followed.

Comparative jurisdictions such as the Netherlands, Canada, and Belgium demonstrate that euthanasia, when permitted, is regulated through detailed legislation rather than judicial interpretation alone. These legal systems emphasise procedural safeguards, eligibility criteria, and institutional accountability, which help balance individual autonomy with societal concerns.

Conclusion

Euthanasia remains one of the most complex and sensitive issues in Indian constitutional and criminal law, as it directly engages with the fundamental question of how far the Right to life under Article 21 extends when confronted with irreversible suffering and loss of medical hope. Over time, the Indian judiciary has moved from a rigid understanding of the sanctity of life to a more nuanced recognition of dignity, autonomy, and compassionate end-of-life care. Judicial decisions such as *Gian Kaur v. State of Punjab*(1996), *Aruna Ramachandra Shanbaug v. Union of India*(2011), and *Common Cause v. Union of India*(2018) reflect this gradual constitutional evolution. At the same time, more recent developments, including *Harish Rana v. Union of India*(2026), indicate a growing emphasis on the practical application of passive euthanasia under strict safeguards.

Despite this progress, the legal position in India still rests heavily on judicial interpretation

rather than a comprehensive legislative framework. This creates uncertainty in implementation and raises concerns regarding consistency, accountability, and the protection of vulnerable individuals. At the same time, ethical and criminological considerations continue to complicate the issue, as the law must carefully balance individual autonomy with the State's duty to preserve life and prevent misuse.

In conclusion, while Indian jurisprudence has made meaningful strides in recognising the importance of dying with dignity, euthanasia still exists in a legally delicate space. A clear and well-structured legislative framework is now essential to bring certainty to the law, safeguard ethical medical practice, and ensure that the constitutional promise of dignity under Article 21 is meaningfully realised at the end of life.