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# REVIEWING ARTICLE 21: THE CONSTITUTIONAL VALIDITY OF EUTHANASIA AND THE RIGHT TO DIE WITH DIGNITY

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## ABSTRACT

In *Common Cause v. Union of India*, the Indian Supreme Court acknowledged the validity of passive euthanasia and permitted the use of living wills or previous directives, therefore granting euthanasia limited legal support. But along the road, there have been significant legal, moral, and societal debates with strong arguments for and against its acceptance. A crucial topic in this debate is whether the right to die with dignity is included in the right to life guaranteed by Article 21 of the Indian Constitution.

Due to the absence of a comprehensive legislative framework, euthanasia regulations in India are mostly reliant on judicial decisions. This raises questions regarding how these restrictions are implemented and how they could be abused, particularly by underprivileged groups. This article examines the concept of euthanasia and contrasts India's legal system with that of other countries. It also evaluates the arguments for and against the practice in order to ascertain the legitimacy and possible future scope of euthanasia laws within the Indian legal system.

**Keywords:** Euthanasia, Right to Die with Dignity, Article 21, Passive Euthanasia, Living Will.

## **1)Introduction**

The notion of life and personal liberty as articulated in Article 21 of the Indian Constitution has been extensively interpreted by the judiciary to encompass various facets of human dignity. Recently, this has sparked a significant debate regarding whether the right to life also encompasses the right to die with dignity. The word “EUTHANASIA” comes from two Greek words, “eu” which means “good or easy” and “thanatos” which means “death”.<sup>1</sup>Hence it means “good or easy death.

Euthanasia, often termed mercy killing, entails the deliberate termination of an individual's life to alleviate suffering. It is generally categorized into active and passive euthanasia. While active euthanasia remains prohibited in India, passive euthanasia has been acknowledged under specific conditions by the judiciary.

The legal landscape in India has progressed through pivotal rulings such as *Common Cause v. Union of India*, where the Supreme Court affirmed the legitimacy of passive euthanasia and living wills. This advancement signifies the increasing acknowledgment of individual autonomy and dignity under Article 21.

Nonetheless, the topic of euthanasia continues to evoke substantial ethical, legal, and social dilemmas, particularly concerning its possible misuse and the sufficiency of protective measures.

This paper intends to explore the constitutional dimensions of euthanasia in India, concentrating on Article 21, and to investigate whether the right to die with dignity can be regarded as an essential component of the right to life.

### **1.1) Research Problem**

In India, the issue of euthanasia poses significant legal and ethical challenges, particularly in relation to Article 21 of the Constitution, which guarantees the right to life and personal freedom. Although the judiciary has expanded Article 21 to include the right to live with dignity, there is still uncertainty as to whether it also covers the right to die with dignity. The legal position of euthanasia, in particular the distinction between active and passive euthanasia,

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<sup>1</sup> Caesar Roy, *Position of Euthanasia in India: An Analytical Study*, 32 *Indian J. Criminology & Criminalistics* 37 (2011).

remains complex and controversial. Although the Supreme Court has allowed passive euthanasia in certain circumstances, active euthanasia remains illegal. This leads to ambiguity in the application of law and to concerns about personal freedom, medical ethics and state responsibility. Consequently, the research question focuses on the question of whether the existing legal framework adequately protects the rights of individuals seeking a dignified death and whether the interpretation of article 21 must be further extended in order to explicitly recognize the right to death in dignity.

## 1.2) Literature Review

The legal position on euthanasia in India has evolved through judicial decisions. In *Gian Kaur v. State of Punjab* (1996)<sup>2</sup>, the Supreme Court ruled that the right to life does not include the right to death. In *Aruna Shanbaug v. Union of India* (2011)<sup>3</sup>, passive euthanasia was allowed under strict conditions. This position was further developed in *Common Cause v. Union of India* (2018)<sup>4</sup>, in which the court recognised the right to die in dignity under article 21 and allowed the provision of directives or living wills. In *Vinod K. Sinha, Basu, Sujit Sarkhel*, (2012)<sup>5</sup> the authors indicate that the quality of care and the issues related to life expectancy in patients with their condition such as advanced cancer and age had turned into a major issue. There is already a significant problem and another topic that has been removed is euthanasia or assisted dying for those who wish to end their existence signifies for individuals enduring a severe illness due to which they cannot continue living, so they choose to end their lives. Physician-assisted suicide causes individuals to feel that rather than enduring such immense suffering they can opt for a death without pain. The goal of the authors in this paper aim to examine euthanasia in India and have concluded by stating that supporters and detractors of euthanasia are as engaged in India as they are elsewhere globe. On 11 March 2026, the Supreme Court allowed *Harish Rana v. Union of India*<sup>6</sup> who had been in a vegetative state for 13 years, to be passively euthanized, withdrawing life support. This reflects the continuing judicial support for passive euthanasia in India. Scholarly discussions highlight the distinction between active and passive euthanasia, with active euthanasia remaining illegal. Overall, the literature shows a gradual shift towards the recognition of dignity in death, although practical

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<sup>2</sup>Gian Kaur v. State of Punjab, (1996) 2 SCC 648..

<sup>3</sup> Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454

<sup>4</sup> Common Cause v. Union of India, (2018) 5 SCC 1.

<sup>5</sup> Vinod k Sinha, s basu, Sujit sarkhel, 2012,euthanasia an Indian perspective, Doi : 10.4103/0019-5545.99537

<sup>6</sup> Harish Rana v. Union of India, SLP(C) No. 60980/2025 (SC Mar. 11, 2026).

implementation is still limited.

### **1.3) Scope of the Study**

The study focuses on the legal and constitutional aspects of Indian euthanasia, particularly the constitutional articles 21. It focuses on the distinction between active and passive euthanasia and analyzes the role of the judiciary in shaping legal status through landmark decisions. The study also addresses the concept of dignity-based death rights and the recognition of advance directives or living wills. However, research is limited to Indian legal frameworks and does not provide a detailed comparative analysis with foreign laws. It is based mainly on judicial judgments, legal principles and secondary sources and does not include empirical or field research. The ethical, medical and social perspectives are discussed only in the context necessary to understand the legal issues involved.

### **1.4) Objectives of the Study**

The primary goals of this research are:

- 1) To explore the definition and categories of euthanasia.
- 2) To examine the extent of Article 21 of the Constitution concerning the right to life and personal freedom.
- 3) To examine if the right to die with dignity can fall under Article 21.
- 4) To examine the judicial stance via significant cases like *Gian Kaur v. State of Punjab*, *Aruna Ramachandra Shanbaug v. Union of India*, and *Common Cause v. Union of India*.
- 5) To comprehend the legal difference between active and passive euthanasia.
- 6) To investigate the function and legitimacy of advance directives or living wills in India.
- 7) To assess the efficacy of the existing legal structure regulating euthanasia in India.

### **1.5) Research Question**

- Does the right to a dignified death fall under Article 21's protection of the right to life?

- What is India's legal stance on euthanasia in light of court rulings?
- What does Indian law distinguish between passive and aggressive euthanasia?
- Are patients sufficiently protected in situations of passive euthanasia by the existing legal framework?
- Is legislation change pertaining to euthanasia necessary in India?

### **1.6) Hypothesis**

Euthanasia can protect a person's right to life and dignity under Article 21 of the Constitution if it is permitted under clear and strict legal rules, while ensuring that vulnerable populations are not exploited, that ethical and moral concerns are addressed, that judicial interpretations balance human rights with societal values, and that informed consent is obtained through proper awareness and education.

### **1.7) Research Methodology**

The current study employs the doctrinal research technique, which focuses on examining current euthanasia-related laws, legislation, and court rulings. In order to comprehend the legal position and ramifications of euthanasia under Article 21 of the Indian Constitution, the research is mostly analytical in character, interpreting and analyzing legislation, court rulings, and academic publications.

## **PLAN OF THE RESEARCH**

### **1. Definition and Historical Background of Euthanasia**

Euthanasia refers to deliberately ending someone's life, usually with the aim of relieving suffering. Euthanasia (from Greek: *εὐθανασία*, lit. 'good death') refers to the practice of intentionally ending life to eliminate pain and suffering. The word itself combines "eu" (meaning "well" or "good") with "thanatos" (meaning "death")<sup>7</sup>.

Euthanasia is intended to provide relatively painless means of ending life for people suffering

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<sup>7</sup> Caesar Roy, Position of Euthanasia in India: An Analytical Study, 32 *Indian J. Criminology & Criminalistics* 37 (2011).

from incurable diseases or disabilities. The aim is to alleviate suffering and allow a dignified death. Euthanasia raises complex ethical issues related to autonomy, compassion and dignity. The legal framework of each country differs, with some countries allowing euthanasia in certain circumstances and others completely prohibiting it. Euthanasia is often called “mercy murder” or “assisted suicide”. While meditative killing requires the end of suffering by compassion, assisted suicide means that individuals can end their own lives. In some countries, euthanasia is legally allowed, but it is still a controversial issue worldwide. Recent cases have highlighted the importance of maintaining a balance between compassion and legal and ethical considerations. Euthanasia is used to alleviate severe pain and suffering from terminally ill or inadmissible diseases. It provides an alternative to long suffering and enables a relatively peaceful and dignified transition. The decision to pursue euthanasia involves a delicate balance between respect for individual autonomy (the right to choose) and compassion for suffering. It acknowledges that some patients may prefer an effective and painless end rather than prolonged suffering.

Euthanasia, often referred to as mercy killing, has existed throughout human history. In ancient times, some physicians ended the lives of patients deemed beyond recovery, sometimes without their consent. Hippocrates, however, opposed such practices, emphasizing the importance of trust between doctor and patient, which is reflected in the Hippocratic Oath: “I will give no deadly medicine to anyone if asked, nor suggest any such counsel.”

The concept of euthanasia also has a darker history. During the Nazi regime, the “Aktion T4” program targeted individuals considered “unfit,” including children and adults with disabilities. Many were killed under the guise of medical care, often without consent, highlighting how euthanasia can be misused when ethical safeguards are ignored. These events prompted worldwide debates about the ethical limits of mercy killing and influenced later legal reforms in different countries.

Modern euthanasia laws aim to protect the autonomy and dignity of individuals. Australia’s Northern Territory became the first jurisdiction to legalize euthanasia in 1996, followed by the Netherlands in 2001, which established strict guidelines: the request must be voluntary and well-considered, the patient must suffer intolerably with no prospect of improvement, and a qualified physician must perform the procedure after consultation.

In the United States, euthanasia-related practices are regulated differently by state. Washington

(2008), Vermont (2013), and California (2015) have legalized assisted dying under strict conditions, usually requiring that the patient have a terminal illness. These measures demonstrate the balance modern laws seek between respecting individual choice and ensuring ethical safeguards to prevent misuse<sup>8</sup>.

## **2.Types of Euthanasia**

- **Active Euthanasia:** A direct and intentional act of a doctor (e.g., injection of lethal injection) to end a patient's life.
- **Passive Euthanasia:** The restriction or restriction of life-saving treatment (e.g., suspension of ventilators or feeding tubes) permitted by law in many places to allow natural death.
- **Voluntary euthanasia:** carried out with the explicit consent and consent of a competent patient. **Non-voluntary euthanasia:** occurs when a person cannot give consent (e.g. in a coma or in a severe vegetative state).
- **Involuntary euthanasia:** Carrying out against the will of a person or without asking for his consent when he or she can give it; this is considered an illegal and criminal homicide.
- **Physician-assisted suicide (PAS):** An active and voluntary form of euthanasia in which doctors provide the patient with the means (such as medicines) to end his own life.

## **3.Judicial Interpretation of Euthanasia in India**

Judicial interpretation has had a significant impact on the euthanasia issue in India through significant Supreme Court verdicts.

The issue initially garnered national notice in the Aruna Ramachandra Shanbaug v. Union of India lawsuit. Aruna Shanbaug, a nurse in Mumbai, sustained severe brain damage during a brutal attack in 1973 and lived in a persistent vegetative state for several decades. In 2011, a petition was filed to authorize euthanasia. The Supreme Court rejected forceful euthanasia but

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<sup>8</sup>[https://www.researchgate.net/publication/320829903\\_Euthanasia\\_A\\_Brief\\_History\\_and\\_Perspectives\\_in\\_India](https://www.researchgate.net/publication/320829903_Euthanasia_A_Brief_History_and_Perspectives_in_India)

approved passive euthanasia in some circumstances. It came to the conclusion that the appropriate High Court and medical experts could authorize the termination of life-support therapy. This decision was the first legal recognition of passive euthanasia under Indian law<sup>9</sup>.

An important turning point occurred when the Supreme Court acknowledged in *Common Cause v. Union of India* that the right to die with dignity is a part of the right to life under Article 21 of the Constitution. The Court also introduced the concept of a "Living Will" or Advance Directive, which allows individuals to decide in advance that they should not be kept alive on artificial life-support equipment in cases of terminal illness or permanent unconsciousness. The decision also created detailed guidelines that medical organizations and hospitals must adhere to when ending life support<sup>10</sup>.

These ideas were further reinforced by a more recent example. The case concerned Ghaziabad resident Harish Rana, who had significant brain damage in 2013 and spent more than thirteen years in a persistent vegetative condition. His parents went to the Supreme Court to request authorization to stop life-sustaining treatment since he had permanent brain damage and little chance of recovery.

The Court ordered a team of experts to conduct a thorough medical evaluation prior to rendering a ruling. The medical board affirmed that the illness was irreversible and that therapy would only increase the patient's biological survival in the absence of consciousness. The Supreme Court approved the removal of life support after taking into account the medical results, family circumstances, and prior court decisions. The Court stressed that it may be a violation of human dignity to force someone to stay on mechanical support in an irreversible condition. Simultaneously, it reaffirmed that passive euthanasia should only be permitted under stringent medical supervision and legal protections<sup>11</sup>.

Through these rulings, the Supreme Court has established significant guidelines:

The right to live with dignity is part of the Article 21 right to life.

It also involves the right to a dignified death under specific conditions.

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<sup>9</sup> *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454

<sup>10</sup> *Common Cause v. Union of India*, (2018) 5 SCC 1.

<sup>11</sup> *Harish Rana v. Union of India*, SLP(C) No. 60980/2025 (SC Mar. 11, 2026).

Medical professionals have established that passive euthanasia is only acceptable in cases when there is no chance of recovery.

To stop abuse, certain procedural protections are required.

By striking a balance between human liberty, medical ethics, and constitutional principles, these court rulings have significantly influenced India's euthanasia legal framework.

#### **4) Legality of Passive Euthanasia in India**

In India, passive euthanasia is recognized by law as a narrowly defined and regulated exception to the general prohibition against terminating life. This practice involves the discontinuation or withdrawal of medical treatments that sustain life, enabling a patient to die naturally without artificial prolongation of existence. Unlike active euthanasia, which entails deliberate actions to cause death and is prohibited by the *Bharatiya Nyaya Sanhita*, passive euthanasia is permissible under stringent legal and procedural stipulations. The legal precedent for passive euthanasia was initially set by the Supreme Court in the case of *Aruna Ramachandra Shanbaug v. Union of India*. In this landmark judgment, while rejecting the possibility of active euthanasia, the Court sanctioned the cessation of life-support mechanisms in exceptional circumstances involving individuals in a persistent vegetative state. The Court emphasized that such decisions necessitate the approval of the High Court and must be informed by the evaluation of a competent medical panel to prevent potential abuses.

In *Common Cause v. Union of India*, the Supreme Court acknowledged that the "right to die with dignity" is an essential component of the right to life protected by Article 21 of the Constitution, greatly extending this stance. In addition to establishing the idea of a "living will" or advance directive, which allows people to make decisions ahead of time about the removal of life support in situations of terminal illness or incurable illnesses, the Court upheld the right of individuals to refuse medical care. The ruling also established detailed rules for hospitals and medical professionals, such as how medical boards should be organized and how to follow procedures before stopping treatment.

Furthermore, by recognizing patients' freedom to refuse medical treatment and stating unequivocally that discontinuing life support in such circumstances shouldn't be illegal, the

Law Commission of India upheld the legality of passive euthanasia in its 196th Report<sup>12</sup>. As a result, the legal system attempts to balance the sanctity of life with the need to preserve human dignity, individual liberty, and compassionate medical care. The law mandates strict safeguards, including as informed consent, medical verification, and supervision protocols, to ensure that the practice is not misused or influenced by outside influences. Because of this, passive euthanasia is a carefully regulated exception based on judicial interpretation and constitutional considerations, even though it is allowed in India.

### **5) Article 21 and Right to Die with Dignity**

The idea of the “right to die” in India has developed gradually through judicial interpretation, especially in relation to Article 21 of the Constitution, which guarantees the right to life and personal liberty<sup>13</sup>. In the landmark judgment of *Common Cause v. Union of India*, the Supreme Court affirmed that the right to die with dignity is a part of the right to life. This recognition led to the acceptance of passive euthanasia under carefully regulated conditions. The central issue in this debate is whether individuals should have the freedom to decide the course of their lives when faced with extreme suffering due to terminal illness or irreversible medical conditions. Supporters argue that such freedom is inherent in the broader concept of the right to life, which includes dignity, autonomy, and freedom from unnecessary suffering.

The recognition of this right is deeply connected to the principle of individual autonomy, which emphasizes that every person should have control over decisions concerning their own body and life, including end-of-life choices. This idea is also reflected in international human rights principles, such as those expressed in the Universal Declaration of Human Rights, which stress dignity and personal liberty. However, the extent to which this right is legally accepted differs across countries. Some nations, including the Netherlands, Belgium, and Canada, permit euthanasia or assisted dying under strict legal safeguards, while others, like Switzerland, allow assisted suicide in limited circumstances.

At the same time, the concept of the right to die with dignity remains controversial. Critics argue that recognizing such a right may weaken the value placed on human life and could lead to misuse or pressure on vulnerable individuals. In contrast, proponents maintain that it is an essential aspect of human dignity, particularly for those suffering from incurable illnesses, as

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<sup>12</sup> Law Commission of India, 196th Report (2006)

<sup>13</sup> <https://academic.oup.com/medlaw/article-abstract/19/4/646/1075627>. Accessed 7 Oct. 2024.

it enables them to avoid prolonged pain and loss of independence. Therefore, although Indian law does not recognize an unrestricted right to die, it acknowledges the right to die with dignity in specific situations, thereby balancing the protection of life with respect for individual dignity.

## **6) Medical Ethics and Professional Responsibility in Euthanasia**

Euthanasia poses a considerable dilemma for medical ethics and the obligations of healthcare professionals. Historically, a doctor's duty has been to save lives and offer care, rather than to deliberately take them. Nonetheless, contemporary medical practice acknowledges the significance of alleviating pain and distress, particularly in situations involving terminal illness. This generates a clash between the responsibility to preserve life and the duty to prioritize the patient's best interests.

From an ethical standpoint, proponents of euthanasia contend that individuals should have control over decisions about their own lives, including the option to alleviate suffering through euthanasia. They argue that compassion and benevolence validate permitting a dignified death in instances of intolerable suffering. Conversely, critics stress the sanctity of human life and assert that actively terminating a life is ethically wrong and akin to murder, irrespective of consent. They also point out the danger that vulnerable patients could be swayed or pressured into making these choices<sup>14</sup>.

Healthcare providers must also take into account how euthanasia affects the physician–patient relationship. Permitting physicians to be involved in life-ending practices could undermine trust, leading patients to doubt if medical choices are made for their benefit. Moreover, ethical standards mandate that doctors provide adequate palliative care, since efficient pain relief can frequently lessen the desire for euthanasia. Consequently, healthcare providers have the duty to find a balance among honoring patient autonomy, maintaining life, and making sure that all choices are made ethically, thoughtfully, and free from outside influence.

## **7) Legal Implications and Safeguards**

The rules pertaining to euthanasia in India carefully balance preserving human dignity with

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<sup>14</sup> Kerridge I., Lowe M., & Stewart C., *Ethics and Law for the Health Professions* (3rd ed. Federation Press 2009).

safeguarding life. Active euthanasia is still prohibited by criminal law because to the Bharatiya Nyaya Sanhita, 2023's regulations about culpable murder and abetment of suicide, which provide that any act that intentionally causes death may result in responsibility<sup>15</sup>. However, passive euthanasia is legal under certain conditions, as the Supreme Court recognized in Aruna Ramachandra Shanbaug v. Union of India and further confirmed in Common Cause v. Union of India, where the right to die with dignity was held to be a part of Article 21 of the Constitution.

In addition to judicial recognition, the legal position is supported by other frameworks, such as the Indian Constitution (Article 21), which guarantees the right to life with dignity, and the Law Commission of India's recommendations, particularly the 196th Report, which recognizes patients' right to refuse medical treatment<sup>16</sup>. Medical practice is governed by professional norms such as the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which require doctors to behave in their patients' best interests and uphold ethical standards.

To discourage misuse, the law provides strict safeguards for passive euthanasia. These include having a certified medical board confirm the patient's condition, obtaining informed consent from family members or through a living will, and according to the judiciary's procedural rules. When many authorities are involved, transparency is guaranteed and the likelihood of coercion or poor decisions is decreased. However, in practice, the intricate procedures could limit accessibility, and patients and medical professionals are confused by the absence of a comprehensive legal framework.

Therefore, even if passive euthanasia is permitted in India, it takes place inside a tightly regulated framework supported by criminal law provisions, judicial decisions, and constitutional principles, ensuring that the right to die with dignity is used sensibly and without abuse.

## **8) Euthanasia: India vs Other Countries**

### **India**

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<sup>15</sup> Bharatiya Nyaya Sanhita, 2023 (provisions on culpable homicide and abetment of suicide)

<sup>16</sup> Law Commission of India, 196th Report (2006)

Passive euthanasia is permitted in India with specific safeguards, according to *Common Cause v. Union of India*. The law allows the withdrawal or withholding of life-sustaining treatment through living wills or previous directives, based on the notion of the right to die with dignity under Article 21. However, active euthanasia is still forbidden and punishable by law, demonstrating a cautious and strict approach.

### **Netherlands**

The Netherlands has adopted one of the most radical policies, permitting both active euthanasia and physician-assisted suicide. These operations are permitted under strict conditions, such as the patient's express consent, unbearable discomfort, and suitable medical supervision.

### **Belgium**

In Belgium, both active euthanasia and assisted suicide are legal. The regulation even applies to non-terminally sick individuals with severe and incurable conditions, subject to strict medical assessment and consent requirements.

### **Canada**

In Canada, assisted suicide and euthanasia are both permitted under Medical Assistance in Dying (MAiD). People with serious and terminal medical conditions are allowed to make this decision as long as they do it willingly and under medical supervision.

### **Switzerland**

In Switzerland, assisted suicide is legal as long as it is carried out without selfish purpose. However, active euthanasia remains illegal. For the law to be applicable, the patient does not need to be terminally ill.

### **United States**

Various US states have various legal stances. While physician-assisted suicide for terminally ill patients is permitted in some states under specific conditions, active euthanasia is illegal throughout.

## **New Zealand**

Euthanasia became allowed in New Zealand in 2020 after a public referendum. It is permitted for those who are close to death under strict medical and legal guidelines.

## **Australia**

While many governments have authorized assisted dying under strict rules, mainly for patients who are near death, active euthanasia is still generally prohibited in Australia.

## **9) The Evolving Future of Euthanasia**

Future developments in the legal, ethical, and social spheres will likely have an impact on euthanasia. As globalization increases, more countries may choose to allow assisted suicide as opinions shift to view it as a humanitarian solution to terminal illness and agonizing agony. However, a significant challenge will remain finding a balance between human agency and safeguarding vulnerable individuals from abuse or pressure.

Advances in medical research and technology are also expected to have an influence on this profession as life-extending medicines continue to evolve and redefine what constitutes a terminal disease. This will raise challenging questions regarding the role of medical professionals, who must balance their need to preserve patients' dignity and reduce suffering with their responsibility to save life.

Future euthanasia laws will also be influenced by cultural and sociological factors since different groups have different perspectives on life, death, and morality. The acceptance of passive euthanasia in *Common Cause v. Union of India* was a significant development in India, even though strict laws still regulate its use. While some argue that these safeguards are necessary, others believe they may make it more difficult to fully exercise the right to a dignified death.

Future breakthroughs in euthanasia will ultimately depend on how legal systems manage the interplay between moral concerns, technological advancements, and the fundamental need to uphold human dignity while preventing abuse.

## **10) Conclusion and Suggestion**

Euthanasia remains one of the most difficult and divisive issues at the intersection of law, ethics, and medicine. While some emphasize the value of life and the perils of abuse, others argue that those who are in terrible pain need to be allowed to select a dignified way to pass away. A cautious but progressive step toward acknowledging the right to die with dignity under Article 21 is *Common Cause v. Union of India*, which legalized passive euthanasia in India. However, active euthanasia remains illegal, indicating the state's commitment to protecting life while permitting certain situations.

The future of euthanasia will depend on how successfully legislative frameworks reconcile the rights of individuals with the interests of society. To ensure that the right to die with dignity is used intelligently and without coercion, stronger protections, better awareness, and clearer legislation are needed. As global discourse continues to evolve, India must establish a framework that upholds human dignity, protects vulnerable individuals, and upholds ethical integrity.

### **Suggestions**

- Instead than depending solely on court rulings, the Parliament should pass complete laws on euthanasia to offer clear legal rules.
- To enable people to make knowledgeable end-of-life decisions, there should be a greater awareness of living wills and advance directives.
- While keeping the required precautions, the process for passive euthanasia should be made easier to understand and more accessible.
- To manage such circumstances appropriately, medical workers should have enough training in ethics and end-of-life care.
- To avoid abuse, pressure, or coercion on vulnerable patients, strict monitoring procedures should be put in place.
- The sanctity of life and the right to die with dignity should be balanced by the legal system.

- India needs to create laws that are appropriate for its social, cultural, and economic circumstances, but it may benefit from international traditions.

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