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Right to Die with Dignity: The Legal Journey of Passive Euthanasia in India

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Euthanasia, particularly passive euthanasia, is one of the most complex issues in contemporary legal, medical, and ethical discourse. In the context of India, the concept of passive euthanasia has evolved through judicial pronouncements, reflecting a cautious yet progressive approach to decision-making in matters of life and death. In this regard, this article seeks to critically analyse the legal scenario in the context of passive euthanasia in India, particularly in the context of landmark judgments such as the Aruna Shanbaug case (2011),¹ Common Cause v Union of India (2018),² and the recent yet highly significant Harish Rana v Union of India (2026).³ In this regard, this study seeks to analyse the constitutional basis of the 'right to die with dignity under Article 21,⁴ the evolution of 'living wills, the ethical dilemmas in euthanasia, and the procedural safeguards that have been put in place in this regard. In this regard, the recent judgment in the Harish Rana case is a historic landmark, marking the first practical application of passive euthanasia in India, transforming a mere legal concept into a practical reality. It is submitted that although a major step in the evolution of the concept of passive euthanasia in India has been taken, legislative measures are still needed to address the concerns regarding ethical issues, to prevent its misuse and to ensure its clarity in end-of-life care.

Keywords: *euthanasia, passive euthanasia, dignity, living wills, ethical dilemmas.*

¹ Aruna Ramchandra Shanbaug vs Union of India and Ors (2011) 4 SCC 454

² Common Cause (A Regd Society) v Union of India and Anr (2018) 5 SCC 1

³ Harish Rana v Union of India and Ors 2026 INSC 222

⁴ Constitution of India 1950, art 21

INTRODUCTION

Imagine being trapped in a body that cannot move, speak, or recover, while machines keep you alive for years. Should the law insist on preserving life at any cost, or should compassion allow a person to die with dignity?

This question of whether a person has a right to die with dignity has faced a lot of debate across the world. In India, this discussion gained limelight through the discussions on euthanasia. Euthanasia, which is also referred to as mercy killing, has always been a controversial topic in medical ethics and law. It is broadly understood as the intentional ending of a person's life to relieve them from extreme pain and suffering, particularly in cases of irreversible medical conditions.

In India, discussions about euthanasia have always been a tangled web, touching on constitutional rights, medical ethics, and societal expectations. Passive euthanasia, in particular, has garnered considerable legal attention and debate. This form of euthanasia involves the cessation or withholding of life-sustaining medical treatments, thereby permitting a patient to pass away naturally, as opposed to extending life through medical procedures. Therefore, the discussion on passive euthanasia is not merely about ending life; it is about respecting human dignity, patients' autonomy and ethical medical practices. Understanding its legal evolution, ethical debates and constitutional significance is essential in order to appreciate how India addresses one of the most sensitive and challenging questions in modern law and medicine.

MEANING AND CONCEPT OF EUTHANASIA

Euthanasia is a term which is derived from the Greek words "Eu" and "Thanatos". The term Eu refers to the good, and the term Thanatos refers to death; it means "good death".⁵ It refers to the deliberate ending of a person's life to relieve suffering caused by terminal illnesses or medical conditions that cannot be cured.

⁵ Muhammed Farooque KT, 'The Jurisprudence Of Dignity: Evolution Of Passive Euthanasia In India' (*Live Law*, 14 March 2026) <<https://www.livelaw.in/articles/passive-euthanasia-jurisprudence-526423>> accessed 14 March 2026

Types of Euthanasia –

Active Euthanasia: Active euthanasia consists of the direct interference in the death of a human being, often by means of medicine, like injecting a lethal dose of drugs into the body of the patient.

- Directly causes the death of the patient.
- Regarded as illegal in India and other countries around the world.
- Ethical issues arise when it comes to the doctors.

Passive Euthanasia: Passive euthanasia entails the withdrawal of any treatments, which enables the patient to die naturally.

- Includes the withdrawal of ventilators, feeding tubes, or support systems.
- Legally permitted in India, but only under certain conditions.
- More acceptable than active euthanasia, as it enables a patient to die naturally.

Example: Removal of a patient from a ventilator, as he cannot recover

Voluntary Euthanasia: This occurs when a patient knowingly and freely consents to take their own life.

- Predicated on the autonomy principle.
- May entail a living will or written consent.
- More acceptable in terms of ethics than other varieties

Non-Voluntary Euthanasia: Euthanasia that is not voluntary occurs when the patient is unable to provide consent, such as when in a coma or vegetative condition.

- Courts, physicians, or family members make the decision.
- Misuse and portrayal of the patient's intentions raise ethical concerns.

CONSTITUTIONAL FRAMEWORK: ARTICLE 21

Article 21 of the Indian Constitution states that no one shall be deprived of life or personal liberty except in accordance with legal procedures. Over time, the Supreme Court of India has broadened the scope of this Article to include not only the right to life, but also the right

to live with dignity.⁶ This comprehensive view understands that Article 21 defines life as more than just physical existence; it also involves quality of life, autonomy, and respect for human choices. The idea of dignity is crucial in this setting, particularly when it comes to circumstances involving terminal sickness or irreversible medical issues. The constitutional position under Article 21, therefore, provides the basis for considering end-of-life decisions, which involve the withdrawal or withholding of medical treatment. The balance between preserving life and respecting the dignity of the individual is a feature of end-of-life decisions.

JUDICIAL EVOLUTION

Aruna Shanbaug Case: The case of Aruna Shanbaug, also known as Aruna Ramchandra Shanbaug v Union of India,⁷ is a landmark case decided by the Supreme Court of India on April 7, 2011, by Justice Markandey Katju and Justice Gyan Sudha Misra. It was the first case on the issue of euthanasia in India, which began as a writ petition by journalist Pinki Virani to withdraw the life support system from Aruna Shanbaug, a nurse at KEM Hospital, Mumbai, who had been in a persistent vegetative state since she was brutally sexually assaulted in 1973.⁸

Background Facts: Aruna Shanbaug, who was then 25, was sodomized and assaulted with a dog chain by a hospital sweeper, Sohanlal Bhartha Walmiki, on the night of November 27, 1973. This caused her brain damage, and she went into a persistent vegetative state. She breathed independently but had minimal awareness. Her hospital staff at KEM Hospital, Mumbai, took care of her for the next 42 years, until she died of pneumonia in 2015. The case, however, drew attention to the fact that she had suffered for so many years, but the hospital staff opposed the decision of euthanasia, as she had become like their own.⁹

Key Legal Issues: The Court was called upon to decide whether 'passive euthanasia,' or the removal of life support, and 'active euthanasia,' or the injection of lethal drugs, was a violation of the right to life under Article 21, which was interpreted to mean a right to a

⁶ Constitution of India 1950, art 21

⁷ *Aruna Ramchandra Shanbaug vs Union of India and Ors* (2011) 4 SCC 454

⁸ 'Case: Aruna Shanbaug v Union of India (2011) 4 SCC 454' (*Dhyeya Law*)

<<https://www.dhyeyalaw.in/aruna-shanbaug-v-union-of-india-2011-4-scc-454>> accessed 10 March 2026

⁹ Gauri Gupta, 'Aruna Ramchandra Shanbaug vs Union of India & Others (2011)' (*iPleaders*, 13 September 2024) <<https://blog.ipleaders.in/aruna-ramchandra-shanbaug-vs-union-of-india-others-2011/>> accessed 10 March 2026

dignified death. A medical board was appointed to verify whether Aruna had met most of the criteria for a Persistent Vegetative State, but was not brain-dead, as defined by the Transplantation of Human Organs Act 1994, as she was able to react to stimuli.

Court's Judgment and Guidelines: The Supreme Court of India has rejected Aruna's plea for euthanasia, ruling that Aruna's condition was stable and did not warrant the termination of life. However, the Supreme Court has legalised 'passive euthanasia' throughout the country, subject to a medical board appointed by a High Court evaluating terminal conditions or a persistent vegetative state, giving priority to the 'best interest of the patient' through living wills and/or the consent of next of kin, subject to checks for possible abuse.¹⁰

Significance: This ruling formed the basis for India's euthanasia legislation. Subsequent cases, including *Common Cause v Union of India* (2018), followed this ruling by upholding advance directives. The ruling stressed judicial control to prevent abuse.¹¹

Common Cause v Union of India: In *Common Cause v Union of India* (2018), a landmark judgment was passed on April 9, 2018, by a five-judge Constitution Bench of the Supreme Court, led by Chief Justice Dipak Misra. In this case, an NGO named Common Cause filed a PIL under Article 32, seeking to incorporate the 'right to die with dignity' under Article 21, which is the 'right to life.' This was to legalise passive euthanasia, along with advance medical directives or 'living wills.' This case is an extension of the Aruna Shanbaug case, which sought to address the loopholes in the procedure of passive euthanasia.^{12,13}

Background Facts: In this case, the suffering of patients in a vegetative state or patients suffering from terminal illnesses was cited, stating that forcing life-sustaining treatment on such patients is a violation of their dignity. It was also cited that in the case of Aruna Shanbaug, the patient was in a vegetative state for 42 years, and passive euthanasia was allowed, but the procedure of 'living wills' was not addressed. However, the government

¹⁰ 'Aruna Shanbaug v. Union of India' (*GK Today*) <<https://www.gktoday.in/aruna-shanbaug-v-union-of-india/>> accessed 10 March 2026

¹¹ 'Aruna Ramachandra Shanbaug v. Union of India (2011) 4 SCC 454' (*Pahuja Law Academy*) <<https://www.pahujalawacademy.com/aruna-ramachandra-shanbaug-v-union-of-india-2011-4-scc-454>> accessed 10 March 2026

¹² Shraileen Kaur, 'Common Cause v Union of India : case analysis' (*iPleaders*, 23 September 2022) <<https://blog.ipleaders.in/common-cause-v-union-of-india-case-analysis/>> accessed 10 March 2026

¹³ 'Common Cause vs Union of India 2018: Judgement on Right to Die With Dignity' (*Testbook*) <<https://testbook.com/landmark-judgements/common-cause-vs-union-of-india>> accessed 10 March 2026

was against this, but the court sought to incorporate various international case laws, such as *Airedale NHS Trust v Bland*.¹⁴

Key Legal Issues: The Bench examined whether the right to die with dignity fell within the purview of Article 21, making a distinction between passive and active euthanasia, i.e., withdrawal of life support and injection, which is illegal and punishable under the Indian Penal Code. The Bench also examined the validity of living wills, procedural requirements, and the balancing act between the sanctity of life and the individual's autonomy, privacy (as in *Puttaswamy*), and dignity.¹⁵

Court's Judgment and Guidelines: The Bench, by a unanimous judgment, ruled that the 'right to die with dignity' is an intrinsic part of Article 21, not suicide, but a part of living with dignity. The Bench legalised passive euthanasia for terminally ill patients and PVS patients and validated living wills, which are:

1. Execution in the presence of two witnesses and a gazetted officer,
2. Approval of a medical board in two stages, i.e., primary and secondary, i.e., the hospital and the government board, and
3. Oversight by the high court in the absence of a living will, giving due importance to the interest of the patient. Active euthanasia and abetment of suicide (under sections 306/309 IPC).

Significance: This judgment applied the framework of *Aruna Shanbaug's* case, promoting patient autonomy while avoiding abuse through controls. It was amended in 2023 to facilitate access (e.g., notary instead of gazette officer). It affects end-of-life care, ethics, and future bioethics cases in India.

Harish Rana Case: The *Harish Rana* case (2026) marks India's first court-approved passive euthanasia, allowing withdrawal of life support for a man in a permanent vegetative state

¹⁴ Vandna Singh, 'Common Cause v Union of India' (*Naya Legal*) <<https://www.nayalegal.com/common-cause-v-union-of-india>> accessed 10 March 2026; 'Common Cause vs Union of India 2018, Right to Die with Dignity' (*Vajiram & Ravi*, 10 December 2025) <<https://vajiramandravi.com/current-affairs/common-cause-vs-union-of-india/>> accessed 10 March 2026

¹⁵ 'Common Cause (A Regd. Society) vs Union of India (UOI) and Ors.' (*Manupatra Academy*) <http://www.manupatracademy.com/LegalPost/MANU_SC_0232_2018> accessed 10 March 2026

for 13 years. This Supreme Court ruling builds on prior precedents affirming the right to die with dignity under Article 21 of the Constitution.¹⁶

Case Background: Harish Rana, a 19-year-old student from Chandigarh, suffered catastrophic brain injuries and 100% quadriplegia after falling from a fourth-floor balcony in August 2013. He remained in a permanent vegetative state (PVS), sustained only by clinically assisted nutrition and hydration (CANH) via PEG tubes, showing no awareness or recovery signs over 13 years. His parents, facing emotional, financial, and physical exhaustion after selling their home for care costs, petitioned courts; the Delhi High Court rejected their plea in 2024, leading to a Supreme Court appeal.¹⁷

Supreme Court Ruling: A bench of Justices J.B. Pardiwala and K.V. Vishwanathan permitted passive euthanasia on April 11, 2026, directing transfer to AIIMS Delhi's palliative care for humane withdrawal of CANH without the usual 30-day cooling-off period. The Court classified CANH as 'medical treatment' (not basic care), allowable for withdrawal if futile, based on unanimous primary and secondary medical boards confirming irreversible damage and no recovery prospects. It emphasised pain management to preserve dignity, rejecting any notion of family abandonment.¹⁸

Constitutional Analysis: The judgment roots in Article 21's 'right to life,' expansively interpreted to include the 'right to die with dignity,' preventing forced prolongation of meaningless existence. Exercising parens patriae jurisdiction, the Court acted as guardian for the incompetent patient, balancing sanctity of life against individual autonomy and the futility of intervention. This aligns with precedents like *Common Cause v Union of India* (2018), validating living wills and passive euthanasia guidelines.

Legal Precedents: Aruna Shanbaug (2011): First permitted passive euthanasia under safeguards for PVS patients.

¹⁶ 'SC Allows 1st Passive Euthanasia in Harish Rana Case' (*Drishti IAS*, 13 March 2026)

<<https://www.drishtiiias.com/daily-updates/daily-news-analysis/sc-allows-1st-passive-euthanasia-in-harish-rana-case>> accessed 13 March 2026

¹⁷ 'Supreme Court Allows Passive Euthanasia in Harish Rana Case' (*Sanskriti IAS*)

<<https://www.sanskritiiias.com/current-affairs/supreme-court-allows-passive-euthanasia-in-harish-rana-case>> accessed 12 March 2026

¹⁸ Manickavalli, 'Harish Rana vs UOI 2026, Passive Euthanasia & Right to Die with Dignity' (*Testbook*)

<<https://testbook.com/news/sc-permits-passive-euthanasia-harish-rana-case/>> accessed 12 March 2026

Common Cause (2018): Legally recognised right to dignified death, distinguishing passive (allowed) from active euthanasia (prohibited under BNS Sections 100/101).

The Harish Rana ruling operationalises these via streamlined two-tier medical boards and judicial magistrate oversight, urging nationwide panels and comprehensive legislation.

Broader Implications: The decision shields doctors from liability if procedures are followed, shifts focus to palliative care, and highlights the need for better end-of-life infrastructure like nationwide pain relief under Ayushman Bharat. It warns against misuse influenced by finances or vulnerability, advocating living will awareness and state support to prevent 'slippery slope' concerns. Overall, it advances compassionate jurisprudence while reinforcing strict safeguards.

LIVING WILL OR ADVANCE DIRECTIVES

A living will, or Advance Medical Directive (AMD), is a legal document in India where a competent adult may express his or her wishes for medical treatment if he or she becomes terminally ill or goes into a persistent vegetative state (PVS), thus allowing passive euthanasia. It follows from the judgment in *Common Cause v Union of India* (2018), which was simplified in 2023, protecting the right to die with dignity under Article 21 of the Constitution while providing safeguards.¹⁹

Eligibility: To create a living will, you must be at least 18 years old and of sound mind. Mental soundness must be established during its execution.²⁰

Step-by-Step Process:

Draft the Document: Mention your wishes for treatments like ventilation, CPR, or nutrition in situations like terminal illness or PVS, along with revocation of rights. Designate a guardian, preferably from your family, to act on your behalf.

Sign with Witnesses: Affix hand signs in front of two independent witnesses, who are not beneficiaries.

¹⁹ 'The Legal Framework Of Living Wills In India' (*Yellow Will*, 09 December 2024)

<<https://www.getyellow.in/resources/the-legal-framework-of-living-wills-in-india>> accessed 10 March 2026

²⁰ 'Living Will / Advance Directives/ Advance Medical Directive (AMD)' (*Yellow Will*)

<<https://www.getyellow.in/living-will-advance-directives>> accessed 10 March 2026

Notarization: Get the document verified from a Notary Public/Gazetted Officer, who checks if the document was executed voluntarily without any coercion. (In 2023, the need to get it verified from a Judicial Magistrate was made optional.)

Notify and Register: Intimate your chosen guardian, family doctor, family members, and submit a copy to the custodian appointed by the municipal corporation. The document may be stored digitally as well.

Key Contents:

- Personal information, such as name, age, and address.
- Triggering conditions, like irreversible comas or PVS.
- Specific refusals, like no life support.
- Nomination of guardians and organ donation. Templates can be found online from trusted sources.²¹

Execution and Updates: Two medical boards are involved: the primary hospital and the second board of experts. Family consent required if there is no will. It can be revoked at any time with a new notarised document. In 2023, there were clarifications, making it easier, as seen in Harish Rana's case in 2026. It is advisable to consult a lawyer for personalisation.

CHALLENGES AND CONCERNS

Though the concept of passive euthanasia has been gradually accepted in India, the practice still faces several legal, ethical, social, and practical challenges and concerns, which again point to the complexities involved in the right to die with dignity.

Risk of Misuse and Coercion: One of the biggest challenges and concerns in the practice of passive euthanasia is the potential misuse and coercion involved in it. India is a country where socio-economic disparities exist, and in such a society, the chances of the family pressuring the patients into opting for passive euthanasia cannot be ruled out.

Lack of Awareness about Living Wills: Though the concept of Living Wills has been legally recognised, the reality is that people in India are not aware of the concept and the legal

²¹ 'Creating a Living Will in India: Your Step-by-Step Guide' (EZIT Club) <<https://ezit.club/creating-a-living-will-in-india-your-step-by-step-guide/>> accessed 12 March 2026

provision permitting them to express their wishes regarding the mode of treatment in the future. This again reduces the effectiveness of the concept.

Procedural Complexity: The process of implementing passive euthanasia is a complex and involved one, requiring several steps and formalities. It is possible that this may deter individuals from opting for a legal and permissible option.

Ethical Dilemmas for Medical Professionals: Doctors face a moral and professional dilemma when they get involved in the practice of passive euthanasia. On the one hand, they have a responsibility to save lives, but on the other, they have to balance this responsibility by giving due respect to the autonomy of the individual and alleviating their suffering. Such a conflict of medical ethics and legal authority may lead to a state of confusion and indecision for medical professionals.

Emotional and Psychological Burden on Families: The decision to withdraw life support from a member of the family is highly difficult and emotional. Families may go through a state of guilt and emotional stress even if they decide in the best interest of the patient.

Absence of Comprehensive Legislation: Currently, passive euthanasia in India is regulated primarily through guidelines issued by the Supreme Court of India. There is a lack of comprehensive legislation on the subject.

Cultural and Religious Sensitivities: India is a culturally and religiously sensitive country with a high regard for the sanctity of life. Indian culture and religion have a high regard for life and consider euthanasia to be immoral. This has resulted in a degree of reluctance in embracing the concept of euthanasia.

Lack of Medical Infrastructure and Uniformity: There is a lack of uniform medical facilities in India. Not all medical facilities in India have the required infrastructure to carry out the procedures as outlined in the guidelines on passive euthanasia.

Difficulty in Determining the Patient's Best Interest: In cases where the patient is not in a position to express their wishes, it is difficult to determine what is in the patient's best interest. There may be conflicts between the family, doctors, and the law on what is best.

NEED FOR LEGISLATIVE FRAMEWORK

While the concept of passive euthanasia has been recognised in India through various judicial pronouncements, the lack of a comprehensive statutory framework on the subject continues to be a major concern. At present, the legal position on the subject can be determined based on the guidelines framed by the Supreme Court of India. However, the guidelines framed by the Supreme Court, while being progressive, cannot be seen as a substitute for a detailed and comprehensive legislation on the subject.

The major reason for the need for legislation on the subject arises from the lack of uniformity in the procedures followed. While the guidelines framed by the Supreme Court, though being of great authority, can be interpreted in different ways by hospitals, medical professionals, and local authorities, a detailed and comprehensive legislation would ensure the laying down of uniform procedures for the decision-making, documentation, and execution of the concept of passive euthanasia.

Another significant factor is the safeguarding of patients and vulnerable groups. Without a statutory framework, there is a possibility of abuse, coercion, or undue influence, especially in cases where patients are elderly or economically dependent. The law can include strict checks and balances, such as review boards, consent checks, and accountability, to prevent abuse.

Legislation is also necessary for the provision of legal clarity and protection for medical professionals. Doctors are often faced with ethical dilemmas and are afraid of facing litigation in cases where they are involved in end-of-life decisions. A statutory law will help define their roles, responsibilities, and limitations, enabling them to act in the best interests of their patients without any fear of litigation.

In addition, it is important to note that there is a need for appropriate procedural support for the implementation of Living Wills and advance directives. The courts have validated Living Wills and advance directives, but their implementation is limited by a lack of awareness and the absence of a simple mechanism. Legislation can facilitate the process, making it accessible and effective for the public at large.

Another important factor is the need to address ethical issues with reference to legal control. Euthanasia is a sensitive issue from a moral and cultural point of view. A well-constructed law can address ethical issues by taking into consideration societal values. The law can address religious and cultural differences in Indian society.

Additionally, a statutory framework would enhance transparency and accountability in the process of passive euthanasia. Clear reporting requirements, documentation, and oversight mechanisms would ensure that decisions are made in a fair and unbiased manner, minimising the chances of abuse.

Finally, legislation would align India with global legal developments, where several countries have enacted detailed laws governing euthanasia and end-of-life care. While India may adopt a more cautious approach, a codified law would provide a structured and reliable system rather than relying solely on judicial interpretation.

CONCLUSION

The evolution of passive euthanasia in India is a classic example of a careful and gradual evolution of laws to address the complexities of ethical and humanitarian issues. From the initial judicial dilemma to the establishment of the right to die with dignity, it is a remarkable evolution of laws that has gradually moved towards a consideration of compassion, autonomy, and dignity. Some of the landmark developments, with the Supreme Court of India at the helm, have ensured that no person is forced to live with pain and suffering when there is no hope of recovery.

But with the establishment of a right, there are also a number of duties and obligations. The biggest challenge is to ensure that passive euthanasia is practised with several restrictions, transparency, and sensitivity so that it does not turn into a wrong. The need for a comprehensive legal framework, awareness, and ethical considerations remains a necessity for the effective implementation of a right.

Ultimately, the debate over passive euthanasia is not a question of preferring death to life, but of acknowledging that dignity must be upheld in every phase of human existence, even in its dying moments. A compassionate legal system should attempt to strike a balance

between the sacredness of human life and the pain of human suffering, to ensure that the law remains just and compassionate.

“To live is a right, but to live with dignity is a greater right, and when dignity fades, the law must not stand in the way of a peaceful end.”