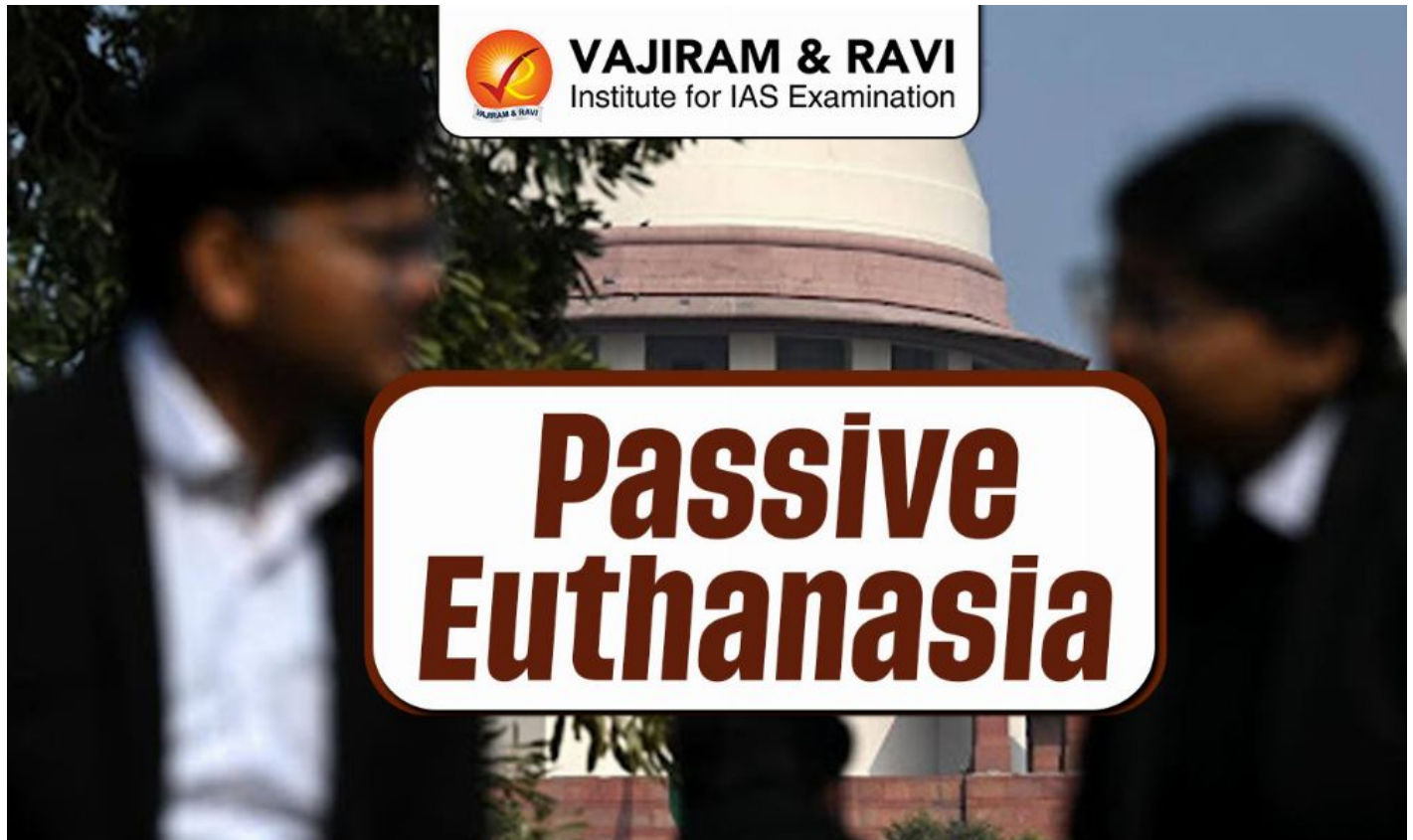


Passive Euthanasia and the Right to Die with Dignity

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Passive Euthanasia Latest News

- Recently, the Supreme Court of India permitted the withdrawal of life support for Harish Rana, a 32-year-old patient who had remained in a persistent vegetative state for nearly 13 years after an accident.
- The Bench comprising Justice J.B. Pardiwala and Justice K.V. Viswanathan ruled that continuing treatment was futile and not in the patient's best interest.
- The judgment reaffirmed that the right to life under **Article 21** of the Constitution includes the right to die with dignity, marking India's **first** judicial approval of passive euthanasia in such a case.

What is Passive Euthanasia?

- Euthanasia is the intentional, painless termination of a patient's life—often called “mercy killing”—to end severe, incurable suffering. Traditionally, it has been classified into two forms –
 - **Active** [Illegal in India, it involves direct intervention to cause death (e.g., administering a lethal injection)].

- **Passive** (Involves withdrawing or withholding life-sustaining treatment, such as ventilators or artificial nutrition).
- **SC's clarification:**
 - The Court clarified that the earlier "act vs omission" distinction is simplistic and misleading.
 - Active euthanasia introduces a new external agent of harm, while withdrawal of life support merely removes an artificial barrier to death, allowing the natural course of life to conclude.
 - Thus, withdrawing life-sustaining treatment does not create a new risk of death but allows the inevitable to occur.
 - The Court also observed that the term "passive euthanasia" is **outdated** and should instead be referred to as "withdrawing or withholding medical treatment."

Right to Die with Dignity under Article 21

- The Court reaffirmed that **Article 21** (Right to Life) encompasses the right to die with dignity, especially in cases involving **irreversible medical conditions**.
- **Key observations:**
 - Preserving life cannot justify prolonged suffering through artificial medical intervention.
 - For patients who are brain-dead or in a persistent vegetative state, continued life support may **violate dignity**.
 - Technological advancements in medicine should not compel patients to endure prolonged suffering.
- The Court emphasised that human dignity extends beyond mere biological survival.

The 'Best Interests' Test

- The judgment relied on the common law principle that medical treatment requires justification, since it involves bodily intrusion.
- **Meaning of the test:** The 'best interests' inquiry evaluates whether continuing medical treatment benefits the patient, not whether it is better for the patient to die.
- **Key features:**
 - Strong presumption in favour of preserving life.
 - However, this presumption is **not absolute**.
 - It may be overridden if treatment is medically futile, artificially prolongs suffering, and provides no prospect of recovery.
- **Factors considered:**
 - Medical considerations (prognosis, reversibility of condition).
 - Non-medical considerations (dignity, quality of life, family views).

Evolution of the 'Right to Die' Jurisprudence in India

- **Gian Kaur v. State of Punjab Case (1996):**
 - The Court held that the right to live with dignity includes the right to die with dignity when death is imminent.

- It distinguished between an attempt to suicide and abetment of suicide from “acceleration of the process of natural death”.
- **Law Commission of India’s recommendations:**
 - Recommended that withdrawal of treatment for terminally ill patients should not attract criminal liability. [196th Report (2006)]
 - Reiterated the need for a legal framework. [241st Report (2012)]
- **Aruna Shanbaug Case (2011):**
 - The SC permitted passive euthanasia under **strict guidelines** due to the absence of legislation.
 - The case highlighted the **ethical dilemma** of life-support continuation in irreversible conditions.
- **Common Cause v. Union of India Case (2018):** The Constitution Bench –
 - Recognised Advance Medical Directives (Living Wills).
 - Laid down procedures for withdrawal of life support.
 - Required medical boards and judicial oversight.
- **Recent developments:**
 - **2023:** Supreme Court simplified procedures for Advance Medical Directives (AMDs).
 - **2024:** Government released guidelines on withdrawal of life support for consultation.

Challenges and Concerns

- **Absence of a comprehensive law:** Despite judicial guidelines, India still lacks a statutory framework governing end-of-life decisions.
- **Ethical and moral dilemmas:** Balancing sanctity of life vs dignity of death remains controversial.
- **Risk of misuse:** Concerns exist about coercion by families or medical negligence.
- **Procedural complexity:** Implementation of medical boards and legal safeguards may delay decisions.
- **Limited awareness:** Low public awareness about living wills and AMDs.

Way Forward

- **Enact a comprehensive end-of-life care law:** Parliament should legislate on withdrawal of medical treatment and living wills.
- **Strengthen safeguards:** Mandatory multi-disciplinary medical boards, transparent documentation.
- **Promote AMDs:** Encourage citizens to prepare living wills to guide medical decisions.
- **Improve palliative care:** Expand palliative and hospice care services to ensure dignified end-of-life care.
- **Ethical guidelines for hospitals:** Clear medical ethics protocols should guide doctors in terminal care decisions.

Conclusion

- The SC’s ruling marks an important step in aligning medical ethics with constitutional values of **dignity and autonomy**.

- By recognising that the right to life includes the right to die with dignity, the Court has clarified the **legal status** of withdrawing life support in cases of irreversible medical conditions.
- However, there is the urgent need for Parliament to enact a law governing end-of-life care, living wills, and withdrawal of treatment, ensuring both human dignity and protection against misuse.

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