



MAINS iMPACT 2025

09-10-2025

EUTHANASIA IN INDIA

SYLLABUS:

GS 2 > Polity

REFERENCE NEWS:

The **U.K. House of Commons** recently passed the **Terminally Ill Adults (End of Life) Bill**, allowing physician-assisted dying for mentally competent adults with less than six months to live, sparking renewed global debate on euthanasia.

RIGHT TO DIE WITH DIGNITY IN INDIA

The **right to die with dignity** is recognized as an integral part of the **right to life under Article 21** of the Indian Constitution. This right was explicitly upheld by the **Supreme Court in the landmark case Common Cause vs Union of India (2018)**, which affirmed that the right to live with dignity also includes the right to die with dignity.

- **India permits only passive euthanasia** the withdrawal of life-sustaining treatment as recognised by the **Supreme Court under Article 21 (right to life with dignity)**. However, **active euthanasia remains prohibited**, given India's ethical, cultural, and institutional realities.
- **Euthanasia** refers to the deliberate act of ending a person's life to relieve them from incurable suffering or a terminal illness. It is derived from the Greek words 'eu' (*good*) and 'thanatos' (*death*) meaning "good death" or "death with dignity."
- **Aruna Ramchandra Shanbaug vs Union of India:** Landmark judgment where the Supreme Court **legalised passive euthanasia** in exceptional circumstances. Set strict procedural safeguards High Court approval and certification by medical boards. Rejected active euthanasia as unconstitutional.
- **Common Cause vs Union of India (2018):** Constitution Bench recognised **Right to Die with Dignity** as part of **Article 21 (Right to Life)**. Legalised **Living Wills (Advance Directives)**, allowing individuals to state end-of-life medical preferences. Simplified passive euthanasia, requiring approval by medical boards instead of courts.
- **Supreme Court (2023 Modifications):** Further eased procedures for passive euthanasia. Allowed patients or families to approach hospital medical boards directly, removing earlier cumbersome layers. Recognised practical barriers in implementing 2018 guidelines.
- **Active Euthanasia, Still Prohibited:** Any act that intentionally causes death remains punishable under **Section 302 (Murder)** or **Section 304 (Culpable Homicide)** of the Indian Penal Code.
- **Doctrine of Informed Consent:** Allows patients autonomy in deciding medical treatment.

- **Medical Ethics:** Aligns with non-maleficence, not prolonging suffering unnecessarily.
- **Current Framework for Passive Euthanasia in India:** Under the **2018 and 2023 guidelines**, the process includes:
 - A **Living Will** or family request.
 - Verification by **Primary and Secondary Medical Boards** of the hospital.
 - Documentation and consent procedures.
 - Withdrawal of treatment upon medical board recommendation.
- The **Ministry of Health and Family Welfare's 2023 Draft Guidelines** aim to make the process faster and more humane, integrating digital registration and monitoring mechanisms.

ARGUMENTS IN SUPPORT OF EUTHANASIA IN INDIA:

- **Right to Die with Dignity under Article 21:** The **Supreme Court in Common Cause v. Union of India (2018)** recognised the “**Right to Die with Dignity**” as a component of the **Right to Life (Article 21)**. The Court held that a person should not be forced to endure prolonged suffering due to medical intervention when recovery is impossible.
- **Relief from Prolonged and Unbearable Suffering:** Many terminally ill patients (especially with cancer or neurodegenerative diseases) experience excruciating pain that cannot be fully managed through palliative care. **Euthanasia provides a humane and compassionate option** to end such suffering.
 - In countries where euthanasia is legal (e.g., the Netherlands, Belgium, and Canada), **over 60% of assisted dying cases involve advanced cancer patients** with intractable pain.
 - In India, limited access to opioids and pain management exacerbates suffering **only 4% of patients needing palliative care receive it** (WHO, 2023).
- **Respect for Patient Autonomy and Informed Choice:** Legalising euthanasia respects the **autonomy and self-determination** of mentally competent adults to make decisions about their bodies and lives. This aligns with global bioethical principles **autonomy, beneficence, non-maleficence, and justice**.
 - The **UK's Terminally Ill Adults (End of Life) Bill (2025)** emphasises informed consent and mental capacity checks for assisted dying, which India can emulate.
- **Reduction of Futile Medical Treatment and Economic Burden:** Continuing aggressive medical interventions for terminally ill patients often leads to “**futile treatment**” — extending suffering without real hope of recovery. **Euthanasia prevents the physical, emotional, and financial strain** on patients and families.
 - Studies by the Indian Journal of Medical Ethics note that families spend **up to 70% of lifetime savings** on prolonged intensive care for terminal cases. Passive euthanasia (as upheld in *Aruna Shanbaug, 2011*) enables discontinuation of such futile medical support ethically.
- **Promotes Transparency and Accountability in End-of-Life Decisions:** Currently, many end-of-life decisions (like withdrawal of life support) occur **informally and without legal protection**, leaving doctors vulnerable to litigation. Legalising euthanasia within a **clear regulatory framework** would ensure **transparency, oversight, and ethical compliance**.
 - The **Aruna Shanbaug judgment (2011)** established the requirement for medical board and court oversight, setting ethical precedents.
- **Encourages Better Palliative and Hospice Care Frameworks:** Legal discussions around euthanasia often lead to **expansion of palliative care networks and end-of-life counselling services**.
 - In the **Netherlands and Belgium**, legalising euthanasia resulted in greater investment in hospice and palliative facilities.

- India can use similar legislative momentum to improve palliative care access currently reaching only **4% of the 7–10 million** Indians who need it annually (Indian Association of Palliative Care, 2024).
- **Ethical Consistency with Compassionate Healthcare:** The **medical principle of “non-maleficence” (do no harm)** can also mean **not prolonging suffering** when treatment serves no purpose. Euthanasia aligns with **compassionate care**, focusing on alleviating suffering rather than prolonging life at any cost.
 - WHO and the Indian Council of Medical Research (ICMR) advocate for patient-centric care models where dignity and comfort are prioritised over futile medical heroics.
- **Global Precedents and Lessons for India:** Several nations **Netherlands (2002), Belgium (2002), Canada (2016), New Zealand (2021)**, have successfully legalised assisted dying with **strong safeguards** and **strict oversight mechanisms**. These models demonstrate that **misuse can be prevented through multi-tier verification, counselling, and medical certification**.

ARGUMENTS AGAINST EUTHANASIA IN INDIA:

- **Sanctity of Life and Ethical Concerns:** Indian philosophy and most religions **view life as sacred and believe only the divine has the right to end it**. Euthanasia, particularly active euthanasia, is seen as **morally equivalent to taking life**, violating the duty to preserve it.
 - The Supreme Court in **Gian Kaur v. State of Punjab (1996)** held that the “Right to Life” under **Article 21** does **not include the right to die**, reaffirming that **life must be protected, not terminated**.
 - Ethical codes like the **Indian Medical Council Regulations (2002)** prohibit doctors from participating in actions that “intentionally terminate life.”
- **Risk of Abuse and Coercion of Vulnerable Groups:** In a country with vast socio-economic disparities, **poor, elderly, disabled, or dependent individuals** could be **pressured subtly or directly to opt for euthanasia**. **Financial stress, lack of caregivers, or family disputes** may lead to coercive or exploitative decisions masked as “voluntary.”
 - Studies by the **Centre for Policy Research (2023)** show that **over 60% of elderly Indians face neglect or financial dependency**, making them susceptible to pressure.
- **Inadequate Healthcare and Palliative Care Infrastructure:** India’s **palliative care access is among the lowest globally** only **4% of the 7–10 million** people needing end-of-life care receive it (WHO, 2023). Legalising euthanasia in such a context may **shift focus from improving palliative and hospice care** to ending life prematurely.
 - In states like Kerala, where palliative networks are stronger, demand for euthanasia is significantly lower, demonstrating that **better care reduces the desire for death**. The **Indian Association of Palliative Care (2024)** notes that only 2% of medical colleges have a palliative medicine department.
- **Difficulty in Assessing Genuine Consent and Mental Capacity:** Determining whether a terminally ill patient **genuinely wishes to die** or is suffering from **depression, despair, or family pressure** is complex. India lacks enough **trained psychiatrists** (only about 0.75 per lakh population) to assess decision-making capacity in such cases.
 - WHO and ICMR guidelines highlight that **mental competence and coercion detection** require specialised, time-sensitive psychiatric evaluation—rarely available in rural hospitals. A 2021 AIIMS Ethics Committee report cautioned that **emotional distress or temporary depression** can lead patients to request euthanasia impulsively.

- **Legal Ambiguity and Risk of Misuse: Active euthanasia remains punishable** under the **Bharatiya Nyaya Sanhita (BNS) Sections 100 & 101** (culpable homicide and murder) and **Section 108** (abetment of suicide). Without clear legislative backing, even passive euthanasia could **expose doctors to criminal liability or ethical scrutiny**
 - The **Law Commission's 241st Report (2012)** warned that premature or unregulated euthanasia could lead to “abuse of vulnerable patients in the guise of compassion.”
- **Procedural Complexity and Judicial Delays:** Even passive euthanasia in India involves **multiple medical boards, documentation, and oversight**, making it **inaccessible in emergencies**. These procedures often delay decisions, forcing families to act informally, undermining legality and transparency.
- **Public Unawareness and Cultural Stigma:** Public understanding of euthanasia, living wills, and end-of-life rights remains low. Surveys conducted in **Kerala and Maharashtra (2022–23)** show **less than 40%** of respondents supported voluntary euthanasia, citing fear of misuse or moral conflict.
- **Fear of Slippery Slope and Medical Ethics Dilution:** Legalising euthanasia may set a precedent for expanding its use beyond terminal cases to **chronic illness, mental distress, or social suffering**, as seen in some Western countries. This “**slippery slope**” could erode public trust in medical professionals and distort their role as healers.
 - In Belgium, euthanasia cases for non-terminal conditions (like depression or autism) have increased over the years, raising global ethical concerns. The Indian Medical Association warns that similar trends in India could “irreversibly damage the sanctity of the doctor-patient relationship.”

WAY FORWARD:

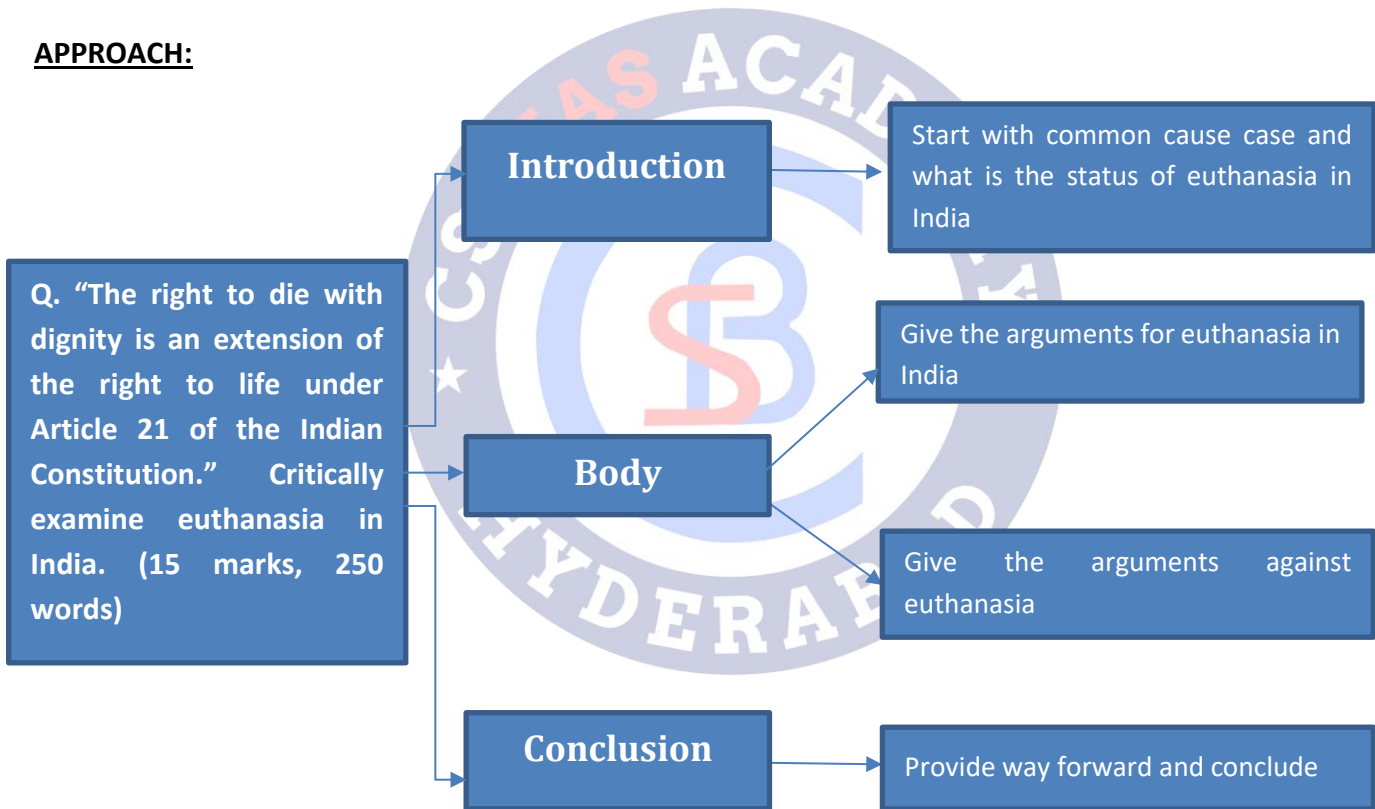
- **Enact a Comprehensive Euthanasia and End-of-Life Care Law:** The **Supreme Court (Common Cause v. Union of India, 2018)** recognised the *right to die with dignity* but also urged **Parliament to enact clear legislation**. India should pass a **comprehensive Euthanasia and Advance Directive Act**, defining:
 - Clear distinctions between *active* and *passive* euthanasia,
 - Procedures for living wills,
 - Roles and responsibilities of doctors and families,
 - Legal immunity for ethical medical decisions.
 - The Netherlands' Euthanasia Act (2002) and Canada's MAID Law (2016) provide models for balancing compassion with regulation.
- **Simplify Passive Euthanasia Procedures:** The **Supreme Court's 2023 guidelines** removed the magistrate's attestation requirement for living wills a positive step but further simplification is needed:
 - Create **standardised digital templates** for advance directives.
 - Integrate these directives into the **National Health Digital Record (NHDR)** for accessibility across hospitals.
- **Expand and Institutionalise Palliative and Hospice Care:** Strengthening **palliative care** will reduce the demand for euthanasia arising from unmanaged pain and suffering. Allocate funds under the **Ayushman Bharat Health Infrastructure Mission** to build pain management centres and hospices.
- **Establish Multidisciplinary Hospital Ethics Committees:** Create **institutional ethics panels** comprising senior doctors, palliative care experts, legal representatives, and social workers to review euthanasia requests. This will ensure **speed, transparency, and decentralised accountability**, reducing dependence on courts.

- The UK’s *End-of-Life Care Panel* provides ethical oversight while protecting both patients and doctors.
- **Build Digital Systems for Transparency and Oversight:** Develop a **National End-of-Life Decision Portal** where advance directives, hospital board approvals, and case outcomes can be digitally logged. Leverage **Aadhaar-linked verification** to authenticate patient identity and consent.
- **Promote Public Awareness and Ethical Literacy:** Media, civil society, and religious leaders can play key roles in **normalising end-of-life discussions**. Kerala’s “Palliative at Home” campaign increased hospice enrolment by 40% (2018–22).
- **Continuous Judicial and Parliamentary Review:** The evolving nature of ethics and medical science requires **periodic legal review** by Parliament or a **National Bioethics Commission** (as recommended by the Law Commission’s 241st Report, 2012).

PRACTICE QUESTION:

Q. “The right to die with dignity is an extension of the right to life under Article 21 of the Indian Constitution.” Critically examine euthanasia in India. (15 marks, 250 words)

APPROACH:



MODEL ANSWER:

Euthanasia—derived from the Greek words “*eu*” (*good*) and “*thanatos*” (*death*)—refers to the deliberate act of ending a person’s life to relieve incurable suffering. In India, the **Supreme Court’s judgment *Common Cause (2018)*** legally recognised *passive euthanasia* as part of the **right to die with dignity** under Article 21, while **active euthanasia remains prohibited**.

Arguments in Favour of Legalising Euthanasia

- **Right to Die with Dignity:** Recognised as part of Article 21 in *Common Cause (2018)*; autonomy over one’s body extends to end-of-life decisions.

- **Relief from Unbearable Suffering:** Over **7–10 million Indians** need palliative care annually, yet **only 4% receive it (WHO, 2023)**. Euthanasia can end intractable suffering.
- **Prevention of Futile Treatment:** Families spend up to **70% of lifetime savings** on terminal care (Indian Journal of Medical Ethics), often prolonging agony.
- **Transparency and Accountability:** Legal recognition can protect doctors and ensure regulated, humane decision-making.
- **Ethical Compassion:** Aligns with medical principles of *non-maleficence*—avoiding unnecessary harm.
- **Global Lessons:** Countries like the **Netherlands, Belgium, and Canada** regulate euthanasia under multi-tier medical oversight and consent safeguards.

Arguments Against Euthanasia in India

- **Sanctity of Life:** Indian culture and religions regard life as divine and inviolable. *Gian Kaur v. State of Punjab (1996)* held that “Right to Life” does not include the right to die.
- **Risk of Abuse:** Over **60% of elderly Indians** face financial dependency (CPR, 2023), making them vulnerable to coercion.
- **Poor Healthcare Infrastructure:** With weak hospice networks, euthanasia could substitute for inadequate palliative care.
- **Mental Capacity Dilemmas:** India has only **0.75 psychiatrists per lakh population**, making competence assessments unreliable.
- **Legal Ambiguity:** Doctors may face prosecution under BNS Sections 100–108 without explicit legislation.
- **Fear of Slippery Slope:** Experiences from Belgium show euthanasia extended to non-terminal conditions like depression, raising ethical alarms.

Way Forward

- **Enact a Comprehensive Euthanasia and End-of-Life Care Law:** Define procedures, safeguards, and protections for medical practitioners. Follow global models such as **Netherlands’ Euthanasia Act (2002)** and **Canada’s MAID Law (2016)**.
- **Simplify Passive Euthanasia Procedures:** Create digital templates for living wills integrated with **National Health Digital Records (NHDR)**.
- **Expand Palliative and Hospice Care:** Allocate funds under **Ayushman Bharat** for pain management centres and home-based hospice networks. Kerala’s “*Palliative at Home*” model (40% rise in enrolment, 2018–22) is a replicable success.
- **Establish Multidisciplinary Ethics Committees:** Include doctors, legal experts, and social workers to assess requests within 48 hours.
- **Build Digital Oversight Systems:** Create a **National End-of-Life Decision Portal** for case tracking and transparency.

- **Promote Awareness and Ethical Literacy:** Conduct public campaigns on living wills, end-of-life care, and legal rights.
- **Periodic Legal Review:** A **National Bioethics Commission**, as recommended by the **Law Commission (241st Report, 2012)**, can ensure continuous judicial and policy oversight.

India stands at a moral and legal crossroads balancing **autonomy, dignity, and ethical responsibility**. The recognition of *passive euthanasia* is a progressive step, yet its cumbersome procedures dilute its humane intent. The path forward lies not in hastening death but in ensuring that **death itself is dignified, deliberate, and devoid of suffering**.

