Right to Life, and Euthanasia under the Indian Constitution

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***Abstract*—Life is a concept that goes far beyond mere biological survival such as breathing or heartbeat. It includes dignity, consciousness, autonomy, emotional well-being, and the ability to live meaningfully. The Constitution of India protects life through Article 21 — the Right to Life and Personal Liberty — which has been judicially interpreted to include not only the right to live with dignity but also, in certain circumstances, the right to die with dignity. With advances in medical science, situations have arisen where life can be artificially prolonged even when recovery is impossible, resulting in prolonged pain for patients and emotional suffering for families.**

This paper examines the meaning of life from philosophical, medical, and legal perspectives and analyses whether biological existence alone constitutes living. It explores coma, vegetative states, disability, and conditions such as hydrocephalus, highlighting the suffering of patients and caregivers. The paper explains euthanasia, distinguishing between active and passive forms, and discusses the Indian legal position through landmark Supreme Court judgments. Ethical, social, and familial concerns are also examined. Through case studies and recent legal developments, the paper argues that dignity must remain central to both life and death under Article 21.

Recent judicial developments have further strengthened the constitutional understanding of dignity at the end of life. In 2026, the Supreme Court permitted the withdrawal of life-sustaining medical treatment for a patient who had remained in a persistent vegetative state for more than thirteen years. The Court emphasised that the right to die with dignity is inseparable from the right to live with dignity under Article 21 and clarified that withdrawal of futile medical treatment is not an act of killing but an act of allowing natural death with compassion.

I. Introduction

Life has always been regarded as sacred, but its meaning has evolved with time. Traditionally, life was understood as the presence of breath and heartbeat. However, modern medicine has complicated this understanding by enabling the artificial maintenance of bodily functions even when consciousness, awareness, and the possibility of recovery are absent. This raises serious questions: Is breathing alone sufficient to call a person alive? Is mere biological survival equivalent to living a life of dignity?

The Indian Constitution guarantees the Right to Life and Personal Liberty under Article 21. Although the Constitution does not explicitly mention death or euthanasia, judicial interpretation has expanded Article 21 to include the right to live with dignity and, at the end of life, the right to die with dignity. These interpretations are especially relevant for individuals suffering from irreversible medical conditions and for families who witness daily pain with no hope of improvement.

The constitutional debate surrounding euthanasia continues to evolve. In 2026, the Supreme Court delivered a significant judgment permitting the withdrawal of life-sustaining treatment for a patient who had remained

in a persistent vegetative state for over thirteen years. Applying the principles laid down in the earlier Common Cause judgments, the Court held that artificial medical interventions such as clinically assisted nutrition and hydration could be withdrawn when treatment becomes futile and recovery is medically impossible. The Court reiterated that such decisions must prioritise the patient's dignity, autonomy, and best interests while ensuring adequate palliative care during the withdrawal process.

In **India**, the judiciary has played a crucial role in shaping the legal framework for end-of-life decisions through landmark judgments such as **Aruna Ramchandra Shanbaug v. Union of India** and **Common Cause v. Union of India**.

This paper attempts to analyse life, death, and euthanasia through constitutional, ethical, and human lenses.

II. MEANING OF LIFE

2.1 Philosophical Meaning

Philosophically, life is associated with consciousness, self-awareness, emotions, relationships, purpose, and the ability to make choices. Thinkers have argued that life without awareness or autonomy lacks its essential meaning. Mere existence without the capacity to experience joy, pain, or relationships is often considered an incomplete form of life.

2.2 Medical Meaning

Medically, life is determined by biological indicators such as heartbeat, respiration, and brain activity. Modern medicine recognises states such as coma, brain death, and persistent vegetative state, where bodily functions may continue even though consciousness is absent. Brain death, unlike coma, is considered irreversible and legally recognised as death in India.

2.3 Legal Meaning

Legally, life is not limited to animal existence. Indian courts have consistently held that life under Article 21 means a life of dignity, worth, and quality. It includes the right to health, privacy, shelter, livelihood, and a pollution-free environment. Over time, this interpretation has expanded to include dignity at the end of life.

III. RIGHT TO LIFE UNDER ARTICLE 21

Article 21 of the Indian Constitution states that no person shall be deprived of his life or personal liberty except according to procedure established by law. Initially interpreted narrowly, Article 21 was later expanded through judicial activism.

The Supreme Court has held that the Right to Life includes:

- Right to live with human dignity
- Right to health and medical care
- Right to privacy
- Right to livelihood
- Right to die with dignity

Thus, Article 21 does not impose a duty to live a life of forced suffering. It protects meaningful life, not mere survival.

IV. IS BREATHING EQUAL TO BEING ALIVE?

Breathing is a biological function, but life under constitutional law is more than breathing. A person kept alive solely through ventilators, feeding tubes, or artificial support may be biologically alive but may lack awareness, autonomy, and dignity. Courts have recognised that forcing such existence may violate Article 21 when it causes prolonged suffering without hope of recovery.

V. COMA, VEGETATIVE STATE, DISABILITY, AND HYDROCEPHALUS

A coma is a state of deep unconsciousness where the patient cannot respond to stimuli. A persistent vegetative state involves wakefulness without awareness. Conditions such as hydrocephalus, where fluid accumulates in the brain, can cause severe disability, pain, and dependence.

Many patients live for years in such conditions, completely dependent on caregivers. Parents often care for adult children like infants, facing emotional trauma, financial strain, and social isolation. The suffering extends beyond the patient to the entire family.

VI. PAIN, DIGNITY, AND CAREGIVER SUFFERING

Pain in cases of severe illness is multidimensional. It is not limited to physical pain experienced by the patient, but extends to psychological, emotional, and existential suffering. Patients in irreversible conditions may experience discomfort, confusion, fear, and distress, while being unable to communicate their pain effectively.

From the perspective of dignity, forcing a person to exist in a state of continuous pain, total dependency, or complete loss of awareness raises serious constitutional concerns. Dignity under Article 21 implies respect for bodily integrity, personal autonomy, and freedom from degrading treatment.

Caregiver suffering is an equally critical but often ignored aspect. Parents caring for severely disabled adult children live under constant emotional pressure. Their daily lives revolve around caregiving, leaving little space for personal health, employment, or social interaction.

A humane constitutional framework must therefore recognise that dignity is relational.

VII. EUTHANASIA: MEANING AND TYPES

Euthanasia refers to the practice of intentionally ending life to relieve unbearable suffering.

7.1 Active Euthanasia

Active euthanasia involves a deliberate act to cause death, such as administering a lethal injection. This form is illegal in India.

7.2 Passive Euthanasia

Passive euthanasia involves withdrawing or withholding life-sustaining treatment, thereby allowing death to occur naturally. Indian law permits passive euthanasia under strict safeguards.

7.3 Voluntary and Non-Voluntary Euthanasia

Voluntary euthanasia occurs when a competent patient consciously expresses the wish to refuse life-prolonging treatment. Non-voluntary euthanasia applies when the patient cannot express consent.

VIII. WHEN AND IN WHAT CONDITIONS EUTHANASIA MAY BE CONSIDERED

Passive euthanasia may be considered only in exceptional circumstances.

Conditions include:

1. Terminal illness or irreversible medical condition
2. Clear medical evidence that treatment is futile
3. Patient consent or advance directive
4. Evaluation by medical boards
5. Compliance with Supreme Court guidelines

IX. SUPREME COURT JUDGMENTS ON EUTHANASIA

In **Gian Kaur v. State of Punjab**, the Supreme Court held that the right to life does not include the right to die.

In **Aruna Ramchandra Shanbaug v. Union of India**, the Court permitted passive euthanasia under strict safeguards.

The most significant development came in **Common Cause v. Union of India**, where the Court recognised the right to die with dignity and allowed living wills.

Further clarification was provided in **Common Cause v. Union of India**, simplifying procedures for passive euthanasia.

X. RECENT SUPREME COURT DEVELOPMENT (2026)

A major development in the law of euthanasia occurred in 2026 when the Supreme Court permitted the withdrawal of life-sustaining treatment for a patient who had remained in a persistent vegetative state for more than thirteen years following severe brain injury.

Medical experts concluded that the patient had no possibility of recovery and that continued treatment merely prolonged biological existence. After considering medical reports and the wishes of the family, the Court allowed the withdrawal of life-supporting treatment including clinically assisted nutrition and hydration.

The Court emphasised that the decision was not about choosing death but about preventing the artificial prolongation of life when treatment becomes futile. It reiterated that dignity must remain central to constitutional protection under Article 21 and directed that palliative care must be provided during the withdrawal process to ensure that the patient does not experience pain.

This judgment represents the practical application of the principles established in the Common Cause decisions and reflects the evolving constitutional approach to end-of-life care in India.

XI. COMPARATIVE LEGAL POSITION IN OTHER COUNTRIES

The debate surrounding euthanasia is not unique to India. Several countries have adopted different legal approaches based on their ethical values, constitutional principles, and healthcare systems. Studying these approaches helps in understanding how different jurisdictions balance the sanctity of life with individual autonomy and dignity at the end of life.

In **Netherlands**, euthanasia and physician-assisted suicide are legally permitted under the **Termination of Life on Request and Assisted Suicide Act**. The law allows doctors to perform euthanasia when a patient experiences unbearable suffering with no prospect of improvement. However, the law imposes strict safeguards, including voluntary and well-considered consent of the patient, consultation with an independent physician, and review by a regional medical committee.

Similarly, **Belgium** legalised euthanasia in 2002 through the **Belgian Act on Euthanasia**. The law allows euthanasia for patients suffering from serious and incurable conditions that cause constant and unbearable suffering. In 2014, Belgium extended the law to permit euthanasia for minors under strict conditions, including parental consent and psychological evaluation.

In **Canada**, euthanasia and assisted dying are permitted under the **Medical Assistance in Dying Act**. The legislation allows eligible patients with grievous and irremediable medical conditions to request medical assistance in dying, provided that the request is voluntary and supported by medical assessment.

In contrast, **India** follows a more cautious approach. Active euthanasia remains illegal, but passive euthanasia has been permitted under judicial safeguards following the decisions in **Aruna Ramchandra Shanbaug v. Union of India** and **Common Cause v. Union of India**. The Indian framework emphasises dignity, patient autonomy, and strict procedural safeguards to prevent misuse while respecting constitutional values under Article 21.

XII. Application of Supreme Court Guidelines in Practice

The legal safeguards for passive euthanasia laid down by the Supreme Court have also been applied in practical situations. In a recent case, the Court permitted withdrawal of life-sustaining treatment for a patient who had remained in a vegetative state for nearly thirteen years. While considering the request of the patient's family, the Court applied the safeguards established in **Common Cause v. Union of India** and earlier recognised in **Aruna Ramchandra Shanbaug v. Union of India**. The Court examined medical reports, considered the recommendations of medical boards, and ensured that the decision complied with the constitutional protection of dignity under **Article 21 of the Constitution of India**.

After reviewing the medical evidence and the patient's prolonged vegetative state, the Court concluded that continuation of life-support treatment would not improve the patient's condition and would only prolong suffering. Accordingly, the Court permitted passive euthanasia in accordance with the established legal procedure. This case illustrates how judicial guidelines are implemented in real medical situations while ensuring that strict safeguards prevent misuse.

XIII. Supreme Court Terms and Conditions for Passive Euthanasia

The Supreme Court has allowed passive euthanasia only under specific safeguards:

1. **Irreversible Medical Condition**
   Passive euthanasia may be considered only if the patient is terminally ill, in a persistent vegetative state, or suffering from an incurable condition with no reasonable chance of recovery.
2. **Advance Medical Directive (Living Will)**
   An individual may execute a living will expressing their wish that life-prolonging treatment should not be continued if recovery becomes impossible.

3. **Patient Autonomy**
   If the patient is conscious and mentally competent, the patient's decision regarding continuation or withdrawal of treatment must be respected.
4. **Family or Surrogate Decision**
   If the patient is unable to express consent and no living will exists, close family members or legal guardians may request withdrawal of treatment in the patient's best interests.
5. **Medical Board Evaluation**
   The hospital must constitute a medical board of qualified doctors to examine the patient and confirm that the condition is irreversible and that further treatment would be futile.
6. **Independent Review by a Second Medical Board**
   A second medical board must review the findings of the first board to ensure objectivity and prevent misuse.
7. **Documentation and Transparency**
   The entire process must be properly documented and communicated to the patient's family to ensure accountability.
8. **Palliative Care and Dignity**
   Even after life-support treatment is withdrawn, the patient must receive palliative care and pain management so that the end of life occurs with dignity.

XIV. Recent Euthanasia Case in India (2026)

A recent and significant case of euthanasia in India is that of Harish Rana v. Union of India. In **March 2026**, the Supreme Court of India permitted passive euthanasia for Harish Rana, a 32-year-old man who had been in a permanent vegetative state for over a decade following a severe brain injury. The Court allowed the withdrawal of life-sustaining treatment, recognizing the patient's **right to die with dignity under Article 21 of the Constitution**.

Following this landmark decision, Harish Rana passed away on **24 March 2026** at AIIMS, New Delhi, marking **India's first legally authorized passive euthanasia death**. This case has reignited ethical, legal, and medical debates on end-of-life care, patient autonomy, and the scope of euthanasia in India.

XV. CONCLUSION

Life under the Indian Constitution is not confined to mere biological existence. Article 21 protects a life of dignity, meaning, autonomy, and worth. Breathing or heartbeat alone cannot define life when consciousness and awareness are permanently lost.

Recent judicial developments have reaffirmed the constitutional commitment to dignity at the end of life. The Supreme Court's 2026 decision permitting the withdrawal of life-sustaining treatment in a long-term vegetative state demonstrates that the principles laid down in earlier judgments are now being applied in real cases.

Euthanasia, therefore, is not about choosing death over life. It is about choosing dignity over prolonged pain, compassion over mechanical survival, and humanity over helpless suffering.

A constitutional democracy committed to human dignity must respect not only the sanctity of life, but also the sanctity of a dignified death.

In light of the comparative legal developments in other jurisdictions, the continuing ethical debates surrounding euthanasia, and the policy challenges faced in implementing end-of-life decisions, it becomes clear that the issue extends beyond mere legal recognition. Countries such as **Netherlands**, **Belgium**, and

Canada demonstrate different models of regulating euthanasia, each attempting to balance compassion with safeguards against misuse. In **India**, the constitutional recognition of passive euthanasia and living wills through judicial interpretation represents a cautious but progressive step toward protecting human dignity. However, ethical concerns, cultural sensitivities, and practical healthcare limitations continue to influence the implementation of these rights. Therefore, alongside judicial recognition, greater public awareness, improved palliative care services, and clear institutional procedures are necessary to ensure that the right to die with dignity is exercised responsibly and humanely within the framework of Article 21.

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