

PASSIVE EUTHANASIA IN INDIA: A CASE ANALYSIS OF RECENT JUDICIAL DEVELOPMENTS

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ABSTRACT

Indian constitutional jurisprudence has marked a substantial change with the legal recognition of passive euthanasia. The recognition of passive euthanasia is a remarkable step in translating judicial doctrines into a real-world application, result of judicial interpretation rather than comprehensive legislation. Passive euthanasia is such a complicated issue where one of the most complex intersections of law, ethics, medicine and human rights takes place. Passive euthanasia maintains an equilibrium between the sanctity of life and dignity of death. There has been an intense debate in the constitutional history on the question whether right to life guaranteed under Article 21 of the constitution of India includes right to die with dignity. This paper evaluates the latest case of *Harish Rana v. Union of India 2026*, a case in which Supreme Court of India for the very first-time authorized withdrawal of life-sustaining treatment for a patient in a permanent vegetative state and further expanded the scope of passive euthanasia. This case represents the first practical enforcement of the right to die with dignity under Article 21 of the constitution of India. The researcher adopts a doctrinal methodology to analyze the fundamental constitutional principles, judicial interpretation, and effect of the decision, arguing that it strengthens the right to die with dignity while emphasizing on the necessity of comprehensive legislation.

Key words: Euthanasia, Passive euthanasia, Article 21, Persistent vegetative state, Right to die with dignity, Living will, Brain death, Constitutional law

INTRODUCTION

The contemporary legal and ethical discourse witnessed one of the most debated issues of euthanasia. The debate revolves around the interpretation of the right to life under Article 21 of the constitution. The fundamental question is whether the right to life includes the right to die with dignity. In context of euthanasia, there is a tension between two views; prolongation of life and right to die with dignity is a matter of fact. With the gradual judicial developments, legal recognition has been given to passive euthanasia under strict conditions, thereby prohibiting active euthanasia at the same time despite being a branch of the same tree. Despite judicial developments, the concept of euthanasia remains a sensitive and argumentative issue.

The medical advancement has visibly raised the longevity of individuals; medical facility has not only prolonged human life by extending life span at one hand but on the other hand this advancement has also deteriorated the quality of life of individuals (patients) whose survival is linked to the life-support system, if withdrawn it will result in immediate death. In such situation, euthanasia emerges into relevance when there is no scope of recovery as it involves deliberately ending a person's life to mitigate pain and suffering. If not misused, the concept is a divine concept to release body and mind struggling with terminal illness. The difficulty lies in maintaining a balance between respect of individual decision and securing appropriate protections against abuse.

MEANING, CONCEPT AND TYPES OF EUTHANASIA

The concept of euthanasia has a long and complex history that highlights changing philosophical reasoning, religious doctrines, legal outlook, and medical ethics towards life and death. The word euthanasia is a combination of two Greek words; eu and thanatos which literally means "good death". Euthanasia, commonly understood as "mercy killing" is a concept of "painless death". Mercy killing is meaningful when life become meaningless and purposeless. The early 17th century marked the popularity of the word euthanasia; the word was introduced by an English philosopher whose name was Sir Francis Bacon who believed in easing physical pain and suffering even by shortening life of those struggling with untreatable sickness unto death.

Black's Law Dictionary defines euthanasia as an act of killing or putting end to a life of a person who suffers from an irreversible disease or a condition especially a painful one for reasons of mercy. The concept is mainly associated with people suffering terminal illness, or who have become bed-ridden and don't want to carry their life with such incurable physical sufferings along with mental trauma and incapability.

There are basically five types of euthanasia categorized into the following: active, passive, voluntary, non-voluntary, and involuntary euthanasia. The first, second type is based on method and the third, fourth, as well as the fifth type is based on consent. Firstly, Active euthanasia involves an intentional act of causing death by administering a lethal injection. This is treated as an offence under criminal law due to its brutal nature and is also considered illegal. It raises serious ethical and legal concerns regarding the role of medical professionals and the sanctity of life. Secondly, Passive euthanasia involves a deliberate act by allowing the patient to die naturally by withholding or withdrawing life-sustaining treatment. Process may be activated by discontinuing ventilator support, stopping artificial nutrition, or by not providing any life-saving medications. Thirdly, Voluntary euthanasia involves direct consent of the patient to end their life, often through a living will. This form is based on the principle of personal autonomy and the right of individuals to decide about their own bodies and end-of-life care. Fourthly, Non-voluntary euthanasia which involves an act of putting end to life of those individuals who are incapable of giving consent due to the state of coma, dementia or brain death. In this type of euthanasia, decisions are taken by family members, lawful guardians, or medical personnels in the best interest of the patient and Finally Involuntary

euthanasia involves an act of ending a person's life without consent, even though the individual is capable of giving consent. Involuntary euthanasia in absence of consent is considered parallel to homicide or murder. The categorization of euthanasia reflects the complicated legal and ethical aspect of end-of-life decisions.

Unlike several western dominion, India does not have a comprehensive legislation or legal framework regulating euthanasia. In India, law does not legalize active euthanasia, rather treat it as culpable homicide or murder therefore abetting suicide may attract culpability (*Gian Kaur v. State of Punjab* 1996). Despite the prohibition of active euthanasia, passive euthanasia is legally permitted following judicial pronouncement. The judicial interpretation has played a vital role in granting legal recognition to passive euthanasia by acknowledging the principle of dignity of life, respect for autonomy, and explicit consent to end-of-life decisions.

In order to gain deeper insight of judicial journey in the first real case of implementation of passive euthanasia, the practical legal recognition of passive euthanasia by the Supreme Court of India in the recent case of *Harish Rana v. Union of India* 2026, which clearly saw the direct application of passive euthanasia, it is pertinent to analyze the evolution of passive euthanasia jurisprudence in India from the case of *Aruna Shanbaug* to *Harish Rana* judgement. *Harish Rana* case represents a significant milestone in this evolution, as it operationalizes the principles that were articulated in earlier judgement, hence it is essential to examine its relationship with preceding decisions.

In India, ***Aruna Ramchandra Shanbaug v. Union of India* 2011**, case is the starting point of judicial journey, which marked the beginning of engagement of the Supreme Court of India directly with the issue of euthanasia. A tragic case of a nurse who had remained in a persistent vegetative state for decades as a result of brutal assault. The court through its judgement made a distinction between active and passive euthanasia. The court in this case rejected the plea for active euthanasia and considered passive euthanasia under strict supervision in those individuals who remain in a persistent vegetative state, insensible, and unresponsive. Though court legally considered passive euthanasia but *Aruna Shanbaug* was not granted permission to put end to her life with the approval of passive euthanasia. *Aruna* was not granted to seek relief on the following grounds: Firstly, there was a lack of consent from the next friend (means the person or institution responsible as a caregiver of the individual) and in this case, petition was filed by a journalist who was not entrusted with her responsibility and the court considered the wish of hospital staff who strongly opposed euthanasia. Secondly, *Aruna* was not on artificial life- support system which could be withdrawn to let her die naturally. Thirdly, *Aruna* showed some signs of response despite being in persistent vegetative state which created doubt about her complete unconsciousness to the court, as a result of which court choose to preserve her life in hope of recovery, the court also adopted a cautious approach emphasizing risk of misuse if easily allowed and Lastly, in absence of statutory legislation it allowed passive euthanasia in principle but restricted its application.

The importance of this case lies in the doctrinal foundation it established by recognizing passive euthanasia as legally permissible in exceptional circumstances thereby introducing the concept into Indian jurisprudence.

The next major development that occurs in the judicial journey towards the legal recognition of passive euthanasia is **Common Cause v. Union of India 2018**. Common Cause v. Union of India is a landmark judgement of the Supreme Court of India that constitutionally recognized the right to die with dignity as a part of the right to life enshrined under Article 21 of the constitution. It legalized passive euthanasia and validated the use of advance medical directives or “living wills” for terminally ill patients. The Bench held that the right to die with dignity is an intrinsic facet of Article 21. The court gave importance to the principles of autonomy, privacy, and bodily integrity. The judgement positioned India among the jurisdictions recognizing passive euthanasia, framing end-of-life as a matter of dignity and human rights rather than criminality.

Aruna Shanbaug laid down the conceptual foundational groundwork and the Common Cause case constitutionalized the right to die with dignity.

The recent case of **Harish Rana v. Union of India 2026**, is a logical culmination of concept laid down in the Aruna Shanbaug and guidelines laid down in the Common Cause decision. The outcome of two judgement is the result of Harish Rana case which operationalizes passive euthanasia by making a paradigm shift from theoretical recognition to practical implementation.

Harish Rana, a man of 32-year-old from Ghaziabad, a student of Punjab University remained in a permanent vegetative state for a period of around 13 years following a severe brain injury in the year 2013 after falling from the fourth floor of a hostel building. This devastating event kept him alive though completely unconscious through continuous life-sustaining treatment, artificial nutrition and hydration. The petition in the case was filed by his parents on the behalf of their son; his parents approached the Supreme Court of India after their plea for passive euthanasia got rejected by the Delhi High Court to seek permission for withdrawal of life-sustaining treatment. The Supreme Court of India after being convinced of the facts and complete evaluation of the issue, permitted passive euthanasia in March 2026, making the history in constitution with first real application of the concept of passive euthanasia, authorizing withdrawal of life-support system and removal of assisted nutrition and hydration.

The decision of the Supreme Court of India in Harish Rana case reflects the practical application of the right to die with dignity as acknowledged in Common Cause v. Union of India. The decision is a union of constitutional principles, medical evidences, and procedural safeguards. Expert medical boards were formed on the advice of the guidelines of the court for careful examination of the case in question. The board confirmed that the individual was in a permanent vegetative state for years, completely bed-ridden with no possibility of recovery in his state with continued support of artificial care as his condition was totally irreversible. Thus, the advice of this board certainly played an important role in influencing

court's decision in granting passive euthanasia. Another factor towards permitting passive euthanasia in this case is the court's observance that merely continuing life-sustaining treatment would only prolong his longevity tied with medical technology without any meaningful life rather deteriorating the quality of life as the patient is medically futile with no reasonable benefit. Therefore, court believed in avoiding unnecessary suffering by withdrawing such treatment which is considered ethically and legally justified. The court held that forcing a person to remain in a state of helplessness despite of complete unconsciousness not only degrade individual's life and self-esteem but also violates the very essence of dignity guaranteed by the constitution, hence court upheld the constitutional principle of right to die with dignity under Article 21. One of the most important factors which played a crucial role in seeking permission for passive euthanasia was the consent of the patient's parents who not only served as caregiver in this case but also originator. Parents after losing all hopes of his recovery in last decade wish to release their son from his sufferings with a sacred motive of discharging him from his pain and agony of so many years. The court treated their decision as legitimate, acting in the best interest of the patient being a father and a caregiver too. In nutshell the Supreme Court of India in Harish Rana case permitted passive euthanasia on the grounds of medical futility, irreversible condition, and the constitutional principle of right to die with dignity, subject to stern procedural protections. Harish, who had been fighting between life and death for a long time, ultimately lost the battle for life and mercy killing won the battle by conquering death. The case is a landmark case in the history of India marks the first time the right to die with dignity in practice. Several countries across the globe are engaged in debates with regard to different aspects of euthanasia, across the world various nations have legally recognized it, while in India, legal recognition is granted only under specific and exceptional circumstances.

People often say that if death must come, it should come quickly; if it does not, one faces years of agonizing waiting. What is the value of life for a person in a coma? They become a "living corpse"—though they are breathing, their family members are forced to die a little every day. A person who has lost consciousness and is effectively near-death knows nothing, but their loved ones and doctors are forced to live in a state of agonizing indecision, grappling with the "tantrums" of death. The test of decision-making capacity in such times is incredibly harsh. Such was the situation for Harish Rana, who remained in a coma for over thirteen years, and for his family and physicians.

According to the Gita: "Jatasya hi dhruvo mrityur dhruvam janma mritasya cha", signifies that death is certain for one who is born, and for the dead, rebirth is an inevitable truth. Therefore, the Indian psyche bestows the beauty of birth and death with the form of a celebration. The Indian mindset envisions that life is blissful, and death too is worthy of acceptance as a festival of joy.

Now that Harish is no more, observers acknowledge that his family and doctors have found immense relief. Perhaps the greatest relief has come to the departed soul, which had been imprisoned and entangled in that body for so long. The decision of the Supreme Court has essentially validated the age-old Indian philosophical debates and contemplations. While the

Constitution has provided this facility practically now, our Shastras (scriptures) had granted such recognition long ago. India has deliberated for ages to ensure that the trial of life does not become a hell for the body, and that death does not merely become a tragic story.

The victory of Harish Rana's case should be viewed as a triumph of compassion for irreversible suffering, not as a shortcut to bypass our collective obligation to protect and cherish every human life. As we move forward, the legal framework must remain rigorous enough to prevent misuse, while the social framework must be strong enough to ensure that no Indian ever feels that their life is a burden simply because they are old, poor, or ill. Our goal must remain a life with dignity, which inherently requires a society with empathy.

CONCLUSION

The legal recognition of passive euthanasia in its full-fledged implementation has been a gradual and coherent progression. The relationship between Harish Rana and the earlier cases is therefore both sequential and substantive. This evolution highlights the judiciary's role in addressing complex legal, ethical, medical and human rights issues. Another important aspect of this evolution is the increasing emphasis on individual autonomy. Together these cases contribute to the refinement and consolidation of legal principles, recognizing that the right to live with dignity must also include the right to die with dignity, broadening the ambit of Article 21 of the constitution. These judicial developments thus bridged the gap between doctrine and practice, marking a transformation from "law in books" to "law in action". By recognizing the right to die with dignity in cases of irreversible suffering, the Supreme Court has reaffirmed the certainty of human dignity within the constitutional framework. The court emphasized that dignity is not confined to life alone but extends to the process of dying. Forcing a person to continue in a persistent vegetative state through artificial means undermines the dignity and is also considered inconsistent with the constitutional values. Passive euthanasia represents a shift from the stubborn doctrine of preservation of life towards a more humane and compassionate recognition of human dignity. It is therefore the court observed that right to die with dignity is an integral part of Article 21 of the constitution. Court also believed in upholding dignity of life, leading a meaningful life rather than continuing artificial life in a fatal condition which is irrecoverable. The court by granting passive euthanasia marks a beginning of legally recognizing passive euthanasia practical enforcement leading to judicial developments covering milestone of judicial journey, suggests growing constitutional morality. The study emphasizes the urgent need for comprehensive legislative framework governing passive euthanasia, ensuring consistency, transparency, and protection against misuse, along with adopting approach of striking balance between morality, law and medical ethics thereby upholding both the sanctity of life and the dignity of death within the Indian legal System.

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