The Indian Journal for Research in Law and Management

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Editor-in-Chief – Dr. Muktai Deb Chavan; Publisher – Alden Vas; ISSN: 2583-9896

INVISIBLE LIVES, INALIENABLE RIGHTS: REVISITING ARTICLE 21 IN THE CONTEXT OF BEGGING AND EUTHANASIA

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ABSTRACT

Criminalization of begging and the act of euthanasia are two significant topics where Article 21 of the Indian Constitution is involved. On one side, by criminalizing begging, it deprives humans of the right to live with dignity guaranteed under Article 21. Whereas, on the other hand, by not permitting euthanasia for people suffering with chronic illnesses, the right to die/ live with dignity is violated.

This paper delves into both these dimensions and revisits Article 21 by looking at the issue at hand and highlighting significant judicial precedents to understand the legal, ethical and social perspectives.

INTRODUCTION

Article 21 of the Constitution of India guarantees the citizens right to life. It states that, "no person shall be deprived of his life or personal liberty except according to procedure established by law."[1]

The scope of this Article has been expanded over time to include various rights. Judicial interpretations have broadened the scope to also include the right to die and the right to live with dignity.

This right has been invoked with increasing urgency in the areas of criminalization of begging and the legal recognition of euthanasia.

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[1] India Const. art. 21.

Every citizen of the nation has the right to live with dignity. The nation must ensure that Article 21 is guaranteed to every citizen. However, when we look at the act of criminalizing begging, the nation's approach towards beggars who resort to begging due to survival is dehumanizing them and treating them like criminals rather than looking at them as individuals who fell under the prey of poverty. The act of legally recognizing euthanasia is guaranteeing Article 21 to those individual suffering from terminal illnesses. But, despite legally recognizing euthanasia, there still exist challenges, especially because euthanasia is not extended to patients suffering from lifelong chronic illnesses. Article 21, which includes the right to die/live with dignity is not granted to these patients.

We must understand that Article 21 is applied differently to both the situations. Criminalizing begging deprives this right of the individuals whose last means of survival is begging to live. Not providing recognition to certain individuals and their families who seek euthanasia is violating Article 21 as they are unable to live with dignity and personal liberty, hence also violating their right to die.

PART I- CRIMINALIZATION OF BEGGING- FROM PUNITIVE TO REHABILITATION

Historical and legal background

Criminalization of begging obtains its roots from the British colonial rule. Vagrancy Acts which were influenced by the British Vagrancy laws were enacted across provinces to control the activities of the destitute. These Acts viewed the poor, unemployed and homeless people as a threat to the nation as they believed that these people would disrupt public order as they were more likely to become criminals.

The European Vagrancy Act, 1869 was the first Act in India enacted to criminalize begging. Following which came other Acts like **The Bengal Vagrancy Act, 1943, The Bombay Beggars Act, 1945, and The Madras Prevention of Begging Act, 1945[2].**

The Bombay Beggars Act, 1945 heavily influenced post-independence laws mainly with **The Bombay Prevention of Begging Act, 1959 (BPBA)** which became the model anti-beggary law

[2] Tanya Sara George, *Begging for Justice: A Critique of India's Anti-Beggary Laws*, Law School Policy Review (May 21, 2025), https://lawschoolpolicyreview.com/2025/05/21/begging-for-justice-a-critique-of-indias-anti-beggary-laws/.

across the country**.** Several states adopted similar versions of the BPBA or enacted their own versions with near-identical provisions[3].

Key features of The Bombay Prevention of Begging Act, 1959-

1) The Act defines "begging" broadly which includes soliciting alms, singing, dancing for money, or even appearing in public with disabilities.
2) Authorizes police to arrest without warrant.
3) Allows for detention in certified institutions ("beggar homes") for up to 3 years (extendable).
4) No real distinction is made between voluntary and involuntary begging[4].

The problematic approach of the British to punish the poor rather than provide them with the help they very much needed has been adapted even post- independence as seen with The Bombay Prevention of Begging Act, 1959.

CONSTITUTIONAL AND HUMAN RIGHTS PERSPECTIVE

The Indian Constitution under Article 21 guarantees the citizens the right to live with dignity.

The concept of criminalizing begging is highly inhumane towards beggars. For starters, Begging is never a choice for individuals, it's most often forced on them due to poverty.

They beg for survival and criminalizing this means that the nation treats poverty struck people begging for survival as criminals. The nation places them on the same pedestal as actual criminals who commit crimes against the nation. Most often, people resort to begging due to disabilities and old age so they cannot work anywhere. Being disable and old hinders their chances of working and this is worse when they are also uneducated. Uneducated people most often are employed for hard labour and this hard labour cannot be performed by people with disabilities or old age therefore, making their chances to earn a living even slimmer.

[3] *Criminalisation of begging in India*, PMF IAS (Jan. 7, 2025), https://www.pmfias.com/criminalisation-of-begging-in-india/.
[4] The Bombay Prevention of Begging Act, No. 10 of 1960, INDIA CODE (1960).

Not having any other options left, they resort to begging. We must view them for what they actually are, not criminals, but victims of the cruel cycle of poverty.

Begging is not what they choose as a profession, they beg for survival each day, for food, for shelter and for other necessities. They beg to provide for their family. Now, Imagine punishing these individuals and preventing them from earning money, who would support the family? Who provides for their livelihood?

By criminalizing begging, we are adding to the problem of marginalization by making them feel disadvantaged and away from the mainstream society. We are making them feel invisible and powerless whereas what they actually need is support to escape the clutches of poverty and survive in this world.

The major problem with the Bombay Prevention of Begging Act, 1959 is that the definition of begging is vague. It not only includes people begging for money or food, etc but also singing, dancing, or performing in public for money, appearing in public in a "mutilated or deformed condition" (this targets people with disabilities) and using children for begging.

This means that, even the people who perform acts such as singing or dancing or other tricks to earn money are also criminalized. As stated before, due to several reasons like poverty, illiteracy, disabilities or old age, these people don’t get employed so, they may resort to performing acts on the street to earn money. Rather than begging for alms on the street, when people actually put effort into performing their talents in the hopes of earning money, they are also criminalized. This unfair system of treating all of them as criminals is inhumane and unethical. It violates their right to life and is also discriminating against the poverty-stricken classes in society.

Ultimately, the State’s purpose in criminalizing begging is to curb trafficking, exploitation and also to prevent public nuisance. Unfortunately, children are forced into begging by organized begging rings, to prevent this the state criminalized begging. However, the underlying motive being criminalizing begging is to “beautify” urban places and make them look more attractive to visitors because let’s be honest, tourists find the sight of poor and grubby people crowding outside popular tourist spots as unpleasant. To add to this, the State tries to hide poverty from the public view by criminalizing begging in urban areas and popular tourist spots.

The underlying motive behind criminalizing begging fails the entire system and purpose of curbing serious issues like exploitation.

Another class of people in the society, Transgender persons are forced into begging not by choice but due to the deep-rooted social exclusion the class faces leading to unemployment and systemic discrimination. Transgender persons are rejected by their families at an early age leading to homelessness and abandonment. This adds to their financial problems. Due to the stigma surrounding transgenders, they are often denied employment. This forces them to resort to begging for survival. Although The Transgender Persons (Protection of Rights) Act, 2019[5] prohibits discrimination in education, employment, healthcare, etc. but in reality, implementation remains weak. Rights exist on paper, but society and institutions continue to fail them, leaving begging as one of the few viable options for survival.

JUDICIAL DEVELOPMENTS

Recognizing the flaws with the anti-begging laws in India, the case of Harsh Mander v. Union of India came into existence-

Harsh Mander v. Union of India on 8 August, 2018[6]

Background of the case

A social activist and former bureaucrat named Harsh Mander filed a Public Interest Litigation (PIL) against the Bombay Prevention of Begging Act, 1959, which made begging illegal in Delhi after being extended to the city by a notification in 1960. The Act gave the police the authority to detain anyone they thought was "begging," arrest them, and keep them in approved facilities or beggar homes for a maximum of three to ten years without a trial.

Issues raised

1. Does criminalizing begging violate fundamental rights under the Constitution, particularly Article 21 (Right to Life and Dignity)?

[5] Transgender Persons (Protection of Rights) Act, No. 40 of 2019, INDIA COMPILATION (2019).
[6] Harsh Mander & Anr. v. Union of India & Ors., W.P. (C) No. 10498/2009 (Delhi H.C. Aug. 8, 2018).

2. Is the definition of "begging" too vague and overbroad?
3. Does the Act treat poverty as a crime rather than a socio-economic condition needing protection and support?

Judgment

The Delhi High Court struck down multiple sections of the Bombay Prevention of Begging Act, 1959, as unconstitutional, particularly those:

1. That criminalized begging,
2. Allowed for arrests without warrants,
3. Permitted detention in beggar homes,
4. Did not provide for legal aid or fair trial procedures.

Key Observations by the Court

"The State simply cannot fail in its duty to provide a decent life to its citizens and then criminalize those very people for being poor." Begging is not a crime in and of itself. Human dignity is violated by the law, particularly for those who must rely on begging to survive. The fundamental guarantee of dignity is broken when beggars are arrested and held without receiving assistance or rehabilitation. The Act does not distinguish between people who beg in despair and those who engage in organized or coerced begging, which may be addressed by other laws.

Impact of the judgment

Delhi has decriminalized begging. The clauses that permitted beggars to be arrested were repealed.

People could no longer be punished by the authorities for begging in public. The ruling spurred discussion about removing or changing comparable anti-begging laws in other Indian states. A number of states started examining their legislation, or their high courts received petitions.

It underlined that poverty has to be viewed as a matter of human rights rather than a crime.

The court reaffirmed that everyone, regardless of financial situation, has the right to live with dignity under Article 21.

However, post Harsh Mander judgment, challenges still persist. Other states continue to enforce their own anti-begging legislation even if Delhi's begging was decriminalized by the ruling. Rehabilitation and social security for individuals released from detention are not guaranteed by any national welfare system or universal law. The social stigma associated with beggars persists in the absence of housing and economic assistance.

CURRENT POSITION OF BEGGING IN INDIA

Few of the current laws enforce colonial-era or similar legislation criminalizing begging such as-

- Andhra Pradesh – Andhra Pradesh Prevention of Beggary Act, 1977[7]
- Assam – Assam Prevention of Begging Act, 1964[8]
- Bihar – Bihar Prevention of Begging Act, 1951[9]
- Delhi (Union Territory) – Adopted Bombay Act, 1959[10], etc.

Currently, Delhi High Court (2018) struck down key provisions of the Bombay Act as unconstitutional; begging decriminalized while coercive practices remain penalized, Jammu & Kashmir High Court invalidated its prevention law in 2019 , Rajasthan decriminalized begging via Rehabilitation of Beggars or Indigents Act, 2012[11]; punitive detention removed in favor of welfare-driven rehabilitation, Bihar through the Mukhyamantri Bhikshavriti Nivaran Yojana, focus has shifted toward empowerment and livelihood support instead of criminal punishment, Kerala**,** Karnataka**,** and Madhya Pradesh continue criminal enforcement but are also piloting welfare and destitute support programs and Madhya Pradesh (Bhopal/Indore) Recently invoked BNSS 2023 and Bombay Act to ban begging and penalize alms-givers, showing a retrenchment in policy

[7] Andhra Pradesh Prevention of Beggary Act, No. 11 of 1977, INDIA CODE (1977).
[8] Assam Prevention of Begging Act, No. 10 of 1964, INDIA CODE (1964).
[9] Bihar Prevention of Begging Act, No. 5 of 1951, INDIA CODE (1951).
[10] Bombay Prevention of Begging Act, No. 10 of 1960, as extended to the Union Territory of Delhi, INDIA CODE (1960).
[11] Rajasthan Rehabilitation of Beggars or Indigents Act, Act No. 36 of 2012, INDIA CODE (2012).

However, **SMILE** (Support for Marginalized Individuals for Livelihood and Enterprise) which is a Central-sector initiative by the Ministry of Social Justice & Empowerment was developed. It comprises:

- A sub-scheme for comprehensive rehabilitation of persons engaged in begging
- A sub-scheme for the welfare of transgender persons

Although this scheme has been implemented nationwide, its reach is limited to urban localities through 81 key cities[12].

SOLUTIONS

1. Legislative Reform: Repeal or completely amend antibegging laws that are out of date in every state
   Draft a model rehabilitative law that makes a distinction between: Forced or child begging which can still be addressed under trafficking laws.
2. Constitutional Approach: Recognize begging as a socioeconomic condition rather than a criminal behavior.
   Make sure laws are in line with Article 21 (Right to Life and Dignity).
3. Programs for Holistic Rehabilitation: Increase the SMILE scheme's implementation in every state.
   Incorporate social security, skill development, mental health, and urban housing into rehabilitation.
   Create outreach teams in the neighborhood with social workers, non-governmental organizations, and medical professionals.
4. Focused Assistance for At-Risk Populations
   Talk about intersectional concerns, such as mental illness, transgender identity, and disabilities.

[12] Press Info. Bureau, Ministry of Soc. Justice & Empowerment, *SMILE Scheme — Support for Marginalized Individuals for Livelihood & Enterprise*, PRID 1806161 (Mar. 15, 2022), https://www.pib.gov.in/PressReleasePage.aspx?PRID=1806161.

Make sure transgender people receive affirmative support under the Transgender Persons (Protection of Rights) Act, 2019 as they are frequently compelled to beg because they have no other means of support[13].

5. Public awareness and sensitization

   Launch public awareness initiatives to lessen the stigma attached to begging instead of advocating for punitive measures, encourage the public to support rehabilitative projects[14].

PART II- EXTENDING THE SCOPE OF EUTHANASIA IN INDIA

Introduction

Article 21 of the Indian Constitution guarantees every citizen the right to live with personal liberty. After various judicial developments, the right to die with dignity is also included as one of the rights guaranteed under Article 21.

When an individual has a terminal illness, irreversible medical conditions, or unbearable pain that deprives them of autonomy, quality of life, or dignity, they should have the moral and legal right to decide how, when, and under what circumstances they will pass away. This is known as the right to die with personal dignity[15]. Article 21 acknowledges that a person's fundamental rights may be violated if they are forced to continue living in a state of extreme suffering and that life without dignity is not worth protecting at all costs.

UNDERSTANDING EUTHANASIA AND IT'S TYPES

Euthanasia is the intentional taking of a person's life, usually to eliminate their suffering. Euthanasia is occasionally carried out by doctors at the request of patients who are in excruciating pain and have a terminal illness.

Numerous aspects must be considered in this intricate process. A person's personal ideas and desires, local regulations, and their physical and mental health all come into play.

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[13] **Is Begging a Crime or a Need for Help? An Analysis of Indian Beggary Laws**, JusCorpus (June X, 2025), https://www.juscorpus.com/is-begging-a-crime-or-a-need-for-help-an-analysis-of-indian-beggary-laws/.

[14] Ashish Goel, *The Decriminalisation of Begging*, India Dev. Rev. (Aug. 14, 2018), https://idronline.org/decriminalisation-of-begging/ legalserviceindia.com+7idronline.org+7en.wikipedia.org+7

[15] Rishabhrmlnu, *Right to Die with Dignity as a Fundamental Right under Article 21*, Legal Service India https://www.legalserviceindia.com/legal/article-5024-right-to-die-with-dignity-as-a-fundamental-right-under-article-21.html.

Euthanasia can be classified into a few types-

1. **Active euthanasia**- Active euthanasia involves a direct act to end someone's life. Most people associate euthanasia with a physician taking a patient's life directly. We call this active euthanasia. Active euthanasia is the deliberate administration of a lethal dose of a sedative to a person.
2. **Passive euthanasia-** Withholding or reducing life-sustaining treatments in order to hasten a person's death is known as passive euthanasia. Additionally, a physician may recommend progressively higher dosages of painkillers. The dosages could eventually become harmful.
3. **Voluntary euthanasia**- It is defined as an individual's deliberate choice to seek assistance in ending their life. The individual must completely consent and show that they are aware of what is going to happen.
4. **Involuntary euthanasia-** In nonvoluntary euthanasia, the decision to end a person's life is made by another person, typically a close relative. This usually happens when someone is rendered permanently incapacitated or totally unconscious. Passive euthanasia, such as removing life support from a person who is not exhibiting any symptoms of brain activity, is typically a part of nonvoluntary euthanasia.
5. **Assisted suicide**- Assisted suicide involves providing the means for someone to end their own life. Physician-assisted suicide (PAS) is another name for aided suicide. PAS is when a physician intentionally assists a patient in taking their own life. This individual is probably going through endless and chronic pain. Additionally, they might have been diagnosed with a terminal illness. The most efficient, painless approach will be decided by their physician.

   Many times, doctors may prescribe medication that allows patients to take their own lives. They might prescribe a deadly dosage of opioids, for instance. The decision to use the drug ultimately rests with the individual[16].

LEGAL EVOLUTION OF EUTHANASIA IN INDIA

[16] Kimberly Holland, *Euthanasia: Understanding the Facts*, Healthline (Oct. 7, 2024), https://www.healthline.com/health/what-is-euthanasia.

1. **P Rathinam v Union of India (1994)**[17]

A seminal ruling in Indian constitutional law pertaining to the right to die was rendered in the 1994 case of P Rathinam v. Union of India. The case contested the legality of Section 309, which made attempted suicide a crime under the Indian Penal Code (IPC), 1860. In this case, the Supreme Court declared Section 309 IPC to be unconstitutional, ruling that the right to life under Article 21 of the Indian Constitution encompasses the right to die.

Facts-

When P. Rathinam and Nagbhushan Patnaik filed independent petitions contesting the validity of Section 309 IPC, the case of P. Rathinam v. Union of India was born. According to Section 309, anyone who attempts suicide faces a fine, simple imprisonment for up to a year, or both. The petitioners contended that this clause went against human dignity and fundamental rights.

Extreme distress led one of the petitioners, P. Rathinam, to attempt suicide. But rather than getting assistance, he faced criminal charges.

Legal issues raised-

Whether Section 309 IPC violates Articles 14 and 21 of the Indian Constitution?

Whether Article 21 (Right to Life) includes the Right to Die?

Should Section 309 IPC be declared unconstitutional?

Judgment-

The Supreme Court heard arguments from both sides before ruling in favor of the petitioners and declaring Section 309 IPC unconstitutional. The Court decided that: The right to life is protected by Article 21, and just as the right to silence is protected by Article 19 of the Freedom of Speech, so is the right to die. Making suicide attempts illegal is a violation of human dignity since it penalizes people who are already experiencing mental anguish and hardship.

Suicide may be a person's last option to avoid shame, torture, or excruciating pain; it is not always an act of weakness or immorality. Removing Section 309 IPC would align Indian law with the more progressive legal systems of other nations, as it is cruel, irrational, and

[17] P. Rathinam & Anr. v. Union of India & Ors., (1994) 3 S.C.C. 394, 1994 AIR 1844 (India).

out of date. Since aiding someone else in taking their own life is distinct from an individual's own decision, Section 306 IPC (abetting of suicide) is still legal.

2. **Gian Kaur v. State of Punjab**[18]

The decision in P. Rathinam v. Union of India was overruled in 1996 by a five-judge bench of the Supreme Court in this case.

Facts-

Gian Gaur and her spouse, Harbans Singh, were found guilty of aiding and abetting their daughter-in-law's suicide.

According to section 306 of the Indian Penal Code, 1860, the trial court found both of them guilty and sentenced them to a rigorous six-year prison sentence and a fine of Rs. 2,000. If the appellant is unable to pay the fine, an additional nine months in prison will be imposed.

The appellant appealed to the High Court. It lowered the sentence from six years to three years and restated the court's ruling.

Legal issues raised-

Whether Section 306 of the IPC is constitutionally valid?

Whether Section 309 of the IPC violates Article 14 and 21 of the Indian Constitution?

Judgment-

The court ruled that because it is against God's will or nature, the "right to die" and the "right to kill" are not included in Article 21 of the Indian Constitution, which guarantees "right to life and personal liberty." Death is not something that anyone has the authority to hasten. Therefore, Articles 21 and 14 are not violated by Section 309 of the IPC. It is therefore legitimate under the constitution.

If Section 306 is genuine, then no Indian citizen may be penalized for attempting suicide; nevertheless, if someone is encouraging another person to commit suicide, they will be punished in the best interests of society. As a result, the ruling in P. Rathinam v. UOI was overturned, affirming the constitutionality of sections 306 and 309 of the IPC and holding both appellants accountable for aiding and abetting suicide.

[18] Gian Kaur v. State of Punjab, (1996) 2 S.C.C. 648, AIR 1996 SC 946 (India).

3. **Aruna Ramchandra Shanbaugh v. Union of India[19]-**

   A major development in the topic of euthanasia took place in this case when the supreme court permitted passive euthanasia. Aruna Shanbaugh, a rape victim who had been in a vegetative condition for 38 years, petitioned the Supreme Court for permission to undergo passive euthanasia. After being attacked, nurse Aruna was put into a vegetative state. The petitioner claimed that she had no possibility of recovery and asked for passive euthanasia to relieve her pain.

   Strict requirements, such as High Court permission after due procedure, were nevertheless mandated. After taking into account the opinions of intimate friends, family members, and medical professionals, the Court decided that passive euthanasia is acceptable for individuals in chronic vegetative states.

   Reiterating Gian Kaur's position that the "right to die" is not inherently linked to the "right to life," it explained that although Article 21 does not grant a right to die, passive euthanasia is acceptable in certain situations. As a result, active euthanasia is not permitted, but passive euthanasia is.

LEGAL POSITION OF EUTHANASIA IN INDIA

The current position of euthanasia in India can be understood by taking the case of **Common Cause v. Union of India (2018)[20].** In this case, Common Cause, a registered society, filed a writ petition under Article 32 of the Indian Constitution before the Supreme Court. They sought to declare the "right to die with dignity" as a fundamental right within the broader scope of the "right to live with dignity" guaranteed under Article 21 of the Constitution. The ruling underlined that the right to life and liberty guaranteed by Article 21 includes the right to live with dignity, which includes helping terminally ill patients pass away in a dignified manner. The court upheld the right to self-determination in these matters and supported the use of advanced directives, which enable people to express their wishes on end-of-life care. Even though the sanctity of life is highly respected, the court acknowledged that when a patient is near death and has no chance of recovery, their advanced directives should represent their wishes. The Supreme Court held that the right to

[19] Aruna Ramchandra Shanbaug v. Union of India & Ors., Writ Petition (Criminal) No. 115 of 2011, (2011) 4 S.C.C. 454 (India).

[20] Common Cause (A Regd. Society) v. Union of India & Ors., (2018) 5 S.C.C. 1, AIR 2018 SC 1665 (India).

die with dignity is a fundamental right under Article 21. It permitted passive euthanasia and recognized the validity of advance medical directives.

Therefore, currently, Active and other types of euthanasia are illegal in India. Only passive euthanasia is permitted.

ISSUES WITH THE CURRENT LEGAL POSITION

According to the Supreme Court's ruling in Common Cause v. Union of India (2018), the present legal position on euthanasia in India only allows passive euthanasia for patients who are terminally ill or in a permanent vegetative state, and only under certain circumstances. However, there are significant ethical and human rights issues with this legal framework since it leaves out a large number of other groups of suffering people.

1. Exclusion of chronically ill, non-terminal patients- Individuals with non-terminal, incurable illnesses such as Multiple sclerosis, Parkinson's illness at its advanced stages, Dystrophia of the muscles, Immobility due to chronic arthritis, Disabling pain associated with fibromyalgia are not qualified for passive euthanasia under the current Indian law, even if their illness results in a significantly reduced quality of life and ongoing, excruciating suffering. They are denied the opportunity to choose a dignified death, despite the fact that their suffering is unavoidable and lifelong.
2. No relief for severe mental illness or psychological suffering- individuals who suffer greatly for years due to treatment-resistant depression, schizophrenia, bipolar disorder, or post-traumatic stress disorder (PTSD) are not granted the ability to make decisions about their own deaths. Despite the fact that mental illness can be extremely painful and incapacitating, Indian law does not recognize psychological suffering as a legitimate reason for euthanasia.
3. Dependent and elderly people with declining health- Many elderly people lose their independence, dignity, and autonomy as a result of degenerative diseases, many co-morbidities, or acute weakness.

   However, individuals are not covered by passive euthanasia if they are not "terminally ill," as defined by law.

The reality is that it's not always possible to quantify suffering in clinical terms. For some older persons, prolonged life may mean prolonging agony.

4. Patients who are bedridden and paralyzed- Individuals who suffer from paralysis, locked-in syndrome, or severe spinal cord injuries frequently live completely dependent on their bodies, unable to move, communicate, or carry out daily tasks.

   Current Indian legislation prohibits active euthanasia, depriving them of the option to choose a dignified death if they are mentally competent and consistently express a want to die.

5. Active euthanasia is still illegal, giving those seeking autonomy no choice- Instead of waiting for natural death through life-support withdrawal, some patients choose to actively end their lives with medical assistance (active euthanasia or assisted suicide) after experiencing protracted pain. Refusing to allow active euthanasia, even in the most dire circumstances, disregards the right to bodily integrity, autonomy, and a dignified death.

6. Informed adult requests (Voluntary Euthanasia) are not taken into account- The right of a competent, mentally healthy adult to choose death over life, even after enduring excruciating pain, is not recognized under Indian law. The focus of the law is solely on medical issues, not on an individual's subjective suffering or personal values[21].

   In contrast, nations that value individual autonomy, like as the Netherlands and Canada, allow voluntary euthanasia under certain restrictions.

THE WAY FORWARD

The right to decline medical care and prevent extended suffering is part of Article 21's guarantee of a dignified life. However, only a small percentage of patients profit from the current legal position, which is implemented selectively. The irony is that many people suffer in silence with no chance of relief or recovery, while the law preserves life at the expense of their dignity.

The way forward to make euthanasia more applicable is to-

[21] Melahat Akdeniz et al., *Ethical Considerations at the End-of-Life Care*, SAGE Open Med. (Mar. 12, 2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7958189/.

1. Implement Comprehensive Euthanasia Law- In India, euthanasia is not regulated by law but rather by court orders (Common Cause v. Union of India). Therefore, an act should be passed by Parliament to: Explain what active and passive euthanasia are, Establish eligibility requirements taking into account chronic but non-terminal cases, Codify advance directive procedures, Provide protections against abuse.
   This will guarantee consistency in application, lucidity, and legal assurance.
2. Extend the Purview Beyond the Terminal Illness Issue- At the moment, euthanasia is only permitted for patients who are terminally ill or irreversibly unconscious. Efforts should be made to add the following to the legal structure: individuals suffering from degenerative diseases, locked-in syndrome, ALS, or other chronic, incurable, and intolerable conditions Individuals who endure protracted emotional or psychological distress, including a comprehensive psychiatric evaluation. Even if they are not terminally ill, elderly patients experiencing severe physical decline or loss of autonomy must be included. A case-by-case evaluation approach with interdisciplinary ethical and medical committees should be employed.
3. Permit Voluntary Active Euthanasia Under Strict Safeguards- Even for capable people experiencing irreversible anguish, active euthanasia is strictly prohibited.
   The solution should be to permit people who are mentally sound to choose to end their lives voluntarily and actively along with repeated and written consent, required psychiatric assessment, and approval from a court and a medical board.
4. Simplify and Decentralize the Process- up to 2023, the current process is too cumbersome and challenging to implement in emergency situations or remote areas. Efforts must be made to establish a fast-track system for a hospital-based medical board, Restrict the judiciary's involvement to exceptional or contentious matters, Establish precise deadlines for approval (e.g., 7–14 days).
5. Give Medical Professionals and Caregivers Acting in Good Faith Legal Immunity- Physicians are afraid of facing criminal or civil penalties for taking part in passive euthanasia. Efforts must be taken to provide healthcare workers with appropriate legal protection provided they- Act in accordance with the law and medical ethics, Observe due process and record the consent of the patient or their family and If abuse is suspected, establish grievance redressal procedures for families or whistleblowers.

6. Incorporate Mental Health into Policies for End-of-Life Care- Euthanasia considerations do not include suffering associated to mental illness. First, psychologists and psychiatrists must be consulted when assessing patients who experience- Depression that is resistant to treatment, PTSD, Schizoaffective disorders.

   Unique procedures must be established for evaluating chronic psychological suffering, with strong precautions to avoid making snap judgments[22].

CONCLUSION

Article 21 of the Indian Constitution has been interpreted to protect a wide range of rights based on dignity, rather than only life and personal liberty. Millions of Indians, especially those criminalized for poverty (such as beggars) and those denied agency in suffering (such as those seeking euthanasia), are still not covered by meaningful protection despite this progressive legal extension.

An institutional inability to differentiate between criminal behavior and economic hardship is seen in the criminalization of begging. Instead of tackling the underlying causes of poverty and homelessness, laws like the Bombay Prevention of Begging Act, 1959 prolong cycles of marginalization. Though they are still operationally and geographically restricted, judicial interventions such as Harsh Mander v. Union of India represent a turning point. A disconnect between medical jurisprudence and lived experience is also evident in the state's unwillingness to fully acknowledge the right to die with dignity, which limits bodily autonomy for people experiencing chronic, non-terminal, but intolerable suffering.

Despite their differences, the right to live with dignity is a fundamental constitutional concept that unites the two topics of begging and euthanasia. It is important to understand Article 21 in its whole, taking into account its moral and humanitarian implications. Empathy, inclusiveness, and agency are what constitute true justice rather than punishment or prohibition. Through legislative reform, rehabilitative frameworks, and humane governance, the State must ensure that rights are effectively realized rather than just acknowledged.

The issues at hand are two sides of the same coin. The solution must also be approached in the same way. On one side, the beggars who want to survive resort to begging as their last resort are

[22] *Euthanasia and Right to Die Laws in India*, JurisPrism (July 13, 2024), https://www.jurisprism.com/2024/07/euthanasia-and-right-to-die-laws-in.html.

punished for the same and on the other side, the patients who are unable to live with dignity and wish to seek euthanasia are prohibited from dying.

The nation forcefully strips the people of their only means of income, which is begging hence, not permitting them to live with dignity and ironically, the nation also forcefully denies the right to die with dignity to people who do not wish to live due to suffering from lifelong illnesses.

India must consider this question when it charts its constitutional future: can a democracy claim to respect dignity if it makes it illegal to survive and refuses to provide relief from unrelenting suffering? Extending the scope of Article 21 is not only required by law, but also by morality.