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## PASSIVE EUTHANASIA IN INDIA: LEGAL AND ETHICAL CHALLENGES

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The question of how and when life should end remains one of the most profound ethical and legal dilemmas facing modern society. Passive euthanasia, which involves or withholding medical treatment so that a person may die naturally. The choice of passive euthanasia involves important questions about personal choice, medical ethics, legal rights, and religious beliefs. In India, the recognition of the right to die with dignity has developed slowly through important court decisions. In *Aruna Shanbaug v. Union of India*,<sup>1</sup> the Supreme Court gradually created a legal framework for passive euthanasia and connected it with the fundamental right to life under Article 21 of the constitution.<sup>2</sup> However, even after these judgments, many practical, ethical, and social challenges remain. The development of passive euthanasia laws in India, explains the present legal position, and examines the continuing challenges in balancing human dignity with the sanctity of Life.

### DEFINITIONS AND TYPES OF EUTHANASIA:

The word euthanasia comes from Greek words “eu and thanatos” which means a “Good death”<sup>3</sup> it refers to ending or allowing the end of a life to relieve unbearable suffering of a person, caused by various serious or terminal illnesses. However euthanasia has different forms, each having a different meaning legally, medically and ethically however generally there are two types of euthanasia

Active euthanasia and Passive euthanasia.



## **ACTIVE EUTHANASIA**

Active euthanasia means directly causing a person's death, such as by giving a lethal injection or medicines. In India, active euthanasia is illegal and is treated as murder or culpable homicide under the Bhartiya Nyaya Sanhita.<sup>4</sup> In other cases it is also related to provisions dealing with the abetment of suicide,<sup>5</sup> Although the intention may be to reduce suffering, Indian law still does not permit actively ending a person's life.<sup>6</sup>

## **PASSIVE EUTHANASIA**

On the other hand Passive euthanasia means withdrawing or stopping life-support treatment so that the patient dies naturally from the illness.<sup>7</sup> It includes removing ventilators, stopping artificial feeding, or discontinuing medicines that only prolong the patient's life artificially. The Supreme Court has allowed passive euthanasia in certain situations, because of the patient's dignity and autonomy without directly causing death.<sup>8</sup>

The difference between active and passive euthanasia has also been recognised internationally in *Vacco v. Quill* Case of the United States.<sup>9</sup> Similarly in *Rodriguez v British Columbia of Canada*<sup>10</sup> both courts held that the principle of causation and intention while recognising euthanasia. The Indian Supreme Court accepted this reasoning in the *Common Cause* judgment<sup>11</sup> and gave a proactive view on euthanasia while stating that passive euthanasia differs because death occurs due to the illness itself, not because of a direct act by doctors.

## **ARUNA SHANBAUG V. UNION OF INDIA: BEGINNING OF LEGAL RECOGNITION**

The tragic case of Aruna Shanbaug became the turning point for passive euthanasia laws in India. In November 1973, Aruna Shanbaug, a 25 year old nurse at KEM Hospital in Mumbai, was brutally sexually assaulted and strangled with a dog chain, which cut off oxygen supply to her brain, causing severe brain damage that left her in a permanent vegetative state.<sup>12</sup> She remained in that condition for 42 years and was cared for by the hospital staff.<sup>13</sup> In a 2009 petition filed before the Supreme Court to permit withdrawal of Aruna's life support, arguing that keeping her alive violated her



dignity.<sup>14</sup> However, the hospital staff opposed this request because they wanted to continue caring for her.<sup>15</sup> In March 2011, the Supreme Court rejected the request to withdraw Aruna's treatment but made a historic decision by legally recognizing passive euthanasia in rare cases.<sup>16</sup> The Courts said that High Courts under Article 226 of the constitution<sup>17</sup> could allow withdrawal of life support after expert medical opinion and only when there was no hope of recovery.<sup>18</sup>

### **COMMON CAUSE V. UNION OF INDIA (2018): EXPANDING THE FRAMEWORK**

While Aruna Shanbaug established the principle of passive euthanasia, the procedural framework remained cumbersome and required the High Court intervention in every case. Recognizing the limitations, in the Common Cause Case in 2005 seeking recognition of living wills and accessible framework for euthanasia.<sup>19</sup> In this case the Supreme Court held that the right to die with dignity is part of the fundamental right to life under Article 21 of the Constitution.<sup>20</sup>

### **KEY HOLDINGS OF JUDGMENTS**

The Court held that Article 21 of the constitution, which includes the right to life and personal liberty, also includes the right to die with dignity.<sup>21</sup> According to the court, a person should be treated with dignity even at the end of life. Denying dignity during the dying process takes away the value and meaning of a person's existence.<sup>22</sup>

The judgment recognized "living wills" or advanced medical directives (commonly known as living wills). These allow individuals to state their choice about medical treatment beforehand in case they later become unable to communicate their decisions.<sup>23</sup> This protects a person's autonomy and right to make decisions about end-of-life care in advance.

The Court laid down detailed guidelines for both executing living wills and implementing passive euthanasia.<sup>24</sup> These procedures included attestation by witness, approval by Judicial Magistrate, and permission from two medical boards. The intent was to prevent misuse while ensuring genuine patients could exercise the right.<sup>25</sup>

The decision to withdraw treatment must always be based on the 'patient's best



interests and dignity'. This principle requires weighing the benefits of continued treatment against the burdens, including physical suffering, psychological distress, and impact on the dignity of patients.<sup>26</sup>

### **ISSUE WITH 2018 JUDGMENTS**

Even though the 2018 judgments were progressive however it was too cumbersome and difficult to implement in practice. To tackle this, In 2023 the Supreme Court simplified the procedure for the passive euthanasia.<sup>27</sup> The Court reduced formalities for attesting living wills from magistrate first class to attestation by notary public or gazetted officers.<sup>28</sup> They also reduced the experience requirement for doctors on medical boards from 20 years to 5 years<sup>29</sup> and introduced digital storage of living wills through health records.<sup>30</sup> Families of patients were also given the right to approach the High Court if permission for withdrawal of treatment was denied.<sup>31</sup> These changes made passive euthanasia more practical and accessible while still keeping safeguards against misuse.

### **THE HARISH RANA CASE (2026)**

The first successful implementation of passive euthanasia in India occurred in the Harish Rana case in 2026.<sup>32</sup> Harish Rana had remained in a persistent vegetative state for 13 years after a serious accident.<sup>33</sup> His parents approached the Court seeking permission to withdraw life-sustaining treatment because there was no hope of recovery. However, the High Court rejected their appeal.<sup>34</sup> Rana's parents approached the Supreme Court after medical boards confirmed his irreversible condition, and the financial burden on Rana's parents Supreme Court for the first time allowed withdrawal of treatment.<sup>35</sup> Creating a historic moment in Indian legal history. The Court described the decision as one of compassion and dignity rather than abandonment.<sup>36</sup> Harish Rana later passed away peacefully on March 24 2026 under palliative care supervision and created the first successful implementation of passive euthanasia in India.<sup>37</sup>

### **ETHICAL AND PRACTICAL CHALLENGES**

Euthanasia raises serious ethical, societal and religious practical issues in Indian society While Article 21 recognised personal dignity of life and death of an



individual,<sup>38</sup> and Article 25 protects freedom of religion.<sup>39</sup> In Indian society decisions related to life and death heavily influenced by family, religion and social structure, there are many practical issues regarding implementation of euthanasia.

### **FAMILY AND SOCIAL ISSUE**

While Article 21 recognises human autonomy over life however acceptance of euthanasia heavily depended on acceptance of society and family. As Indian society is heavily influenced by traditional values and religious practices, the decision of withdrawal of treatment or ending life decisions isn't welcomed in society that well. As in 2018 decisions of the Court rejected the major religions of Indian society which are Hinduism, Islam and Christianity.<sup>40</sup> And therefore upholding personal autonomy over family belief is not an easy step as this religious belief shapes the mindset of Society.

### **RELIGIOUS AND PRACTICAL CHALLENGES**

Religious and cultural beliefs create resistance towards passive Euthanasia as life and death are regarded as sacred in all religions. And it belongs to God so ending one's own life artificially is morally unacceptable. Apart from this, the practical reality of Indian society regarding awareness of euthanasia, living wills, end of right to life knowledge is limited in public.<sup>41</sup> Also the Indian Healthcare system is not that advanced to handle palliative care facilities and trained specialists without creating disparities in region.<sup>42</sup>

### **ETHICAL CONCERN**

Passive euthanasia decision also raises serious concern of the value of human life and personal liberty. One major debate over autonomy and sanctity of Life is that, whether life should be preserved at all cost or whether dignity and freedom to end life from suffering should also be given priority.<sup>43</sup> While many religions and ethical beliefs regarded human life as sacred and withdrawal of treatment morally wrong, the opposite view forcing someone to continue suffering violates human dignity.<sup>44</sup> Another concern is the possibility of misuse against elderly, disabled and financially dependent patients.<sup>45</sup> Critics also pointed out that accepting Passive euthanasia may gradually lead to acceptance of Active euthanasia with time.<sup>46</sup>



## CONCLUSION

Passive euthanasia in India reflects the constitutional attempt to balance the sanctity of Life and persevering autonomy of life. Through the Shanbaug case, the court gradually developed a legal framework permitting Passive Euthanasia with a strict framework.<sup>47</sup> However, the ethical, religious, lack of awareness, and procedural challenges continue to create obstacles in its implementation. A well regulated and strong palliative care and public awareness is necessary to ensure implementation of euthanasia.<sup>48</sup>

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### CITATIONS:

<sup>1</sup> Aruna Ramchandra Shanbaug v. Union of India, (2011) 4 SCC 454 (India).

<sup>2</sup> INDIA CONST. art. 21.

<sup>3</sup> Common Cause (A Regd. Soc'y) v. Union of India, (2018) 5 SCC 1, ¶ 46 (India).

<sup>4</sup> Bharatiya Nyaya Sanhita §§ 103, 105, No. 45 of 2023, INDIA CODE (2023).

<sup>5</sup> Bharatiya Nyaya Sanhita § 108, No. 45 of 2023, INDIA CODE (2023).

<sup>6</sup> Gian Kaur v. State of Punjab, (1996) 2 SCC 648 (India).

<sup>7</sup> Common Cause v. Union of India, (2018) 5 SCC 1, ¶ 48 (India).

<sup>8</sup> Aruna Shanbaug v. Union of India, (2011) 4 SCC 454, ¶ 35 (India).

<sup>9</sup> Vacco v. Quill, 521 U.S. 793 (1997).

<sup>10</sup> Rodriguez v. British Columbia (Att'y Gen.), [1993] 3 S.C.R. 519 (Can.).

<sup>11</sup> Common Cause v. Union of India, (2018) 5 SCC 1, ¶ 52 (India).

<sup>12</sup> Aruna Shanbaug v. Union of India, (2011) 4 SCC 454, ¶ 2 (India).

<sup>13</sup> Id. at ¶ 3.

<sup>14</sup> Id. at ¶ 1.

<sup>15</sup> Id. at ¶ 4.

<sup>16</sup> Id. at ¶ 100.

<sup>17</sup> INDIA CONST. art. 226.

<sup>18</sup> Aruna Shanbaug v. Union of India, (2011) 4 SCC 454, ¶ 141 (India).

<sup>19</sup> Common Cause v. Union of India, (2018) 5 SCC 1, ¶ 1 (India).

<sup>20</sup> Id. at ¶ 210.

<sup>21</sup> Id.

<sup>22</sup> Id. at ¶ 212.

<sup>23</sup> Id. at ¶ 235.

<sup>24</sup> Id. at ¶¶ 240-260.

<sup>25</sup> Id. at ¶ 238.

<sup>26</sup> Id. at ¶ 265.

<sup>27</sup> Common Cause v. Union of India, 2023 SCC OnLine SC 99, ¶ 35 (India).



<sup>28</sup> Id. at ¶ 36.

<sup>29</sup> Id. at ¶ 37.

<sup>30</sup> Id. at ¶ 38.

<sup>31</sup> Id. at ¶ 39.

<sup>32</sup> Harish Rana v. Union of India, 2026 SCC OnLine SC 358 (India).

<sup>33</sup> Id. at ¶ 2.

<sup>34</sup> Id. at ¶ 5.

<sup>35</sup> Id. at ¶ 45.

<sup>36</sup> Id. at ¶ 46.

<sup>37</sup> Id. at ¶ 47.

<sup>38</sup> INDIA CONST. art. 21.

<sup>39</sup> INDIA CONST. art. 25.

<sup>40</sup> Common Cause v. Union of India, (2018) 5 SCC 1, ¶ 155 (India).

<sup>41</sup> See M.R. RAJAGOPAL, PALLIATIVE CARE IN INDIA: SUCCESSES AND LIMITATIONS, 24 J. PAIN & PALLIATIVE CARE PHARMACOTHERAPY 13 (2010).

<sup>42</sup> Id.

<sup>43</sup> See generally JOHN KEOWN, EUTHANASIA, ETHICS AND PUBLIC POLICY (2002).

<sup>44</sup> MARGARET PABST BATTIN, ENDING LIFE: ETHICS AND THE WAY WE DIE 78-82 (2005).

<sup>45</sup> LAW COMM'N OF INDIA, REPORT NO. 241: PASSIVE EUTHANASIA—A CRITIQUE 78-82 (2012).

<sup>46</sup> See generally THEO A. BOER, DOES EUTHANASIA HAVE A SLIPPERY SLOPE? (2017).

<sup>47</sup> Aruna Shanbaug v. Union of India, (2011) 4 SCC 454 (India).

<sup>48</sup> Harish Rana v. Union of India, 2026 SCC OnLine SC 358, ¶ 43 (India).

