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The Right to Die with Dignity: Evaluating India's Legal Framework on Passive Euthanasia

-Asmaa Barwelkar

1. Introduction

Modern medical advancements have made prolonging physiological existence a reality, blurring the lines between sustaining life and merely delaying death. Central to this issue is the "Right to Die with Dignity"—the principle that personal autonomy permits individuals to refuse intrusive medical interventions at the end of life. In India, the legal framework regarding passive euthanasia has shifted from a criminalized activity toward a constitutional rights-based approach under Article 21. This blog evaluates India's judicial evolution from the initial recognition of passive euthanasia in *Aruna Ramachandra Shanbaug (2011)*, to the validation of Living Wills in *Common Cause (2018)*, and its practical application in *Harish Rana (2026)*. By examining the active–passive distinction, procedural safeguards, and immunity for medical professionals, this study highlights how Indian jurisprudence has operationalized end-of-life autonomy.

2. Active vs. Passive Euthanasia

Active euthanasia means the deliberate use of a substance or action that ends the life of an individual, such as a lethal dose of an injection. Passive euthanasia refers to the withdrawal or withholding of life-sustaining medical treatments to allow terminally ill or vegetative patients' underlying disease to take its natural course, such as ventilators and artificial nutrition and hydration. It is important to analyze the medical condition of a 'vegetative state' before making such a crucial decision. "The vegetative state can be diagnosed according to the following criteria: (1) no evidence of awareness of self or environment and an inability to interact with others; (2) no evidence of sustained, reproducible, purposeful, or voluntary behavioural responses to visual, auditory, tactile, or noxious stimuli; (3) no evidence of language comprehension or expression; (4)

intermittent wakefulness manifested by the presence of sleep-wake cycles; (5) sufficiently preserved hypothalamic and brain-stem autonomic functions to permit survival with medical and nursing care; (6) bowel and bladder incontinence; and (7) variably preserved cranial-nerve reflexes (pupillary, oculocephalic, corneal, vestibulo-ocular, and gag) and spinal reflexes.”¹

3. Landmark Cases

- a) *Aruna Ramachandra Shanbaug v. Union of India* (2011): This was the first case where the Supreme Court legally recognized passive euthanasia and laid down that withdrawal of life support needs High Court approval, medical board expertise opinions, and notice to the state, relatives, or designated ‘next friend’.

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- b) *Common Cause v. Union of India* (2018): The Supreme Court of India recognised the right to die with dignity as an intrinsic part of a fundamental right under Article 21 of the Indian Constitution and gave legal recognition to living wills (Advance Medical Directives) and advanced a simplified procedure for withdrawal of treatment.³

- c) *Harish Rana v. Union of India* (2026): The Supreme Court, for the first time, applied the Common Cause framework to allow withdrawal of life support. The court also classified clinically assisted nutrition and hydration (CANH) as a medical treatment that can be withdrawn under the pretext of passive euthanasia. The matter was decided in the best interests of the patient, with the medical board’s opinion. This moved passive euthanasia from a theoretical framework to practical application.⁴

¹ The Multi-Society Task Force on PVS, *Medical Aspects of the Persistent Vegetative State (Second of Two Parts)*, 330 New England Journal of Medicine 1499 (1994).

² *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 S.C.C. 454.

³ *Common Cause v. Union of India*, (2018) 5 S.C.C. 1.

⁴ *Harish Rana v. Union of India*, 2026 INSC 222.

4. Guidelines on Passive Euthanasia

Passive Euthanasia is treated as a legal sanction, giving authorization or immunity to withhold or withdraw medical life-sustaining treatments for persons who are terminally ill or in a vegetative state, which would otherwise be illegal. There are two ways passive euthanasia can be granted: 1) Living Will/ Advance Medical Directive (AMD): the patient, while being competent, gave his consent; the process honours their wishes, so the medical boards mainly confirm the validity of the directive and decide what is in the patient's best interest. 2) No Directive Available: If no prior consent is given, the law relies on family consent and on the medical board's decision, and the High Court is available as a safeguard if the medical boards or the family disagree.⁵

5. Conclusion

The Supreme Court rulings recognised the instances where withdrawal of life support for terminally ill patients is necessary and issued simplified directives on the procedure for granting 'Passive Euthanasia'. This saves the emotional ordeals that the terminally ill or vegetative patients' families and friends go through while taking such a serious decision on letting go of their close one, being removed from all life-sustaining treatments, and letting the underlying condition take its natural course. It started with the legal recognition of 'passive euthanasia' in the case of *Aruna Ramachandra Shanbaug v. Union of India*, where a petition was filed for the patient who was a victim of assault before being in a persistent vegetative state for over three decades, and developed through giving constitutional recognition to the 'Right to Die with Dignity' and simplification of its implementation process in *Common Cause v. Union of India*, and to its practical application in *Harish Rana v. Union of India*, where the Supreme Court of India, for the first time, authorised and directed the implementation of passive euthanasia in a case. This made India one of the first few countries to give legal recognition to it by defining the line between active killing and letting the underlying condition take its natural course, providing clear immunity to medical professionals by removing the fear of charges like culpable homicide or abetment to suicide.

⁵ *Common Cause v. Union of India*, (2023) 14 SCC 131