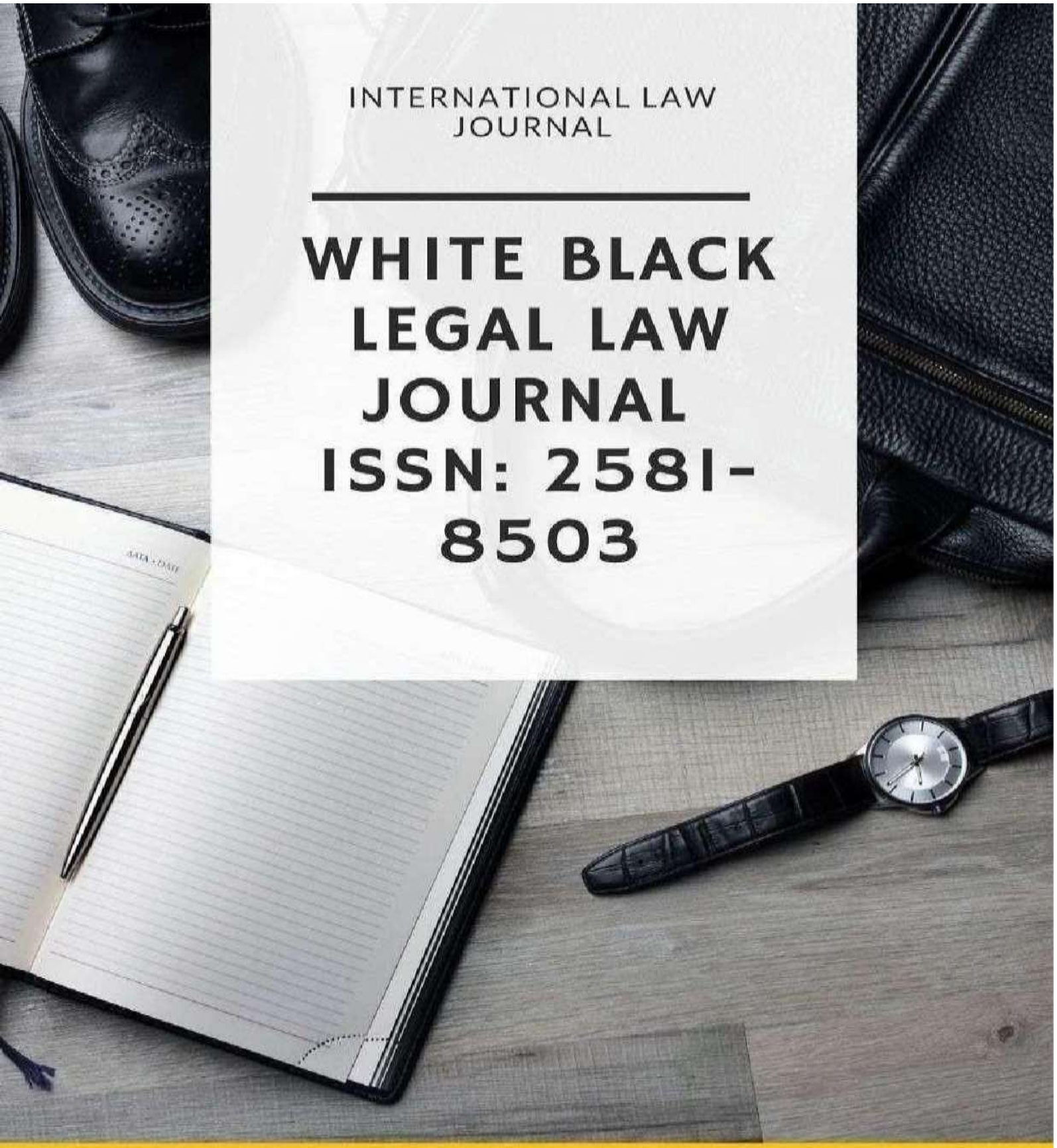

INTERNATIONAL LAW JOURNAL

WHITE BLACK LEGAL LAW JOURNAL

ISSN: 2581-8503

Peer - Reviewed & Refereed Journal

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Volume 3 Issue 7 | June 2026 ISSN: 2581-8503

EXAMINING THE LEGAL STATUS OF THE PRACTICE IN INDIA AND AROUND THE WORLD WITH EMERGING PERSPECTIVES

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ABSTRACT

Euthanasia, or “mercy killing” is one of the most complicated and controversial topics in modern legal, ethical, and constitutional disputes. India's dispute came to a head in March 2018 with the Supreme Court's landmark decision in Common Cause v. Union of India, which set tight rules for living wills and passive euthanasia. This verdict was a big step forward since it said that the right to a dignified death is part of Article 21’s guarantee of life. However, the courts' path to this point was full of ethical difficulties, intellectual disagreements, and ongoing problems. There are still major problems after the ruling, such as the lack of overarching legislation, unclear implementation of directives, and the possibility of misuse in a country where laws aren't always enforced. This study examines the feasibility of incorporating a dignified right to die inside the constitutional right to life. By examining case law, moral philosophies, and expert opinions, it underscores the dangers faced by vulnerable populations susceptible to coercion in the absence of robust safeguards. The study examines the topic within India's unique socio-legal context, navigating the tension between the sanctity of life and societal reality. It employs Jeremy Bentham's utilitarian perspective, focusing on pleasure-pain dynamics and aversion to rationalize euthanasia as a means of alleviating persistent, terminal suffering. It differentiates euthanasia from suicide, emphasizing the external agency in the former to alleviate the individual's irreparable suffering at their request. It looks at how people in Greece and India feel about killing themselves, as well as what Hinduism, Islam, Christianity, and Sikhism think about it. It also looks at ancient times. The research investigates the position of euthanasia within the Indian Constitution, Penal Code, and related statutes, amalgamates social and clinical viewpoints, and categorizes types of euthanasia. A cross-jurisdictional analysis of regulatory frameworks in the United States, Canada, the Netherlands, and Belgium elucidates effective regulatory techniques. In conclusion, weighing the

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advantages and disadvantages, the study advocates adopting passive euthanasia to maintain personal autonomy and dignity, provided that strong legal and ethical frameworks are established to prevent exploitation, ensure medical accountability, and support fundamental constitutional values.

Key words: Mercy Killing, Euthanasia, Article 21, Passive Euthanasia, Living Will, PAS And PVS

1. Introduction:

Antipathy is not a term, rather it is an attitude or an emotion that has led to the development of Jurisprudence. Undoubtedly, the originator of Jurisprudence, Bentham, not only characterized aversion as the determining principle of law and legislation, as well as a practice that exerts a profound influence on human morals. Bentham delineated antipathy into six separate components: repugnance of sense, wounded pride, individual resistance and power, trust in the future, desire for uniformity, and, ultimately, envy. Bentham characterizes it as a catalyst that engenders the sentiment of sympathy within society.

The philosophy of pleasure and pain is characterized as a criterion for the establishment of sanctions. Undoubtedly, pleasure and pain are interrelated; however, at times, the pain is so intense that it is difficult to articulate, not only to the individual experiencing it but also to their loved ones and the broader community. This type of pain raises the question of whether it can be adequately addressed by any legal framework or if it should be allowed to persist in its current state, contending with its suffering. Pain and suffering associated with dying are a more formidable master of humanity than death itself[3].

Although all want to prolonged, healthy lives, terminal anguish may compel even the devout to pursue death. Euthanasia, defined as compassion killing or a "good death," incites international discourse: advocates support painless departures for the terminally sick, whereas detractors invoke human rights, religious prohibitions against murder (no faith condones the killing of innocents), and the moral sanctity of life.

[3] Goel, V. (2008). Euthanasia–A dignified end of life. *International NGO Journal*, *3*(12), 224-231.

Suicide attempts are now decriminalized under the Mental Healthcare Act of 2017[4], while abetment remains subject to punishment under the Bharatiya Nyaya Sanhita. Euthanasia, however, entails external intervention and remains an unsolved socio-legal dilemma.

2. Concept of Euthanasia

The right to die with dignity has been a prominent subject of ethical and legal discussion worldwide, especially as nations confront the ramifications of autonomy, morality, and human rights. The discourse on euthanasia in India involves Numerous difficult topics, encompassing philosophical inquiries regarding the sanctity of life, the influence of religion on ethical deliberations, the tenets of medical ethics, and overarching human rights frameworks established in constitutional law.

Euthanasia is defined as "the act or practice of killing or bringing about the death of a person suffering from an incurable disease or condition, especially a painful one, for reasons of mercy" in Black's Law Dictionary (8th edn). "Crime and Justice" encyclopedia defines euthanasia as "the deliberate infliction of pain in order to alleviate an unbearable or distressing state of life." Euthanasia is primarily linked to individuals with terminal illnesses or those who are incapacitated and wish to avoid prolonged pain. An individual with significant disabilities or a terminal illness should possess the autonomy to decide between life and death. The choice to choose between life and death should not be restricted to those of sound mind but should be extended to all human beings. Euthanasia is a contentious topic that involves the ethics, principles, and convictions of our society. Euthanasia has been a much-contested topic globally.

The subject has gained prominence because to recent developments in the Netherlands and England, where euthanasia has been permitted. Consequently, numerous nations worldwide are fervently deliberating the merits of emulating the Dutch model.

In the face of an incurable illness, unbearable anguish, misery, or pain, euthanasia refers to the

[4] Sec 115- Presumption of severe stress in case of attempt to commit suicide.—(1) Notwithstanding anything contained in section 309 of the Indian Penal Code (45 of 1860) any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code.
(2) The appropriate Government shall have a duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide

practice of compassionately ending a person's life. In multiple instances, the Hon'ble Supreme Court of India has acknowledged passive euthanasia, but it has repeatedly stated that active euthanasia cannot be legalized without an Act. The act of ending one's own life is termed "suicide," whereas the termination of a person's life by another, even at the request of the individual, is referred to as "euthanasia" or "mercy killing."

Euthanasia may be classified as follows:-

(1) Active or Positive
(2) Passive or negative (also known as letting-die)
(3) Voluntary
(4) Involuntary
(5) Non-Voluntary

Active or Positive

Active euthanasia entails the painless termination of an individual's life for compassionate purposes, exemplified by a physician administering a deadly dosage of medication to a patient.

Passive or negative

Euthanasia is considered passive when death results from the withdrawal of therapy.

The patient's life support is discontinued, resulting in the patient's death. For instance, discontinuing life-sustaining devices from a very ill patient, resulting in the patient's demise. In "passive euthanasia," physicians do not actively terminate life; they only refrain from providing life-saving interventions.

Voluntary

Euthanasia is considered voluntary when conducted with the explicit desire and permission of the patient. Voluntary euthanasia largely pertains to the right of terminally ill patients to choose to terminate their lives, a decision that serves their best interests as well as that of others.

Involuntary

When a patient is terminated without an explicit desire for such action, it becomes a sort of involuntary euthanasia. It pertains to instances where a capable patient's life is terminated contrary to the patient's desires opposing euthanasia, which would unequivocally constitute murder.

Non-Voluntary

It pertains to the termination of life of an individual who lacks the mental capacity to make an informed request for euthanasia, exemplified as a comatose patient. In non-voluntary euthanasia, the patient has not provided a living will or advance directives, either due to lack of opportunity or failure to foresee such an incident or possibility. In instances of non-voluntary euthanasia, the decision is frequently made by family members.

There are multiple methods for euthanasia. The predominant methods encompass –

1. **Lethal injection -** Administration of a fatal dosage of a substance, such as a recognized toxin, KCl, etc.
2. **Asphyxiation** - The predominant gas utilized is Carbon monoxide (CO). Nerve agents such as sarin and tabun are incorporated in minimal quantities to guarantee fatality. One of the approaches is Dr. Jack Kevorkian's euthanasia device. (mercitron, thanatron). He is also referred to as Dr. Death. It is a distinctive approach whereby an individual might terminate his own life. This equipment enables an individual to terminate their life painlessly at a self-selected moment.[5]

3. History and Origin Of Euthanasia

Euthanasia, a Greek concept meaning "easy death," was used to provide relief for people suffering from dehydration or famine. Suetomius, a Roman historian, is thought to have coined the term in his work De Vita.

Caesarum-Divus Augustus describes the death of Augustus Caesar's death was a result of his own actions, not the actions of others. Withdrawing health treatment, also known as 'orthotanasia', was a form of passive euthanasia in which ill patients were withdrawn from treatment to ease their death without actively killing them. Euthanasia has been used since ancient times, but it nevertheless faced opposition. Assyrian physicians in Mesopotamia prohibited these procedures. However, these behaviors persisted in various parts of the world at different times. on India, sick patients were drowned on the Ganges River, whereas in ancient Israel, frankincense was used to kill individuals with terminal ailments. Euthanasia is deeply rooted in religious holiness. The Jewish community rejects killing and shortening the lives of handicapped people, citing biblical principles and the sixth commandment "thou shall not kill."

[5] Roy, C. (2011). Position Of Euthanasia In India–An Analytical Study. *The Indian Jounal of Criminology and Criminalistics*, *5*(2).

Euthanasia and suicide are also considered murder in Judaism, highlighting the value of human life. In Sparta, newborns with disabilities were examined and killed to alleviate societal burdens and provide relief for disadvantaged individuals[6].

In Ancient Greece, physicians would offer a poisoned drink to patients with incurable conditions or terminal illnesses, facilitating suicide. Plato, a great scholar, believed that those with mental or physical disabilities had no right to life and should be slain. Pythagoras opposed suicide on theological grounds, believing that humans are sent by God to protect Earthly existence and cannot escape it. The Hippocratic Oath prohibits administering poison on command or recommending it, which led to the first major resistance to euthanasia. During the Middle Ages in Europe, Christians condemned euthanasia, believing that death is a divine decree and that no one has the right to choose their own or others' deaths. Thomas More first advocated for euthanasia in his work Utopia in the 15th-17th centuries, but only with the patient's agreement and in cases of unbearable pain that cannot be alleviated. Francis Bacon's view of prolonging life resembled palliative care, rather than mercy killing. In the 18th century, Russia passed a law to reduce the penalty for killing patients with fatal conditions. In contrast, in 1828, America made assisted suicide illegal. In the late 18th century, Darwin's evolutionary theory undermined the belief in God as the ultimate creator of life, leading to increased acceptance for active euthanasia. In the 20th century, the United States became the first to legalize euthanasia with the State Medical Association's recommendation for a compassionate death.[7] Since then, many countries have debated whether to allow euthanasia owing to changing circumstances.

Euthanasia has historically been fraught with conflict, as discussed above. Humanity has long debated the legality of euthanasia. Understanding the importance of this issue is crucial given the emphasis placed on human life today.

4. Global Perspectives on Euthanasia:

Global debates over euthanasia legislation and practices have intensified since the second half of the 20th century. Several examples concern Examples of suicide and euthanasia in various

[6] Boruah, J. (2021). Euthanasia in India: A review on its constitutional validity. *Lex humanitariae: journal for a change*, 1-10.
[7] A General History of Euthanasia, New Zealand Resource for Life Related Issues (Jan 6, 2019) www.life.org.nz/euthanasia/history-euthanasia-1

countries are provided below.

Netherlands

Netherlands became first European country to allow euthanasia and assisted suicide in April 2002. Euthanasia in the Netherlands is regulated under the 2002 *"Termination of Life on Request and Assisted Suicide (Review Procedures) Act"*. Physician-assisted suicide and euthanasia are not punishable provided the doctor takes care. It allows euthanasia and physician-assisted suicide under certain conditions. Under Dutch law, homicide at an individual's request is punishable by twelve years in prison or a fine, while assistance in suicide is punishable by three years. If the following conditions are met, a medical review board can suspend the prosecution of euthanasia doctors:

- The patient's suffering is severe and cannot be alleviated.
- Patients must desire euthanasia voluntarily and persistently, avoiding influence from others, psychological illnesses, or narcotics.
- Patients should be aware of their illness, prognosis, and treatment alternatives.
- At least one independent physician consultation is needed to confirm the conditions.
- The physician or patient must execute the death in a medically proper manner, with the physician present.
- The patient must be at least 12 years old (children aged 12-16 need parental consent)[8].

Australia

First country to legalize euthanasia was the Northern Territory of Australia, enacting the Rights of the Terminally Ill Act, 1996. It was legal in court.

The Supreme Court of Northern Territory of Australia ruled in *Wake v. Northern Territory of Australia*[9]. However, the *Euthanasia Laws Act, 1997*, rendered it unlawful again by repealing the Northern Territory laws.

The United States

The law in the United States still makes a difference between passive and aggressive euthanasia. The United States Supreme Court has made euthanasia completely illegal in the

[8] Roy, C. (2011). Position Of Euthanasia In India–An Analytical Study. *Indian Jounal Criminol Crim*, *5*(2), 1110-1116.
[9] (1996) 109 NTR 1

cases *Washington v. Glucksberg*[10] and *Vacco v. Quill*[11] say that physician-assisted dying is allowed in Oregon under the Oregon Death with Dignity Act, 1997; in Washington under the Washington Death with Dignity Act, 2008; and in Montana by the State courts and not the legislature.

Canada

In Canada, patients can refuse life-sustaining therapies but cannot request euthanasia or assisted suicide. Canada physician-assisted.

Section 241(b) of the *Criminal Code of Canada* prohibits suicide. In *Sue Rodriguez v. British Columbia (Attorney General)*[12], the Supreme Court of Canada ruled that state interests trump individual interests in assisted suicide cases.

Belgium

The Belgian Parliament legalized euthanasia in May 2002, comparable to the Netherlands.

Switzerland

Article 115 of the Penal Code decriminalizes suicide and altruistic physician-assisted suicide (no physician or terminal disease required; can be conducted by non-physicians); active euthanasia remains prohibited.

Russia and Spain both outlaw euthanasia and physician-assisted suicide.

United Kingdom

Through the decision in the case of *Airedale NHS Trust v. Bland*[13], the House of Lords made it possible for patients who were in a persistent vegetative state (PVS) to undergo passive non-voluntary euthanasia. This was accomplished by allowing the withdrawal of artificial life support. Adults who are competent have the right to refuse treatment, even if it will result in death. In the case of incompetent patients, medical professionals may offer care that is regarded to be in their best interests, but they are not permitted to administer lethal medications, regardless of whether or not they have a humanitarian intention. It was unanimous among the Lords that Anthony Bland should be put to death.

[10] 521 US 702 (1997)
[11] 521 US 793 (1997)
[12] (1993) 3 SCR 519
[13] 1993(1) All ER 821 (HL)

After the Airedale case, the law in the United Kingdom allows for the withdrawal of support for incompetent patients based on an informed medical view of what is in their best interests, without legal consequences. Determining what is in the best interests of PVS is still a difficult issue. The courts in the United States have made a variety of rulings about this matter.

In accordance with the idea articulated by Justice Cardozo, which states that "every human being of adult years and sound mind has the right to determine what shall be done with his own body; a surgeon operating without consent commits assault"[14] (Schloendorff v. Society of New York Hospital), this follows the aforementioned principle.

5. Religious Aspects of Euthanasia

The religious heterogeneity of India introduces additional moral complexities to the euthanasia discourse.

- Hinduism
- Islam
- Christianity
- Jainism
- Buddhism

A significant portion of **Hinduism** holds the belief that life is precious and that pain is a component of karmic repercussions. *Praeropavesa*, also known as voluntary death by fasting, is a practice that is accepted under particular spiritual conditions; however, it is only permitted for ascetics and people who are seeking spiritual enlightenment.[15]

Islam categorically opposes euthanasia, holding that life and death are under Allah's exclusive jurisdiction[16].

Christianity, especially within the Catholic tradition, regards euthanasia as morally unacceptable due to the sanctity-of-life doctrine[17].

In contrast, **Jainism** provides a unique ethical framework where Sallekhana, a non-violent, voluntary fast unto death, is practiced by the spiritually mature to attain liberation. The practice of Sallekhana is portrayed as a religious act of renunciation rather than a medical termination,

[14] Schloendorff v. Society of New York Hospital, 211 N.Y. 125, 129-30, 105 N.E. 92, 93 (1914)
[15] Bhattacharyya, D. (2006). Bioethics and Hinduism. Journal of Hindu-Christian Studies, 19(1), 11– 15. https://doi.org/10.7825/2164-6279.1357
[16] Sachedina, A. (2005). End-of-life: The Islamic view. The Lancet, 366(9487), 774–779. https://doi.org/10.1016/S0140-6736(05)67183-6
[17] John Paul II. (1995). Evangelium Vitae [The Gospel of Life]. Vatican Publishing House.

despite the fact that it is similar to euthanasia in its objective[18].

Different schools of **Buddhism** hold different perspectives; for example, the Theravada tradition is against euthanasia, whereas Mahayana schools sometimes place more of an emphasis on compassionately relieving suffering[19].

6. Legal Dimensions Of Euthanasia In India

Do not judge India's justice system alone. Courts in India routinely use foreign verdicts and draw from other countries' constitutions.

Euthanasia is illegal in India. Euthanasia or mercy killing occurs under clause one of Section 300 of the *Indian Penal Code, 1860,* since the doctor wants to kill the patient. The doctor or mercy killer may be penalized under Section 304 for culpable homicide but not murder if the deceased consented. Only voluntary euthanasia is covered under Section 300 Exception 5. Proviso one of Section 92 of the IPC criminalizes non-voluntary and involuntary euthanasia. India has explicit assisted suicide laws. Death under the Penal Code, 1860, is not a "right" in India. The Code punishes suicide under sections 305 (Abetment of minor or insane person), 306 (Suicide), and 309 (Attempt to commit suicide). The legality of IPC 309 is questioned. Life is emphasized in the Indian Constitution. Article 21 guarantees life in India. Article 21's right to life may encompass the right to die. Mercy killing is lawful.

Following the Supreme Court's five-judge ruling in *Gian Kaur v. State of Punjab*[20], it is clear that Article 21 of the Constitution does not provide the right to die. The Court ruled that Article 21 guarantees "protection of life and personal liberty" and cannot be interpreted to include annihilation of life.

Under the *Indian Medical Council Act, 1956,* the matter is also addressed. Sections 20A and 33(m) of the Act allow the Medical Council of India to establish standards of professional conduct, etiquette, and ethics for medical practitioners. Using its authority, the Medical Council of India has updated the code of medical ethics for practitioners. Euthanasia is considered immoral unless it utilizes the life support system to maintain the body's cardio-pulmonary functions. In some circumstances, life support systems may be discontinued with medical

[18] Long, J. (2009). Jainism: An Introduction. I.B. Tauris.
[19] Keown, D. (1995). Buddhism and suicide: The case of Channa. Journal of Buddhist Ethics, 2, 8– 31.
[20] 1996 (2) SCC 648: AIR 1996 SC 946

clearance.

In the Gian Kaur case, section 309 of the Indian Penal Code was deemed constitutional, although it is now outdated and should be removed by Parliament. Depression may lead to suicide attempts, requiring assistance rather than punishment. In *State v. Sanjay Kumar Bhatia*[21], the Delhi High Court ruled that section 309 of IPC is unjustified and should be removed from the statute book.

In *Maruti Shripati Dubal v. State of Maharashtra*[22], the Bombay High Court ruled that section 309 violates Articles 14 and 21 of the Constitution.

Constitution. The Section was found to be discriminatory, arbitrary, and breached Article 14's equality guarantee. Article 21 was understood to provide the right to die or take one's life. Thus, it violated Article 21.

7. Aruna's Case - A Novel Dimension In The Indian Legal Context

The recent ruling of the Supreme Court in *Aruna Ramchandra Shanbaug v. Union of India*[23] has paved the path for the legality of passive euthanasia. A petition in this instance A petition was submitted to the Supreme Court requesting authorization for euthanasia for Aruna Ramchandra Shanbaug, who is in a Persistent Vegetative State (P.V.S.), thereby rendering her a non-sentient being with little brain activity. The Supreme Court constituted a committee to conduct a medical examination of the patient to determine the problem.

The Court ultimately denied the petition on behalf of Shanbaug, noting that passive euthanasia is possible under legal supervision in extreme situations, however active euthanasia is not sanctioned by law. The court also suggested decriminalizing attempted suicide by eliminating the associated penalties in the Indian Penal Code.

The Court has established rules that will remain in effect until Parliament enacts legislation on this matter.

[21] 1985 Cri.L.J 931 (Del.).
[22] 1987 Cri.L.J 743 (Bom.)
[23] 1993(1) All ER 821 (HL)

A decision to terminate life support must be made by the parents, spouse, or other close relatives; in their absence, it may also be made by an individual or group acting as a nearest friend. It may also be administered by the physicians attending to the patient. Nonetheless, the choice must be made in good faith and in the patient's best interest.

Consequently, even if a decision is made by close relatives, physicians, or a next friend to terminate life support, such a decision necessitates approval from the relevant High Court, as established in the Airedale case[24], due to the heightened risk of potential malfeasance by relatives or others seeking to inherit the patient's assets in our country.

The issue before the Court is to the legal framework under which it may authorize the withdrawal of life support from an incompetent individual. The Court determined that the High Court, according to Article 226 of the Constitution, had the authority to authorize the cessation of life support for an incompetent individual. The High Court, according to Article 226 of the Constitution, is authorized to issue writs as well as directives or orders.

In the present instance, upon the filing of such an application, the Chief Justice of the High Court must promptly establish a Bench of a minimum of two Judges to determine whether to give permission. Prior to proceeding, the Bench shall seek the opinion of a committee including three esteemed physicians, to be appointed by the Bench after contacting relevant medical authorities or practitioners as deemed appropriate. Ideally, one of the three physicians should be a neurologist, another a psychiatrist, and the third a general practitioner.

The committee of three physicians appointed by the Bench must meticulously assess the patient, review the patient's records, speak with the medical personnel, and present their findings to the High Court Bench.

Upon hearing from the State and the patient's immediate relatives, such as parents, spouse, and siblings, or in their absence, the patient's nearest friend, the High Court bench shall render its ruling. The aforementioned approach must be adhered to across India until Parliament enacts laws on this matter.

[24] 1993(1) All ER 821 (HL)

The High Court need to provide its conclusion with explicit rationale, according to the criterion of 'best interest of the patient' established by the House of Lords in the Airedale case.

In *Common Cause vs. Union of India*[25],this significant verdict recognizes the constitutional right to die with dignity in India. It established a legal precedent for passive euthanasia and the concept of "living will."

“Living Will” in legal sense is known as an ‘Advance Medical Directive’ which empowers a person to assign to another person, the power to make decisions regarding their medical treatment, in a situation where the former is in a comatose or unconscious state[26].

Common Cause, a registered society, launched a public interest litigation (PIL) to determine the legitimacy of the right to die with dignity. The petitioner stated that Article 21 of the Indian Constitution, which guarantees life, also includes the right to die with dignity. They aimed to legalize passive euthanasia (withholding medical treatment to enable a natural death) and "living will" or "advance directive," which allows individuals to declare their treatment preferences in the event of incapacitation.

On March 9, 2018, a five-judge Constitutional Bench led by Chief Justice Dipak Misra ruled unanimously that the right to die with dignity is a fundamental right under Article 21 of the Indian Constitution. The Court established standards for passive euthanasia and living wills, giving terminally ill individuals the option to forgo life-prolonging procedures.

The Court distinguishes between active euthanasia (intentional acts to end life) and passive euthanasia. Passive euthanasia is permitted in cases where a patient's suffering is severe and they have made a decision to refuse life support if they become terminally ill or unconscious.

The Court established specific measures to guarantee directions are truly voluntary and not misused. The orders must be confirmed by a judicial magistrate and approved by a medical board prior to withdrawing life support. This decision promotes patient autonomy and gives

[25] AIR 2018 SC 2002
[26] “Preparing for the unexpected: Understanding the Concept of Living Wills” By Nidhi Singh and Amisha Upadhyay; available at: https://www.indialaw.in/blog/civil/understanding-the-concept-of livingwills/#:~:text=A%20'Living%20Will'%20in%20legal,a%20comatose%20or%20unconscious%20state; last visited on 10/February/2026

terminally ill persons more discretion over their end-of-life care, while balancing medical ethics and constitutional rights.

This verdict outlined a framework for passive euthanasia in India, emphasizing patient autonomy and dignity in end-of-life treatment.

It's unlikely. Advance directives are recognized as valid, allowing individuals to refuse life support if they become terminally ill or unconscious.

The Court established specific measures to guarantee directions are truly voluntary and not misused. The orders must be confirmed by a judicial magistrate and approved by a medical board prior to withdrawing life support. This decision promotes patient autonomy and gives terminally ill persons more discretion over their end-of-life care, while balancing medical ethics and constitutional rights.

8. The Harish Rana Case: A Turning Point In Legal Understanding

Justices J.B. Pardiwala and K.V. Viswanathan granted passive euthanasia to 32-year-old vegetative *Harish Rana Case* on March 11, 2026. Pardiwala and Viswanatahn wrote the majority and concurring opinions.

Passive euthanasia is taking life without treatment. This was the first time the Supreme Court fully accepted Common Cause v Union of India (2018) passive euthanasia rules. The Constitution Bench of five justices ruled in Common Cause that Article 21's right to life and liberty includes the right to die with dignity. An extra five-judge Bench simplified criteria in 2023.

The Court ruled that delaying treatment is compassionate and not a “abandonment” of the patient. Axons were injured by Rana's fourth-floor fall. Quadriplegic and handicapped. He got CANH. The PEG tube was his main meal and drink.

The Delhi High Court heard Rana's passive euthanasia request. In 2024, the High Court denied his appeal, saying he would starve without CANH. He was not ventilator-supported, therefore passive euthanasia failed. In August 2024, the Supreme Court agreed with the High Court but

asked the Union to consider relocating Rana to a facility that could care for him due to his elderly parents' financial difficulties. Uttar Pradesh should pay Chief Justice D.Y. Chandrachud's medical expenditures on his last day in November 2024, the Bench recommended.

Rana's parents' October 2025 miscellaneous application was considered by Justices Pardiwala and Viswanathan. Common Cause says the Bench ordered two-tier medical evaluation. The Primary Board said Rana had little prospect of rehabilitation. The Bench called Rana's situation "very sad" and will make a "final call" after studying the Secondary Board's findings. The Bench met Rana's parents.

We called Rana's case the ultimate Common Cause standards test in a December desk brief. Can CANH[27] be "life-supporting"? Can the Court determine in the patient's "best interests"? This verdict answers both.

Life-saving CANH

The Court said CANH medical therapy is not "primary care". Unlike spoon feeding, it needed medical gear. CANH and PEG tubes require medical examination and judgment.

The Court said CANH must follow "the same ethical, legal, and clinical principles that govern the initiation, continuation, withholding, or withdrawal of other life-sustaining medical interventions". Doctors can decide if CANH is a "medical treatment" in the "best interest of the patient". The Court permitted the Primary and Secondary Medical Board clinically determine CANH continuation or withdrawal.

Director of Common Cause Vipul Mudgal told the Supreme Court Observer: "I think it is a step in the right direction. Good sense backs us. Each life-or-death situation is unique. Medical science and human philosophy."

Patients' best interests

The Court ruled in Common Cause that the "best interest of the patient" should be considered when halting or postponing treatment for a non-communicating patient. Judges and physicians decide "best interest". Former Chief Justice Dipak Misra preferred patients over states in

[27] **Clinically Assisted Nutrition and Hydration**. It refers to feeding patients via tubes (e.g., PEG tube) or IV drips rather than orally, often considered medical treatment in end-of-life cases. It is commonly discussed in legal and palliative care frameworks regarding the withdrawal of life support.

Common Cause.

The Bench agreed with Rana that "best interest" is not always relevant. A comprehensive examination of medical and non-medical considerations was needed, including "the patient's wishes, feelings, beliefs, values, and any other factor that would influence the patient's decision, or that the patient would have considered, had he retained the capacity to do so."

Not if Rana should die, the Court asked if he should prolong his life. SCO's Mudgal advised evaluating how medical discoveries had extended life by "ridiculous amounts."

Rana has had tracheostomy, urine catheter, and PEG tube CANH since his injury. Medical records indicate he was unaware of his surroundings and could not express hunger or discomfort due to seizures. Additionally, the Secondary Board deemed his brain injury irreparable. CANH saved him but did not cure him.

The Court considered treatment's pros and cons—pain, invasiveness, indignity, and psychological distress. Rana's parents insisted on ethical support. The Common Cause proceedings began when "continuing the medical treatment no longer serves any meaningful purpose for [Rana] and only prolongs his agony, which is causing an undignified life for the applicant."[28]

Simple medical procedure

The Primary and Secondary Boards concluded Rana's therapy "has become prolonged, futile, and offers no hope of recovery." The Court used the "substituted judgement standard" to imagine what the patient might have wished if he could.

The Bench decided Rana had no 'living will' or advanced medical directive prohibiting medical care. As per its ruling, the Bench determined "he would not have chosen to continue CANH in these circumstances." Rana exercised, offering the Bench a "relevant lens" in this case.

In Common Cause, Justice Chandrachud compared "best interest" to the substituted judgment requirement for "public interest". The Court noted the Primary and Secondary Medical Boards recommended stopping CANH medication for the plaintiff. It proved the Court doesn't always decide patient welfare.

Treatment withholding not "abrupt act"

The Court stressed EOL and palliative care. It added doctors must help those denied treatment. The Court required a "clearly articulated and medically supervised palliative and EOL care

[28] *Re: Harish Rana*, Misc. Application No. 2238 of 2025 (Supreme Court of India, March 11, 2026). https://api.sci.gov.in/supremecourt/2025/60980/60980_2025_7_1501_69246_Judgement_11-Mar-2026.pdf

plan" for CANH discontinuation or withholding. Mudgal praised the Court's rare palliative care reference. No palliative care system exists in our nation. He claimed Kerala may be the only choice.

The Bench said that "right to die with dignity is inseparable from the right to receive quality palliative and EOL care." All India Institute of Medical Sciences was ordered to treat Rana.

9. Conclusion

As a result, we are able to assert that India is nearing the point when it will officially legalize euthanasia in accordance with the Constitution. And if we take a look at the current situation, we can conclude that the number of health problems is expected to rise in the future owing to a number of factors, including climate change, water, and other factors.

There will be a rise in the number of people who are terminally sick, regardless of how much progress medical institutions make, because of factors such as air pollution, food adulteration, and other such factors.

The necessity of legalizing euthanasia will likewise expand in these kinds of situations, and the need for doing so is already growing. On the other hand, the execution of such a legal process is where the trouble resides. This is because the history of India demonstrates that laws are usually excellent on paper, but things change when they are put into practice. Although it is common knowledge that the act of female infanticide is prohibited in India, the columns of the newspaper have shown a different reality. An even more compelling illustration of this would be the occurrences of acid assaults and rape. In a similar vein, several academics have already identified a great number of unfavorable occurrences that may occur in India once euthanasia is made legal. A single rule that makes euthanasia lawful based on particular criteria would not fulfill the aim in all situations, or even providing absolute constitutional legality might become slightly problematic. Both of these scenarios are possible. In light of this, the subject will be determined according to the many conditions that are present in the instances that are brought before the institution. In spite of this, there are some conditions that can be specified by legislation, and it is the responsibility of the respective patients to meet these standards before using passive euthanasia. Nevertheless, prior to the implementation of such parameters, considerable research must be conducted with the assistance of both academics and medical professionals in order to verify the genuineness of the parameters in question.