



BETWEEN LIFE AND SUFFERING: THE LAW'S RESPONSE TO EUTHANASIA

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ABSTRACT

“Mercy does not always mean prolonging life; sometimes it means relieving pain.” Euthanasia, commonly termed as mercy killing, remains one of the most contested issues in modern legal and ethical discourse. It involves the deliberate ending of a person’s life to relieve prolonged suffering caused by terminal illness or irreversible medical conditions. With advancements in medical science prolonging life beyond natural limits, questions surrounding dignity, autonomy, and the right to die have gained renewed significance. This article critically examines the concept of euthanasia, its types, ethical foundations, international legal position, and the current legal framework in India. It further analyses recent judicial developments and highlights the challenges faced in regulating euthanasia within constitutional and human rights jurisprudence.

Keywords: Euthanasia, Right to Die, Article 21, Passive Euthanasia, Medical Ethics.

INTRODUCTION

Every human being wants to enjoy their life to the fullest till death. Living a healthy life is always a blessing to us, but sometimes, in certain situations, this survival becomes very painful, and then it turns into a curse. Like in the state of a persistent state where a person is unable to analyse what is happening around them, totally unaware of themselves or their surroundings, lacking purposeful responses, though basic autonomic functions (breathing, heart rate) remain. Modern medications were introduced to cure these diseases. But in some cases, the pain is so severe that there is nothing left to do but seek the help of modern medicine. Euthanasia is a very important issue in this context. The concept of euthanasia is based on the philosophy of humanism and compassion. It recognises the autonomy of an individual, freedom of choice to live or die with dignity. It is a very sensitive issue that polarised the world. Euthanasia is one

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of the most perplexing issues which the courts and legislatures all over the world face today. By euthanasia, we mean the right of a person to die to get himself or herself free from his or her unbearable physical pain and suffering. The House of Lords Select Committee on Medical Ethics defines euthanasia as “a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering”

WHAT IS EUTHANASIA

The term “euthanasia” was first used by the historian Suetonius, who used it to describe how the Emperor Augustus, “dying quickly and without suffering in the arms of his wife, Livia, experienced the ‘euthanasia’ he had wished for”. The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body." The term euthanasia was derived from the Greek words “eu” and “thanatos” which means “good death” or “easy death”. It is also known as Mercy killing. Euthanasia literally means putting a person to painless death, especially in cases of incurable suffering or when life becomes purposeless as a result of a mental or physical handicap. In simple words, Euthanasia is the practice of killing people or ending their lives to limit their suffering. The patients who are terminally ill or whose diseases are incurable or suffering from chronic diseases must not be subject to cruel treatment, to relieve them from their pain and to die peacefully with dignity, euthanasia is given to people.

FORMS OF EUTHANASIA

Euthanasia comes in several different forms, each of which brings a different set of rights and wrongs.

Classification Based on Method Adopted

Active Euthanasia: It refers to the deliberate act of ending a person’s life to relieve them from incurable illness, unbearable pain, or suffering. It usually involves a positive action, such as administering a lethal injection or medication, with the intention of causing death. Mainly, it involves direct action to cause death and is done with the intention of relieving suffering. It is followed by many ethical and moral questions.

Legal status in India: Illegal

Passive Euthanasia: It refers to the practice of withholding or withdrawing life support or life-sustaining medical treatment that is necessary to keep a patient alive, thereby allowing death to occur naturally. This is applied where zero chances of recovery exist. It mainly involves the act of omission, not commission.

Legal status in India: legal under strict Supreme Court guidelines.

Classification Based on Consent

Voluntary Euthanasia: It refers to the state where euthanasia is carried out with the free, informed and expressed consent of the patient. Where the patient themselves consciously requests euthanasia or has mentioned in their wills. It is ethically justified on the principle of autonomy.

Legal status in India: only passive voluntary euthanasia is permitted.

Non-Voluntary Euthanasia: Non-voluntary euthanasia occurs when the patient is incapable of giving consent due to coma, severe brain damage, or mental incapacity. The decision is solely taken by the family members, guardians or courts.

In India, only passive non-voluntary euthanasia is allowed with judicial/medical approval.

Involuntary Euthanasia: In this form of euthanasia, the patient does not agree to die, or has clearly refused euthanasia, yet life is deliberately ended. It is therefore considered a serious violation of personal autonomy and the right to life.

Legal status in India: illegal and unethical

LEGAL POSITION OF EUTHANASIA IN INDIA

The legal position of euthanasia in India has evolved primarily through judicial pronouncements rather than legislative enactments. Indian law does not contain a comprehensive statute governing euthanasia; instead, the subject is regulated through provisions of the Constitution of India, the Indian Penal Code, and binding guidelines laid down by the Supreme Court. The current legal framework permits passive euthanasia under strict procedural safeguards while continuing to prohibit active euthanasia.

Article 21 of the Constitution of India guarantees the Right to Life and Personal Liberty. The Supreme Court has interpreted this provision to include the right to live with dignity. While the Court has consistently held that Article 21 does not include a general right to die, it has recognised the Right to Die with Dignity in cases involving terminal illness and irreversible medical conditions.

SECTION-WISE ANALYSIS UNDER THE INDIAN PENAL CODE, 1860

Section 299 IPC – Culpable Homicide: Section 299 IPC defines culpable homicide as causing death with the intention of causing death or with the knowledge that such an act is likely to cause death. Active euthanasia, involving a positive act to terminate life, satisfies the essential ingredients of intention or knowledge under this provision, irrespective of compassionate motive.

Section 300 IPC – Murder: Section 300 IPC categorises culpable homicide as murder when the act is committed with deliberate intention to cause death. Active euthanasia, when performed with such intention, may amount to murder punishable under Section 302 IPC. Although Exception 5 to Section 300 recognises consent of the deceased, Indian courts have clarified that consent to death does not operate as a valid defence in cases of euthanasia.

Section 304 IPC – Punishment for Culpable Homicide Not Amounting to Murder: Section 304 IPC applies where the act falls within culpable homicide but does not fulfil the requirements of murder. In circumstances where intention to cause death is absent but knowledge of likely death exists, liability for active euthanasia may arise under this provision, depending upon the facts of the case.

Section 306 IPC – Abetment of Suicide: Section 306 IPC penalises abetment of suicide. Physician-assisted suicide, including assistance or facilitation of a patient's decision to end life, squarely falls within the scope of this section. The Supreme Court has expressly disallowed assisted suicide in India.

Section 309 IPC – Attempt to Commit Suicide: Section 309 IPC criminalises the attempt to commit suicide. The operation of this provision has been significantly diluted by Section 115 of the Mental Healthcare Act 2017, which presumes severe stress and discourages prosecution. However, this partial decriminalisation does not validate euthanasia or assisted dying.

Section 88 IPC – Act Done in Good Faith with Consent: Section 88 IPC protects acts done in good faith for the benefit of a person with their consent. Indian courts have consistently held that this provision does not extend to acts intended to cause death and therefore offers no legal protection to active euthanasia, even when consent is present.

Section 92 IPC – Act Done in Good Faith without Consent: Section 92 IPC applies to acts done in good faith without consent in emergencies. This provision cannot justify the intentional termination of life. Passive euthanasia has instead been treated judicially as a lawful omission rather than a criminal act under this section.

JUDICIAL INTERPRETATION

Gian Kaur v State of Punjab (1996): In *Gian Kaur v State of Punjab*, the Supreme Court authoritatively settled the constitutional position on euthanasia. The Court held that the right to life under Article 21 does not include the right to die. It expressly overruled earlier judicial observations suggesting otherwise.

However, the Court drew a crucial distinction between the right to die and the right to die with dignity. It was observed that the latter may include the right of a terminally ill person to be free from unnecessary prolongation of life. This judgment laid the constitutional foundation for later recognition of passive euthanasia while simultaneously affirming that active euthanasia and assisted suicide remain offences under Sections 299, 300 and 306 of the IPC.

Aruna Ramachandra Shanbaug v Union of India (2011): The decision in *Aruna Ramachandra Shanbaug v Union of India* marked a significant development in Indian euthanasia jurisprudence. The Court was faced with the question of whether life support could be withdrawn from a patient in a permanent vegetative state.

The Supreme Court held that passive euthanasia is permissible in India under exceptional circumstances. It clarified that withdrawal of life-sustaining treatment constitutes an omission rather than a positive act and therefore does not attract criminal liability under the IPC. The Court relied on the distinction between acts and omissions to hold that Sections 299 and 300 IPC would not apply where life support is withdrawn following due process. At the same time, the Court categorically reiterated that active euthanasia remains illegal and would amount to culpable homicide or murder.

Common Cause v Union of India (2018): The constitutional scope of euthanasia was expanded in *Common Cause v Union of India (2018)*. The Supreme Court explicitly recognised the right to die with dignity as an intrinsic part of Article 21. Building upon *Gian Kaur* and *Aruna Shanbaug*, the Court held that passive euthanasia is constitutionally permissible and enforceable.

Importantly, the Court gave legal recognition to Advance Medical Directives (Living Wills). It held that a competent adult has the right to refuse life-sustaining medical treatment in the event of terminal illness or irreversible medical condition. The Court further clarified that compliance with judicially prescribed safeguards would protect medical professionals from liability under Sections 299, 300, 304 and 306 of the IPC.

Common Cause v Union of India (2023): In *Common Cause (2023)*, the Supreme Court revisited its earlier guidelines and acknowledged that the 2018 procedural framework was overly complex. The Court simplified the process relating to medical boards and certification of Advance Medical Directives.

The judgment reaffirmed that passive euthanasia is lawful and that lawful withdrawal of life support does not amount to abetment of suicide under Section 306 IPC nor culpable homicide under Sections 299 and 300 IPC. The ruling strengthened the operational viability of passive euthanasia within the existing criminal law framework.

INTERACTION WITH IPC PROVISIONS THROUGH CASE LAW

The Supreme Court has consistently interpreted IPC provisions in a restrictive manner in euthanasia cases:

- Sections 299 and 300 IPC apply only to positive acts intended to cause death and do not extend to lawful withdrawal of treatment (*Aruna Shanbaug*).
- Section 306 IPC prohibits assisted suicide, and no judicial exception has been carved out (*Gian Kaur*).
- Sections 88 and 92 IPC cannot be invoked to justify intentional termination of life, even with consent (*Gian Kaur*; *Common Cause*).
- Section 309 IPC, though diluted by the Mental Healthcare Act 2017, has no role in legitimising euthanasia (*Common Cause*).

Thus, the judiciary has maintained a clear doctrinal separation between active intervention and passive omission.

In India, the legal position on euthanasia is clearly defined. Active euthanasia continues to be illegal and is punishable under the Indian Penal Code, while physician-assisted suicide is expressly prohibited under Section 306 of the IPC. However, passive euthanasia has been held to be legally permissible, subject to strict guidelines laid down by the Supreme Court. Importantly, the consent of the patient does not operate as a valid defence for causing death under Indian criminal law.

The Indian Penal Code strictly prohibits any positive act intended to cause death, irrespective of consent or humanitarian considerations. Judicial interpretation has carved out a limited exception by permitting passive euthanasia, treating it as a lawful omission rather than a criminal act. Until comprehensive legislation is enacted, the legal position of euthanasia in India continues to be governed by IPC provisions read in light of constitutional principles and Supreme Court directives.

ROLE OF JUDICIARY AND MEDICAL PROFESSIONALS

Medical professionals play a central role in the lawful implementation of passive euthanasia in India and are required to act strictly within the framework laid down by the Supreme Court. Their primary responsibility is to conduct a thorough and objective medical assessment to determine whether the patient is suffering from a terminal illness or an irreversible medical condition with no reasonable prospect of recovery. Doctors must ensure that any decision to withdraw or withhold life-sustaining treatment is taken in good faith, in the best interests of the patient, and in accordance with accepted medical standards. They are required to verify the authenticity and applicability of any Advance Medical Directive or Living Will, obtain informed consent wherever possible, and participate in the decision-making process through duly constituted medical boards rather than acting unilaterally. Medical professionals must maintain detailed documentation of medical opinions, consent, and procedural compliance to ensure transparency and accountability. Compliance with judicial guidelines shields doctors and hospitals from criminal liability, whereas deviation from prescribed procedures may expose them to prosecution under the Indian Penal Code.

CHALLENGES AND CONCERNS

Even though passive euthanasia is legally permitted in India under strict judicial guidelines, several challenges and concerns hinder its effective and safe implementation. One of the foremost challenges is the possibility of abuse. Vulnerable patients, particularly those in critical or terminal conditions, may be subjected to undue influence or coercion by family members, guardians, or institutional authorities. In extreme cases, there is a risk that decisions may be motivated by financial interests, inheritance considerations, or pressure to free hospital resources, rather than genuine medical necessity.

Another significant concern is related to consent and competency. Judicially, passive euthanasia requires the patient's informed consent, either directly or via a legally valid Advance Medical Directive. However, many patients are incapacitated, comatose, or mentally unfit to make such decisions, raising complex questions about who can legitimately consent on their behalf. The assessment of mental competency and voluntariness is inherently subjective, and improper evaluation may lead to legal disputes or claims of coercion.

Social and economic pressures further complicate euthanasia decisions. Families often face the burden of high medical costs for prolonged treatment or intensive care, which may unconsciously influence the decision to withdraw life support. Cultural and societal factors, such as stigma against chronic illness, fear of prolonged suffering, or expectations to prioritise family resources, may also push vulnerable patients or families toward premature decisions, compromising autonomy and ethical standards.

Additionally, there is a widespread lack of awareness and clarity regarding the legal provisions and procedural requirements for passive euthanasia. Many patients, relatives, and even medical professionals are unfamiliar with Supreme Court guidelines, the process for implementing Advance Medical Directives, and the composition and responsibilities of medical boards. This lack of knowledge can lead to delays, procedural errors, or inadvertent violations of law, potentially exposing hospitals and doctors to criminal liability under the IPC, despite acting in good faith.

Finally, implementation challenges persist. The judicially mandated procedure for approval of passive euthanasia—especially before the 2023 simplification—was considered cumbersome, involving multiple medical boards, certification processes, and court approvals. Even now, hospitals in smaller towns or rural areas may lack the infrastructure or trained personnel to

form medical boards, evaluate directives, or monitor compliance. These operational constraints, combined with the sensitive nature of end-of-life decisions, create an environment where lawful euthanasia may not always be accessible or uniformly applied.

In sum, while the law provides a framework for passive euthanasia, ethical dilemmas, procedural complexities, socio-economic pressures, and knowledge gaps continue to pose substantial challenges, necessitating ongoing judicial oversight, medical vigilance, and public awareness initiatives.

CONCLUSION

The legal framework of euthanasia in India, as developed through judicial intervention, reflects a careful balance between constitutional rights, criminal law, and medical ethics. Key findings indicate that while active euthanasia remains illegal under Sections 299, 300, and 306 of the Indian Penal Code, passive euthanasia is permissible under strict procedural safeguards and judicial supervision, with Advance Medical Directives providing a mechanism for patients to exercise autonomy over end-of-life decisions. The judiciary has established comprehensive guidelines that protect medical professionals from criminal liability, ensure informed consent, and prevent misuse.

At the same time, the practical challenges—ranging from consent and competency issues to social and economic pressures—highlight the complex intersection of law, ethics, and compassion. A purely legal approach cannot adequately address the moral and humane dimensions of end-of-life care; medical professionals, families, and courts must collaborate to ensure decisions are ethical, patient-centred, and free from coercion.

Overall, India's approach to euthanasia demonstrates the need for a humane, regulated, and ethically sensitive framework, which respects the dignity of life while acknowledging the realities of terminal illness and suffering. Continuous judicial oversight, public awareness, and medical diligence are essential to ensure that the law achieves its dual purpose: protection of life and preservation of human dignity in death.