Euthanasia in India – Supreme Court Judgments & its Implications

Mains: *GS II – Governance| GS IV – Ethics*

Why in News?

The debate on euthanasia in India has evolved significantly over the past decade, reflecting a gradual shift in legal reasoning, ethical frameworks, and societal values.

What is euthanasia and its legal position in India?

- **Euthanasia** – It refers to the intentional ending of life to relieve suffering.
- **Indian scenario** – In India, active euthanasia remains illegal, while passive euthanasia—withdrawal or withholding of life-sustaining treatment—is permitted under strict safeguards.
- **SC's observation** – The Supreme Court, through its evolving jurisprudence, has clarified that the "right to die with dignity" is an intrinsic part of the right to life under Article 21.
- In the Common Cause (2018) judgment, the Court recognized the legality of passive euthanasia and validated Advance Medical Directives (living wills), allowing individuals to refuse life-prolonging treatment in terminal conditions.
- The recent Harish Rana case marks a significant development, as the Court allowed the withdrawal of Clinically Assisted Nutrition and Hydration (CANH) for the first time.
- Additionally, procedural complexities were reduced, such as simplifying the requirement of multiple medical boards and removing mandatory judicial oversight in every case.
- These steps aim to make end-of-life decisions more humane and practical.

What are the ethical dimensions of euthanasia?

- **Principle of autonomy –** Autonomy emphasizes the individual's right to make decisions about their own body and life.
- In the context of euthanasia, this translates into the patient's right to refuse treatment and choose a dignified death.
- The recognition of living wills strengthens this principle by ensuring that a person's wishes are respected even when they are incapacitated.
- **Principle of beneficence –** Beneficence requires medical practitioners to act in the best interest of the patient.
- When recovery is impossible and suffering is prolonged, allowing withdrawal of

treatment may serve the patient's best interests by relieving pain.

- **Principle of non-maleficence –** This principle dictates that actions should not cause harm.
- Critics argue that euthanasia inherently causes harm by ending life.
- However, proponents counter that prolonging suffering through artificial life support may itself constitute harm.
- **Principle of justice –** Justice ensures fairness and equity in decision-making.
- It demands that euthanasia policies should not disproportionately affect vulnerable groups or lead to discriminatory practices.

The ethical debate surrounding euthanasia is deeply complex and often polarized. At its core lies the tension between preserving life and alleviating suffering.

- **The doctrine of double effect –** The ethical justification of passive euthanasia can also be examined through the Theory of Double Effect, proposed by Thomas Aquinas.
- According to this theory, an action producing both good and bad effects may be considered morally permissible if the intention is to achieve the good effect.
- In the case of passive euthanasia, the withdrawal of life support leads to two outcomes: death and relief from suffering.
- If the primary intention is to alleviate suffering rather than to cause death, the act can be ethically justified.
- This framework provides a nuanced moral basis for end-of-life decisions.

What are the social implications of passive euthanasia?

- **Shift in societal values –** Traditionally, Indian society emphasized preserving life at all costs.
- However, there is a growing recognition that the quality of life is as important as its duration.
- The idea that death should be dignified is gaining acceptance, particularly in urban and educated sections of society.
- **Economic considerations –** Long-term medical care, especially in cases with no hope of recovery, imposes a heavy financial burden on families.
- In a country where healthcare expenses are largely out-of-pocket, prolonged life support can lead to severe economic distress.
- Passive euthanasia, in such cases, may appear as a practical and humane option.
- **Risk of misuse –** Despite its benefits, euthanasia raises concerns about potential misuse.
- Vulnerable populations—such as the elderly, disabled, and economically disadvantaged—may face coercion or subtle pressure to opt for withdrawal of treatment.
- Decisions may be influenced by financial constraints or social neglect rather than genuine patient autonomy.
- **Fear of social abandonment –** Critics argue that legalizing passive euthanasia could lead to "disguised abandonment," where families withdraw care due to convenience or burden.

- This concern is particularly relevant in a society where social security systems are weak.

The acceptance of passive euthanasia reflects a broader transformation in Indian society—from rigid moral conservatism to a more rights-based and compassionate approach.

What are the judicial safeguards and clarifications?

- **SCs observation –** The Supreme Court has taken a cautious approach to address these concerns.
- It has emphasized that the withdrawal of treatment does not amount to abandonment. Instead, it must be accompanied by continuous palliative and end-of-life care.
- Importantly, the Court has also clarified that the term "passive euthanasia" is misleading and should be avoided, as it creates unnecessary confusion between acts and omissions.
- The focus should instead be on respecting patient autonomy and ensuring dignity in death.
- The procedural safeguards—such as medical evaluation, consent mechanisms, and documentation—are designed to prevent misuse while enabling compassionate decision-making.
- **Balancing Ethics, Law, and Society –** The Indian approach to euthanasia represents a delicate balance between competing values:
    - Sanctity of life vs. quality of life
    - Individual autonomy vs. societal responsibility
    - Medical ethics vs. legal safeguards
- While the legal framework has evolved to recognize the right to die with dignity, its implementation requires robust institutional mechanisms, awareness, and ethical sensitivity.

What should be done?

- **Strengthening Palliative Care** – Access to quality palliative care must be expanded to reduce suffering and make euthanasia a last resort rather than a necessity.
- **Public Awareness** – Educating people about living wills and end-of-life rights can empower individuals to make informed decisions.
- **Safeguards for Vulnerable Groups** – Special protections must be in place to prevent coercion and misuse.
- **Medical Training** – Doctors should be trained in ethical decision-making and end-of-life care practices.
- **Legal Clarity** – Continuous refinement of guidelines is needed to address emerging challenges.

What lies ahead?

- The recognition of the right to die with dignity marks a progressive step in Indian constitutional jurisprudence.

- The Supreme Court’s decisions, culminating in the Harish Rana case, reflect an evolving understanding of life, dignity, and human suffering.
- However, this right must be exercised with caution, supported by strong ethical principles and institutional safeguards.
- Ultimately, the goal should be to ensure that every individual can live—and die—with dignity, free from unnecessary suffering and coercion.

Reference

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