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**DAILY EDITORIAL
ANALYSIS**

TOPIC

**EVOLUTION OF EUTHANASIA
JURISPRUDENCE IN INDIA**

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EVOLUTION OF EUTHANASIA JURISPRUDENCE IN INDIA

Context

- In India, euthanasia and the right to die with dignity has evolved through judicial interpretation of **Article 21 of the Constitution**, which guarantees the **Right to Life and Personal Liberty**.
- Recently, the Supreme Court's decision to **allow withdrawal of life support** under established legal guidelines highlights the continuing development of India's jurisprudence on **end-of-life care and dignity in death**.

Background: Harish Rana Case

- In 2013, **20-year-old Harish Rana** suffered severe injuries that left him in a **Persistent Vegetative State (PVS)**, meaning he had **no awareness of his surroundings** and required continuous medical assistance to survive.
- For **13 years**, his parents and doctors provided constant care, yet no medical improvement occurred.
- The parents approached the **Supreme Court of India** seeking permission to withdraw life support so that nature could take its course.
- It compelled the Court to evaluate the request within the framework of **constitutional rights, medical ethics, and existing guidelines on passive euthanasia**.

Constitutional Basis: Article 21 and the Right to Dignity

- The Court has repeatedly held that **life under Article 21 is not merely animal existence but life with dignity**.
- The judiciary **gradually expanded the meaning of life** to include **autonomy, privacy, and bodily integrity**.

Evolution of Euthanasia Jurisprudence in India

- **Gian Kaur v. State of Punjab (1996)**: It laid the foundation for the dignity debate. **Key ruling**:
 - ♦ The Supreme Court recognised the **'right to live with dignity'** under Article 21. However, it rejected the idea that **Article 21 includes a right to die**.
 - ♦ The Court held that suicide or assisted suicide could not be constitutionally protected.
- **Aruna Shanbaug Case (2011)**: Aruna Shanbaug had been in a **Persistent Vegetative State for decades** after a brutal assault. A petition was filed seeking withdrawal of life support. **Key outcomes**:
 - ♦ The Court **rejected the specific plea** but **recognised passive euthanasia in limited circumstances**.
 - ♦ It laid down **guidelines for withdrawal of life support**.
 - ♦ It required approval from **High Courts and medical boards** to prevent misuse.
 - ♦ The Court **relied on international legal developments** to support this cautious recognition of passive euthanasia.
- **Law Commission Reports (2006 and 2012)**: It concluded that **withholding or withdrawing life support from terminally ill patients should not attract criminal liability if done in the patient's best interest**.
 - ♦ These reports significantly influenced later judicial decisions and ethical discussions.
- **Common Cause v. Union of India (2018)**: The **2018 Constitution Bench decision** marked a watershed moment in Indian constitutional law. **Key findings**:
 - ♦ **The right to die with dignity is part of Article 21.**
 - ♦ Patients have the **right to refuse medical treatment**.
 - ♦ Individuals can create **Advance Medical Directives (Living Wills)**.
 - ♦ Passive euthanasia is permissible under strict safeguards.
 - ♦ The judgment linked dignity with **privacy, autonomy, and self-determination**, drawing from earlier jurisprudence such as the **Puttaswamy Privacy Judgment (2017)**.
- **Clarifications in 2023**: The Supreme Court later **simplified the procedural requirements** in 2023, making living wills and withdrawal procedures more practical.
 - ♦ These rulings collectively form what are now known as the **Common Cause Guidelines**.

Supreme Court's Analysis in the Harish Rana Case

- The Supreme Court held that **Clinically Assisted Nutrition and Hydration (CANH) qualifies as medical treatment**, meaning it can legally be withdrawn **under the Common Cause guidelines**. The Court observed that:
 - ♦ CANH requires **specialised medical supervision**.
 - ♦ It involves **continuous evaluation and emergency medical management**.
- **Withdrawal of Treatment in the Patient's Best Interest:** The Court emphasised that treatment must provide **therapeutic benefit**.
 - ♦ If medical intervention **merely prolongs biological existence without recovery**, continuation may not serve the patient's interests.
 - ♦ After considering the views of **medical boards and the family**, the Court concluded that withdrawal of life support was **consistent with the patient's best interest**.

Key Concerns & Issues in the Right to Die with Dignity

- **Sanctity of Life vs. Right to Dignity:** Permitting euthanasia may undermine the **sanctity of life principle**.
 - ♦ Forcing a person to remain alive in irreversible suffering **violates dignity and autonomy** under Article 21.
- **Moral Role of Doctors:** Medical ethics traditionally emphasise **saving life (Hippocratic Oath)**.
 - ♦ Withdrawal of treatment raises dilemmas about whether doctors are **ending life or allowing natural death**.
- **Cultural and Religious Sensitivities:** Many religions in India oppose euthanasia, viewing life as sacred and not subject to human control.
 - ♦ Ethical acceptance varies across communities.
- **Ambiguity in Legal Framework:** Despite repeated judicial observations, **India still lacks comprehensive legislation on euthanasia and end-of-life care**.
- **Complex Procedures:** The **Common Cause guidelines** require primary medical board, secondary medical board, documentation and consent.
 - ♦ Many hospitals lack the infrastructure to implement these procedures efficiently.
- **Distinction Between Passive and Active Euthanasia: Passive euthanasia (withdrawal of life support)** is permitted under safeguards.
 - ♦ **Active euthanasia (deliberate administration of substances to cause death)** remains illegal.
- **Lack of Awareness:** Many patients and families are unaware of **Living Wills or Advance Medical Directives**.
 - ♦ Hospitals often lack clear protocols.
- **Medical Infrastructure Limitations:** Smaller hospitals may not have **multi-specialist medical boards** required under the guidelines.
- **Economic Factors:** End-of-life care can be extremely expensive. Families may seek euthanasia due to **financial distress rather than patient welfare**.
- **Property and Inheritance Disputes:** Possibility of misuse in cases involving **inheritance conflicts or family disputes**.
- **Healthcare Inequality:** In India, many patients lack access to **palliative care or quality life-support treatment**.
 - ♦ Euthanasia debates risk overshadowing the need for better **end-of-life care systems**.
- **Lack of Palliative Care Infrastructure:** India has **limited hospice and palliative care facilities**, especially in rural areas.

Related Measure: Safeguards Against Misuse

- To prevent misuse of euthanasia provisions, the Supreme Court established multiple safeguards:
 - ♦ **Primary Medical Board evaluation;**
 - ♦ **Secondary independent Medical Board review;**

- ◆ Consent and participation of **family members**;
- ◆ Documentation of medical condition;
- ◆ Compliance with **Common Cause guidelines**;
- These measures aim to balance **individual dignity with protection against coercion or abuse**.

Way Forward

- The Supreme Court has repeatedly expressed the '**pious hope**' that **Parliament will enact legislation** on euthanasia and end-of-life decisions. A law could:
 - ◆ Provide **clear procedural safeguards**;
 - ◆ Protect doctors from liability;
 - ◆ Ensure **patient autonomy and dignity**; and
 - ◆ Prevent misuse.
- India requires a **clear statutory framework** governing euthanasia and living wills to avoid ambiguity and protect both patients and medical practitioners. Key steps include:
 - ◆ Parliamentary legislation on **end-of-life medical decisions**;
 - ◆ Awareness about **advance directives**;
 - ◆ Ethical guidelines for hospitals and doctors.

Conclusion

- The Harish Rana case represents **another step in the evolution of India's constitutional understanding of dignity in death**.
- Judicial interpretation has gradually recognised that **dignity must extend to the final stages of human existence**, while Article 21 initially focused on protecting life.
- Through such cases, the judiciary continues to shape **constitutional morality**, ensuring that the law addresses complex ethical realities while safeguarding human dignity.

Source: TH

Daily Mains Practice Question

[Q] The Supreme Court has progressively expanded the scope of Article 21 to include the 'Right to Die with Dignity'. Examine the evolution of euthanasia jurisprudence in India with reference to key judicial decisions.

