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## Right to Life vs. Right to Die: A Constitutional Debate

**Dr. Amit Kumar**

(Assistant Professor)

Unity Law College, Rudrapur

**Abhishek Kumar Singh**

(Assistant Professor)

College of Law, IIMT University, Meerut

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### Abstract

The debate between the “Right to Life” and the “Right to die” represents one of the most complex constitutional and ethical issues in modern legal discourse. While the right to life is universally recognized as a fundamental human right, the question of whether it includes the right to die with dignity has been widely contested. In India, Article 21 of the Constitution guarantees the right to life and personal liberty, but its interpretation by courts has evolved significantly over time. Judicial decisions have played a crucial role in shaping the legal position regarding euthanasia and assisted dying. This paper examines the constitutional debate surrounding the right to life and the right to die in India. It analyzes judicial interpretations, ethical considerations, and international perspectives on euthanasia and end-of-life decisions. The paper also explores landmark judgments that have contributed to the recognition of passive euthanasia and the right to die with dignity. Ultimately, the research argues that the constitutional protection of life must be interpreted in a manner that balances individual autonomy, human dignity, and societal interests.

**Keywords:** *Right to Life, Right to Die, Euthanasia, Constitution of India, Article 21, Human Dignity*

## Introduction

The right to life is one of the most fundamental rights recognized in constitutional and human rights law. It forms the cornerstone of democratic societies and ensures the protection of human dignity and personal liberty. In India, the Constitution guarantees the right to life and personal liberty under Article 21, which states that no person shall be deprived of his life or personal liberty except according to the procedure established by law. Over time, the judiciary has expanded the interpretation of this provision to include a wide range of rights necessary for a meaningful and dignified life.

However, the constitutional debate arises when the question of the “right to die” is raised in relation to the right to life. Some scholars and legal experts argue that the right to life inherently includes the right to die with dignity, particularly in cases where individuals suffer from terminal illnesses or irreversible medical conditions. Others contend that recognizing a right to die could undermine the sanctity of life and lead to potential misuse.

The issue becomes particularly relevant in the context of euthanasia and physician-assisted suicide. Euthanasia refers to the intentional ending of a person’s life to relieve suffering, often in cases of terminal illness. The debate surrounding euthanasia involves complex legal, ethical, medical, and social considerations.

In India, the judiciary has addressed the issue of euthanasia and the right to die in several landmark cases. Initially, the courts rejected the idea that the right to life includes the right to die. However, later judgments gradually recognized the concept of dying with dignity, particularly in the context of passive euthanasia and advance medical directives.

This research paper seeks to analyze the constitutional debate between the right to life and the right to die in India. It examines the evolution of judicial interpretations, ethical perspectives, and international practices regarding euthanasia. By exploring these aspects, the paper aims to understand whether the recognition of the right to die can coexist with the constitutional guarantee of the right to life.

## 2. Concept of Right to Life

The right to life is one of the most fundamental and universally recognized human rights. It forms the foundation of all other rights because without life, the enjoyment of any other rights becomes impossible. In democratic societies, the protection of life and personal liberty is considered the primary responsibility of the state. The right to life ensures that every individual has the opportunity to live with dignity, freedom, and security.

In India, the right to life is guaranteed under Article 21 of the Constitution of India, which states that no person shall be deprived of his life or personal liberty except according to the procedure established by law. This provision applies not only to citizens but also to non-citizens within the territory of India. Over the years, the interpretation of Article 21 by the Supreme Court of India has expanded significantly, transforming it from a narrow legal protection into a broad source of several human rights.

Initially, the right to life was interpreted in a limited sense, meaning mere physical existence. However, judicial activism and progressive interpretation have broadened its scope to include the right to live with human dignity. The courts have held that life does not mean simply surviving or breathing but includes the ability to live a meaningful, complete, and dignified life. Consequently, several derivative rights have been recognized as part of Article 21, such as the right to livelihood, the right to health, the right to education, the right to a clean environment, and the right to privacy.

The right to life has also been recognized in international human rights instruments. Article 3 of the Universal Declaration of Human Rights states that everyone has the right to life, liberty, and security of person. Similarly, the International Covenant on Civil and Political Rights emphasizes that every human being has the inherent right to life, and this right must be protected by law.

An important aspect of the right to life is the concept of human dignity. The protection of life includes ensuring conditions that allow individuals to live with respect, autonomy, and freedom from exploitation. The judiciary has emphasized that the state must take positive measures to safeguard the well-being and welfare of its citizens.

In contemporary constitutional debates, the right to life has also been linked to issues such as privacy, health care, environmental protection, and end-of-life decisions. These developments show that the right to life is a dynamic and evolving concept that continues to expand in response to social, legal, and ethical challenges. Ultimately, the right to life serves as the cornerstone of human rights and constitutional governance.

## 3. Concept of Right to Die

The right to die refers to the idea that an individual should have the freedom to end their life or refuse life-prolonging medical treatment under certain circumstances, particularly when suffering from terminal illness, irreversible medical conditions, or unbearable pain. This concept is closely associated with debates surrounding euthanasia, physician-assisted suicide, and the broader principle of personal autonomy in medical decision-making. The right to die

raises complex constitutional, ethical, medical, and social questions regarding the balance between individual liberty and the sanctity of human life.

In constitutional discourse, the right to die is often examined in relation to the right to life. In India, the right to life is guaranteed under Article 21 of the Constitution. While the Constitution explicitly protects life and personal liberty, it does not expressly mention the right to die. Consequently, the issue has been largely addressed through judicial interpretation. The debate centers on whether the right to life includes the right to end one's life with dignity, especially in situations where continued existence involves prolonged suffering without hope of recovery.

The Supreme Court of India has considered this issue in several landmark cases. In *P. Rathinam v. Union of India* (1994), the Court initially held that the right to life includes the right to die and struck down the provision criminalizing attempted suicide. However, this interpretation was later overturned in *Gian Kaur v. State of Punjab* (1996), where the Court ruled that the right to life under Article 21 does not include the right to die. Nevertheless, the judgment acknowledged that the concept of dying with dignity could be relevant in cases involving terminal illness or natural death.

The legal understanding of the right to die evolved further through later judgments. In the *Aruna Shanbaug Case* (2011), the Supreme Court permitted passive euthanasia under specific circumstances and established guidelines for withdrawing life support in cases where patients are in a permanent vegetative state. Subsequently, in *Common Cause v. Union of India* (2018), the Court recognized the right to die with dignity as a component of the right to life and allowed the use of living wills or advance medical directives.

Despite these developments, the right to die remains a controversial issue. Supporters argue that individuals should have autonomy over their own bodies and medical choices, particularly in situations involving unbearable suffering. Critics, however, emphasize the sanctity of life and the potential risks of misuse, especially among vulnerable populations such as the elderly or disabled.

Thus, the concept of the right to die represents an evolving area of constitutional law that seeks to balance individual dignity, personal autonomy, and the protection of life within a regulated legal framework.

#### **4. Judicial Interpretation in India**

The constitutional debate on the right to die in India has been shaped primarily through judicial decisions. The Supreme Court has addressed the issue in several landmark cases.

#### **Early Judicial Approach**

In the case of *P. Rathinam v. Union of India* (1994), the Supreme Court held that the right to life under Article 21 includes the right to die. The Court declared Section 309 of the Indian Penal Code, which criminalized attempted suicide, as unconstitutional.

#### **Reversal of Judicial Interpretation**

In *Gian Kaur v. State of Punjab* (1996), a Constitution Bench of the Supreme Court overruled the decision in *P. Rathinam*. The Court held that the right to life does not include the right to die. It emphasized that life is a natural right, while suicide is an unnatural termination of life.

Nevertheless, the Court acknowledged that the right to die with dignity could be relevant in cases of terminal illness.

#### **Recognition of Passive Euthanasia**

A significant development occurred in the *Aruna Shanbaug Case* (2011). The Supreme Court allowed passive euthanasia under strict guidelines in exceptional circumstances. Passive euthanasia involves withdrawing life-support systems when a patient is in a permanent vegetative state.

This judgment marked the first time that the Court recognized the possibility of allowing individuals to die with dignity.

#### **Living Will and Advance Directives**

A landmark judgment came in *Common Cause v. Union of India* (2018), where the Supreme Court recognized the right to die with dignity as a part of the right to life under Article 21. The Court also legalized passive euthanasia and recognized the validity of living wills or advance medical directives.

This decision significantly expanded the constitutional understanding of personal autonomy in medical decision-making.

#### **Recent Judgment on Euthanasia (2026)**

The most recent judgment on euthanasia in India was delivered by the Supreme Court of India in *Harish Rana v. Union of India* (2026). This decision is considered a significant development in the law relating to the right to die with dignity.

In March 2026, the Supreme Court allowed the withdrawal of life-sustaining treatment for Harish Rana, a 32-year-old man who had been in a permanent vegetative state for more than 13 years following a severe brain injury. The case was brought before the Court by his father, who requested permission to discontinue life-support measures because doctors had confirmed that there was no possibility of recovery.

A bench consisting of Justice J. B. Pardiwala and Justice K. V. Viswanathan held that continuing artificial medical support in such circumstances only prolongs biological existence without therapeutic benefit. Therefore, the Court permitted passive euthanasia, meaning the withdrawal of medical treatment that sustains life.

The Court relied on the constitutional principles established in *Common Cause v. Union of India* (2018), which recognized that the right to die with dignity is part of the right to life under Article 21 of the Constitution. The 2026 judgment applied those principles to an actual case and allowed the removal of life-support systems after approval from medical boards and compliance with established safeguards.

An important aspect of the judgment was the application of the “best interest principle.” The Court emphasized that the central question is not whether death should be permitted, but whether continuing treatment truly serves the patient’s best interests when recovery is medically impossible.

The Supreme Court also directed that the withdrawal of treatment be carried out under medical supervision at AIIMS, ensuring that the process follows ethical and medical standards.

Furthermore, the Court urged the Government of India to enact a comprehensive law on euthanasia, noting that existing judicial guidelines are only temporary measures until Parliament frames clear legislation.

### Significance of the Judgment

- **It represents one of the first direct implementations of India’s passive euthanasia framework.**
- **It reinforces the constitutional principle of “right to die with dignity.”**
- **It clarifies how hospitals and medical boards should apply euthanasia guidelines.**
- **It highlights the need for comprehensive legislation on end-of-life care in India.**

Overall, the Harish Rana case (2026) strengthens the evolving constitutional jurisprudence on euthanasia and demonstrates how courts balance the sanctity of life with human dignity and patient autonomy.

### 5. Ethical and Moral Considerations

The debate surrounding euthanasia raises complex ethical, legal, and moral questions that challenge the core values of modern society. At the heart of the argument in favor of euthanasia lies the principle of autonomy. Proponents assert that individuals have the fundamental right to make decisions about their own bodies, including the choice to end their lives in cases of terminal illness or irreversible suffering. This perspective emphasizes personal dignity, self-

determination, and freedom from unnecessary medical intervention.

Closely linked to autonomy is the argument based on compassion and relief from suffering. Supporters of euthanasia argue that forcing a person to endure unbearable pain, loss of bodily function, or a diminished quality of life contradicts the very idea of humane treatment. In such circumstances, euthanasia is viewed as an act of mercy, allowing individuals to die with dignity rather than prolonging suffering through artificial means. From this standpoint, modern medicine should not only aim to preserve life but also ensure that it does not become a source of prolonged agony.

On the other hand, opponents of euthanasia strongly emphasize the sanctity of life. Many philosophical, religious, and cultural traditions hold that life is inherently sacred and must be protected at all costs. According to this view, intentionally ending a human life, regardless of the circumstances, is morally impermissible. Critics argue that legalizing euthanasia may undermine respect for life and erode ethical standards in healthcare, potentially altering the role of medical professionals from healers to life-ending agents.

Another significant concern relates to the possibility of misuse and abuse. Opponents caution that vulnerable individuals, such as the elderly, disabled, or economically disadvantaged, may feel pressured to choose euthanasia due to financial burdens, lack of access to proper care, or societal expectations. There is also a risk that consent may not always be fully informed or voluntary, leading to unethical practices.

Therefore, while euthanasia presents compelling arguments on both sides, any legal framework governing it must be approached with extreme caution. It should include stringent safeguards, such as clear eligibility criteria, independent medical evaluations, informed consent procedures, and strict oversight mechanisms. Balancing respect for individual autonomy with the need to protect vulnerable populations remains the central challenge in shaping policies on euthanasia.

### 6. International Perspective

The issue of euthanasia and assisted dying has been addressed differently across the world, reflecting varying legal systems, ethical values, cultural traditions, and medical policies. While some countries have legalized certain forms of euthanasia or physician-assisted dying under strict safeguards, others continue to prohibit these practices due to moral, religious, and social concerns. The international perspective demonstrates the diversity of approaches adopted to balance individual autonomy with the protection of human life.

One of the earliest countries to legalize euthanasia is the Netherlands, which enacted the Termination of Life on Request and Assisted Suicide Act in 2002. Under this law, both active euthanasia and physician-assisted suicide are permitted if specific conditions are fulfilled. These conditions include the voluntary and well-considered request of the patient, unbearable suffering with no prospect of improvement, and confirmation by at least one independent physician. Similarly, Belgium legalized euthanasia in 2002 and later expanded the law in 2014 to allow euthanasia for minors under strict medical and parental consent requirements.

Another significant development occurred in Canada, where medical assistance in dying (MAiD) was legalized in 2016. Canadian law allows physicians and nurse practitioners to assist eligible patients in ending their lives if they meet certain criteria, such as having a serious and incurable illness and experiencing intolerable suffering. The legal framework also includes procedural safeguards to ensure voluntary consent and medical verification.

In the United States, euthanasia remains illegal at the federal level, but several states permit physician-assisted dying. For example, states such as Oregon, Washington, and California have enacted “Death with Dignity” laws that allow terminally ill patients to request medication to end their lives under regulated conditions.

Despite these developments, many countries across Asia, Africa, and the Middle East continue to prohibit euthanasia due to strong ethical, religious, and cultural opposition. Governments often argue that legalizing euthanasia could undermine the sanctity of life and expose vulnerable individuals to potential abuse.

Overall, the international experience highlights that the legalization of euthanasia requires a carefully structured legal framework with strict safeguards, medical oversight, and ethical guidelines to balance individual autonomy with societal interests and the protection of human dignity.

## 7. Challenges and Concerns

Despite judicial recognition of passive euthanasia in India, particularly through landmark decisions of the Supreme Court, several practical and structural challenges continue to hinder its effective implementation. While the legal framework permits withdrawal or withholding of life-sustaining treatment under certain conditions, the gap between law and practice remains significant.

One of the primary challenges is the lack of awareness regarding living wills and advance medical directives. Many individuals, including patients and their families, are unaware that they can formally document their preferences about end-of-life care. Even among

medical professionals, there is limited understanding of the legal validity and procedural requirements of such directives. As a result, living wills are rarely executed, and even when they exist, they are often not recognized or acted upon due to confusion or lack of clarity.

Another major issue is the absence of comprehensive medical guidelines and institutional mechanisms to operationalize judicial directives. Although the Supreme Court has laid down procedures for passive euthanasia, these are often perceived as complex and cumbersome. Hospitals and doctors frequently hesitate to withdraw life support due to fear of legal consequences, professional liability, or accusations of negligence. In many cases, the process requires approval from multiple authorities, including hospital ethics committees and judicial magistrates, which can delay decision-making and prolong patient suffering.

Additionally, there is a pressing need to strengthen palliative care services in India. Access to quality palliative care remains limited, particularly in rural and under-resourced areas. Many terminally ill patients do not receive adequate pain management, psychological counseling, or end-of-life support. This lack of comprehensive care can intensify physical and emotional suffering, sometimes leading patients or their families to consider euthanasia as the only viable option. Expanding palliative care infrastructure, training healthcare providers, and integrating such services into the public health system can significantly improve the quality of life for patients with serious illnesses.

Furthermore, cultural and social factors also play a role in shaping attitudes toward end-of-life decisions. Discussions about death and dying are often considered taboo, which discourages open communication between patients, families, and healthcare providers. This silence further contributes to confusion and emotional distress during critical moments.

## 8. Conclusion

In conclusion, while passive euthanasia is legally recognized in India, its effective implementation requires greater awareness, clearer medical protocols, robust institutional support, and a strengthened palliative care system. Addressing these challenges is essential to ensure that the right to die with dignity is not merely theoretical but meaningfully realized in practice.

The constitutional debate between the right to life and the right to die reflects the evolving nature of human rights jurisprudence. While the right to life remains a fundamental and inviolable right, the recognition of the right to die with dignity highlights the importance of personal autonomy and human dignity.

Judicial decisions in India have gradually moved toward a balanced approach that allows passive euthanasia under strict safeguards. The recognition of living wills and advance medical directives represents a significant step in protecting individual rights in end-of-life decisions.

However, the legal framework must be accompanied by clear medical guidelines, public awareness, and robust safeguards to prevent misuse. Ultimately, the goal should be to ensure that individuals can live and die with dignity while preserving the sanctity of human life.

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