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Euthanasia in India: A Legal, Socio-Cultural, and Psychological Analysis of the Right to Die with Dignity

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Abstract: ***Euthanasia remains one of the most complex issues in contemporary legal and ethical discourse, particularly in a diverse society such as India, where law, religion, culture, and family values are deeply intertwined. This research examines euthanasia in India through a multidimensional framework by analysing its legal evolution, socio-cultural dimensions, and psychological impact. This paper explores the legal framework in India through landmark judicial decisions such as Gian Kaur v. State of Punjab, Aruna Shanbaug v. Union of India, Common Cause v. Union of India, and the recent case of Harish Rana v. Union of India. It further examines the statutory position under the Bharatiya Nyaya Sanhita, 2023, which continues to criminalise active euthanasia, even as passive euthanasia derives constitutional legitimacy through Article 21. The study further examines socio-cultural practices across various religious traditions, including Jainism, Hinduism, Christianity, Islam, Sikhism, and Buddhism, and also highlights the possibility of misuse through certain socio-cultural practices such as Thalaikoothal. In addition, it examines the psychological impact on patients, family members, and medical professionals, with particular attention to moral distress, guilt, and emotional conflict, supported by relevant theoretical perspectives. The paper demonstrates that India's euthanasia framework must balance individual autonomy with protection against coercion and misuse, while also ensuring legal clarity, ethical accountability, and psychological support for all stakeholders.***

Keywords: Euthanasia, Right to Life, Article 21, Passive Euthanasia, Living Will, Culture, Religion, Psychological Impact, India, Right to die with dignity, Common cause, Sallekhana, Thalaikoothal, Moral distress

I. INTRODUCTION

"The right to live with dignity also includes the right to die with dignity." — Common Cause v. Union of India[1]

Article 21 suggests that life is not just about living, but about living with dignity, freedom, personal liberty and respect as a human being.[2] The right to life is not merely the existence of life, but the right to live with dignity and personal liberty.[3] The interpretation of this provision has played a crucial role in shaping debates on euthanasia and the right to die with dignity. The Supreme Court in Common Cause v. Union of India held that the right to live with dignity under Article 21 also includes the **right to die with dignity**, thereby recognizing passive euthanasia. Euthanasia originates from the Greek words "eu" i.e. good and "thanatos" i.e. death when compiled together means "good death" or "peaceful death."[4] It is also referred to as "mercy killing," and is a highly debated topic that involves the intentional act of ending a person's life to relieve him from suffering from various incurable and painful diseases or conditions that prevent the individual from maintaining normal physical functioning by allowing the respective authorities and specialists putting an end to the treatment and withdrawing any artificial life-support measures if any attached. It is a highly controversial topic not only in India, but globally as well. On one hand it is argued that a person who is terminally ill and has absolutely no scope of recovery should be allowed to leave life peacefully and should not be subjected to suffering, while on the contrary, it raises human rights issues.[5] The issue has gained prominence due to advancements in medical technology that can prolong life even in cases where recovery is impossible. While such technology saves lives, it also raises difficult questions regarding quality of life and patient autonomy. Euthanasia is commonly categorized into different forms including active euthanasia, passive euthanasia, voluntary euthanasia, and non-voluntary euthanasia. In Active euthanasia, registered medical practitioners administer a high dose of lethal injection to end the life of suffering patient.

[1] Common Cause v. Union of India, (2018) 5 SCC 1
[2] Constitution of India
[3] Maneka Gandhi v. Union of India, (1978) 1 SCC 248
[4] Black's Law Dictionary, Definition of "Euthanasia"
[5] United Nations, Right to Life and Human Dignity Reports

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It is usually painless. Passive euthanasia occurs when medical interventions such as ventilators or life- support systems are not started or are discontinued and the patient is allowed to die naturally.[6] Voluntary euthanasia occurs when a mentally competent patient explicitly requests assistance in ending their life due to unbearable suffering. Non-voluntary euthanasia occurs when the patient cannot provide consent due to coma, severe brain injury, or unconsciousness, and the decision is made by family members or legal guardians. These distinctions are essential because different legal systems treat each category differently.

While euthanasia has often been examined from legal and medical perspectives, its psychological and religious dimensions remain equally significant. Especially in contemporary discourse, mental health has assumed increasing significance. Individuals facing terminal illness frequently experience profound emotional distress, fear of prolonged suffering, and loss of personal autonomy, which may influence their attitudes toward end-of-life decisions.[7] This impact is not limited to the individual suffering from the illness it also includes their family members and also medical practitioners. At the same time, religious beliefs and cultural traditions shape how individuals perceive suffering, death, and the morality of voluntarily ending life and it also affects individuals psychologically. In a diverse society like India, where spiritual values and religious practices strongly influence ethical attitudes, it becomes important to examine euthanasia not only as a legal issue but also as a psychological and socio-religious phenomenon. Existing research predominantly examines euthanasia through legal, constitutional, ethical, and moral perspectives. The socio-cultural practices, psychological impacts on patients, their family members and even medical professionals remain under-theorised. This paper fills that gap by integrating constitutional case law, Indian religious traditions, and psychological theories to analyse the 'right to die with dignity' in its lived Indian context.

II. EUTHANASIA AND THE LEGAL FRAMEWORK IN INDIA:

Article 21 of the Indian Constitution provides the right to life, and the courts have said that this includes the right to die with dignity.[8] Over the years, important court decisions have changed the law on euthanasia and the right to die.[9] However, this constitutional recognition operates alongside the statutory framework provided under the Bharatiya Nyaya Sanhita (BNS), which does not expressly recognize euthanasia.[10] Provisions such as Section 108 (abetment of suicide) and Section 101 (culpable homicide) indirectly criminalize active euthanasia. At the same time, Section 226 reflects a shift towards a rehabilitative approach in cases of attempted suicide. Passive euthanasia, however, derives its legal validity not from statutory law but from constitutional interpretation by the Supreme Court, particularly in Common Cause v. Union of India.[11]

III. JUDICIAL DEVELOPMENT OF THE RIGHT TO DIE WITH DIGNITY:

A. *Gian Kaur v. State of Punjab*

In this case, the Supreme Court examined constitutional validity of Sections 306 (abetment of suicide) and 309 (attempt to commit suicide) of the IPC,1860.[12] The petitioners argued that these provisions infringed the fundamental right to life under Article 21 of the Indian Constitution, which they claimed included the right to die. The Supreme Court, however, dismissed this interpretation. It ruled that the right to life does not include the right to die. The Court stated that the “right to life” is a “natural right embodied in Article 21,” but the right to die is inherently inconsistent with it. However, the Court did observe that “the right to die with dignity”. This observation later became the foundation for passive euthanasia cases.[13] This case opened the door for dignified death in terminal conditions.[14] This judgment reflects a strict interpretation of Article 21, prioritizing the sanctity of life over individual autonomy, but it also laid the groundwork for future recognition of dignified death.

B. *Aruna Ramachandra Shanbaug v. Union of India*

A landmark moment in India’s euthanasia debate came with the case of Aruna Ramachandra Shanbaug v. Union of India (2011), where the Supreme Court, for the first time, addressed the legality of euthanasia. Aruna Shanbaug, a nurse who had been in a persistent vegetative state (PVS) for 37 years, became one of the most prominent cases.

6 Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454

7 World Health Organization, Palliative Care and Mental Health

8 Constitution of India

9 Maneka Gandhi v. Union of India, (1978) 1 SCC 248

10 Bhartiya Nyaya Sanhita

11 Common Cause v. Union of India, (2018) 5 SCC 1

12 Indian Penal Code, ss. 306, 309

13 Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454.

14 Common Cause v. Union of India, (2018) 5 SCC 1

The Court, while rejecting the plea for active euthanasia, permitted passive euthanasia under strict judicial guidelines, stating that the withdrawal of life-sustaining treatment in terminal cases was legally permissible. This decision marked the beginning of passive euthanasia's recognition within the Indian legal framework. However, the requirement of court approval made the process lengthy and impractical, limiting its real-life applicability.

C. Common Cause v. Union of India

This is yet another landmark decision which recognized the constitutional right to die with dignity in India. The petitioner, Common Cause, a registered society, filed a public interest litigation seeking a declaration on legality of the right to die with dignity. The petitioner argued that Article 21 of the Indian Constitution, which guarantees the right to life, implicitly includes the right to die with dignity. They sought recognition for passive euthanasia and the legality of a "living will" or "advance directive," where an individual could specify their treatment preferences if they were incapacitated. It set a legal precedent on 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 state13. A five-judge Constitutional Bench led by Chief Justice Dipak Misra on March 9, 2018 held that the right to die with dignity is a fundamental right under Article 21 of the Indian Constitution.[15] The Court laid down specific guidelines for passive euthanasia and the execution of living wills, allowing terminally ill patients to decline life prolonging treatment. The Court distinguished between active euthanasia (intentional acts to end life) and passive euthanasia, permitting the latter in cases where a patient's suffering is immense, and recovery is unlikely. It recognised the validity of advance directives, establishing that an individual could decide in advance, the refusal of life support, which would take effect if they became terminally ill or unconscious. The Court mandated detailed procedures in order to ensure that these directives are genuinely voluntary and that there is no misuse. It provided that such directives must be certified by a judicial magistrate and reviewed by a medical board, before withdrawal of life support. This ruling established a framework for passive euthanasia in India and emphasised respect for patient autonomy and dignity in end-of-life care. This decision marked a shift from a paternalistic approach to one emphasizing patient autonomy and self-determination.

D. Harish Rana v. Union of India

A landmark and recent development in India's euthanasia jurisprudence is the case of Harish Rana v. Union of India, decided by the Supreme Court on 11 March 2026.[16] The case originated in 2025 when the parents of Harish Rana, a 32-year-old man who was once a previously healthy individual. He met with a tragic life-altering accident after a fall from the fourth floor of his paying guest accommodation. His brain injury left him in a condition of Persistent Vegetative State (PVS) with 100% quadriplegia. Medical reports show that his medical condition has not improved in the past 13 years," the bench noted. He is sustaining life only on Clinically Administered Nutrition (CAN) administered through surgically installed PEG tubes. His parents had approached the court seeking permission to withdraw life-sustaining treatment. The Delhi High Court had earlier rejected the plea, but the matter was later brought before the Supreme Court. After constituting expert medical boards and examining the patient's irreversible condition, a bench comprising Justice JB Pardiwala and Justice KV Viswanathan allowed the withdrawal of life support, including clinically assisted nutrition and hydration. The Court clarified that such medical support constitutes "treatment" and may be withdrawn when there is no hope of recovery. It further directed that the process must be carried out under strict medical supervision with proper palliative care to ensure dignity and prevent suffering. This judgment is considered historic as it marks the first practical implementation of passive euthanasia in India, applying the principles laid down in earlier cases like Common Cause v. Union of India (2018). The Court reaffirmed that the right to die with dignity is an integral part of Article 21 and emphasized that prolonging life artificially without any chance of recovery may violate human dignity. This judgment signifies a transition from theoretical recognition to the practical implementation of the right to die with dignity in India.

Despite these developments, the legal framework governing euthanasia in India remains cautious and restrictive. Active euthanasia continues to be prohibited. Moreover, the absence of comprehensive legislation specifically regulating euthanasia creates ambiguity in its application, leaving much reliance on judicial guidelines and medical ethics. Thus, the legal position in India represents a delicate balance between the protection of life and the recognition of individual dignity.

[15] Common Cause v. Union of India, (2018) 5 SCC 1
[16] Harish Rana v. Union of India, Supreme Court of India (11 March 2026)

This dual approach highlights the evolving nature of Indian law, which seeks to reconcile legal, ethical, and humanitarian considerations in addressing the complex issue of euthanasia. The absence of a comprehensive statutory framework highlights the urgent need for clear legislation to ensure consistency, safeguard against misuse, and uphold the constitutional promise of dignity at the end of life.

IV. SOCIO-CULTURAL AND RELIGIOUS PERSPECTIVES ON EUTHANASIA:

In a diverse country like India, Euthanasia cannot be solely understood on the basis of medical and legal perspectives but also by understanding its cultural, religious perspectives as religion has a very huge impact on people of our country. Religion plays a significant role in shaping moral values and social attitudes in Indian society, which can influence perceptions regarding life, suffering, and death. Indian Society places a major role on the sanctity of life, family responsibility and spiritual beliefs about death and suffering. Indian culture usually views human life as sacred.[17] Various religions and philosophical traditions emphasize that life is a valuable gift and shouldn't be ended deliberately. This is why it has always been looked upon very carefully and with caution. Euthanasia has been compared to religions such as some practices in Jainism, Hinduism etc.

Jainism:

Jainism has an ancient religious practice of Sallekhana is also known as 'Santhara' or 'Samadhi-marana' or 'Sanyasana marana'.[18] Practice of Sallekhana is done by slowly reducing food and water consumption. Basically, such rituals are to celebrate death and with purifying the soul that leaves the body in peace and honour. Every year a lot of people participate in this ritual until their death. It usually includes a person who is very old, or someone who has an incurable illness or someone who believes that their body can no longer support spiritual practices. Major goal is of spiritual purification and not to escape suffering. Though it is exactly not connected to euthanasia but still considered compared to it because both involve voluntary acceptance of death.

On August 10, 2015, in the landmark case of Nikhil Soni v. Union of India,84 the Rajasthan High Court ruled that "the ancient practice of Jains in Santhara is illegal".[19] In May 2006, a PIL was filed to declare Santara unconstitutional. The High Court held that Santhara's act amounted to suicide, punishable under Sections 309 and 306 of the I.P.C,[20] and thus he committed suicide. The Jain community strongly protested the court's Judgment, arguing that Santhara is a religious practice covered under Article 25.[21] The decision led to many disagreements and dissatisfactions. The Court thus countered the arguments and further held that Article 25 protects only those religious practices which are declared as essential and prohibition of Santhara would not infringe anyone's Right of Freedom of Religion. The court declared Santhara as illegal on two grounds-

1. The first ground is - Right to die is not included within the ambit of Article 21 guarantees that no person shall be deprived of his life or personal liberty except according to procedure established by law. As a result, Article 21 does not safeguard the Santhara practice.
2. The second ground is - as Article 25 guarantees freedom of conscience and the right to freely profess, practice, and propagate religion. Provides freedom of religion as Fundamental but Santhara is not an essential religious practice.

In August 2015, the Supreme Court granted a stay order on the Rajasthan High Court judgment. As a result, the practice was not treated as a criminal offence while the matter remained under judicial consideration.[22] The stay order indicated that the issue required deeper examination, particularly with respect to the balance between the right to life and the freedom of religion. This controversy highlights the broader challenge of balancing religious freedom with constitutional principles related to the right to life.

A. Hinduism

Hinduism offers a very complex and distinctive perspective on life, death and suffering.[23] Life is considered sacred and believed to be part of continuous cycle of birth, death and rebirth known as 'Samsara'. There are various aspects of euthanasia in Hinduism. It believes in the concept of 'salvation' or 'moksha'. So, if a person kills himself, he will not attain moksha. Those who support the person like doctor might not attain moksha too as it comes under 'bad karma'. There are concepts of 'good karma' and 'bad karma'.

[17] Radhakrishnan, S. – Indian Philosophy
[18] Nikhil Soni v. Union of India
[19] Nikhil Soni v. Union of India
[20] Indian Penal Code, ss. 306, 309
[21] Constitution of India
[22] Supreme Court of India, Stay Order (2015) in Nikhil Soni case
[23] Radhakrishnan, S. – Indian Philosophy

So, killing is forbidden in Hinduism which leads to good karma. According to Hindu beliefs, people who commit suicide do not have time to go to hell or heaven, but to stay on Earth. They are like evil spirits. After attaining 'Mukti' on Earth, he goes to hell and suffers more and more and he returns to Earth to complete his previous karma. Some Hindus believe that euthanasia cannot be allowed because it breaches the teaching of 'Ahimsa' i.e. doing no harm. Though on the other hand, some Hindus say that by helping to end a painful life of someone is performing a good deed. Hindus live their lives based on 'Sanatan Dharma' also known as 'Eternal Faith'. Dharma gives Hindus a moral obligation to protect the elderly people.

There is a Hindu practice of 'Paryopavesa' that is one of the exceptions to the restrictions on suicide. Paryopavesa is a religious observance in which an individual voluntarily fasts to death after fulfilling all worldly responsibilities. It is not considered as suicide as it is a natural process which can only be done in certain circumstances by spiritually developed people. It happens when a person feels that he has achieved his goal and body becomes heavy. It is a simple act that allows the person and their family to experience departure. While suicide is associated with sadness, anxiety and depression, Paryopavesa is about spirituality and peace. Euthanasia is not allowed if the patient is not aware of his death. Paryopavesa has been historically practiced by spiritually advanced individuals under strict conditions. Debates on euthanasia in modern days, Hindu perspectives demonstrate that while the sanctity of life is strongly valued, certain religious traditions allow for the voluntary acceptance of death under exceptional circumstances.

B. Buddhism

In Buddhism there are some texts that discuss exceptional cases, but mainstream Buddhism strongly discourages euthanasia and suicide due to the principle of non-harm.[24] Though it approaches the issue of euthanasia through its teachings on suffering compassion and sanctity of life. Buddhism opposes the idea of practice of euthanasia. It believes that death is a spiritual process, which never ends. Buddha tolerated the suicide of monks in two cases. Japanese Buddhists have a rich tradition of monk suicide as a political weapon. In Buddhism, it is said that the way life ends has a profound effect on how a new life begins. This indicates that suicide is only permitted for the enlightened and must be avoided by everyone. It largely emphasizes compassion and emotional support for terminally ill individuals rather than actively ending life.

C. Islam

The religion of Islam is strongly against killing people. They think that human life is sacred because God gives it to man and determines man's life. Man is forbidden to interfere with the powers of heaven. Humans have a very important role to play in protecting precious sacred life. A) Life is sacred. B) Euthanasia and suicide are strictly prohibited. According to the teachings, God will be kind and forgive if you avoid those shameful acts. Islamic soldiers generally oppose euthanasia because it is viewed as an act that interferes with the divine will. Life and death are determined by God, intentionally causing death is considered morally and religiously unacceptable. Islamic teachings emphasize patience and tolerance in the face of suffering and believing that suffering leads to spiritual growth and purification.[25]

D. Sikhism

Like many religions, Sikhism has many definitions and views on the subject of euthanasia. In Sikhism, the concept of 'Hukam' or 'Divine will' is very important.[26] Sikhs believe that everything is related to will of God. So, some people do refer to this as accepting the meaning of life and death and the suffering that comes with it. But Sikhism also emphasizes the concept of 'Seva' and selfless service. If a person is in severe pain, some Sikhs argue that alleviating the pain relief is seen as a form of Seva. Some Sikhs do support euthanasia under some circumstances such as when someone is unwell or in terrible pain while others oppose it because of their belief in the sanctity of life and God's will. Assisted suicide and forced euthanasia have no place in Sikhism.

E. Christianity

It emphasizes the sanctity of life and opposes euthanasia. The Sixth Commandment, "Thou shalt not kill" is often cited as evidence of the prohibition against taking human life, including one's own.[27] Catholicism, views euthanasia as a grave moral evil and a violation of God's sovereignty over life and birth. Some protestant religions have the same idea, emphasizing the importance of protecting life despite suffering and believing in God's plan. However, there are some Protestant groups and Theologians who allow

[24] Damien Keown, *Buddhism and Bioethics* (1995)
[25] Sahih Bukhari & Sahih Muslim (teachings on patience and suffering)
[26] Guru Granth Sahib (concept of Hukam)
[27] The Holy Bible, Exodus 20:13 (Sixth Commandment)

for the termination of life-supporting system in certain circumstances. Christians believe that the dignity and value of human life is equal to that of each person. Patients in a vegetative state have a permanent terminal illness, but they are living human beings. Therefore, it is wrong to think that their lives are meaningless and to conclude that "it is better to die". Those who are old, sick and near the end of their life on Earth have the same value for all people. People with mental/ physical disabilities have the same value as others.

V. CULTURE AND HISTORY

The concept of voluntary death has deep historical and cultural roots in Indian tradition, reflected in various religious practices and philosophical beliefs. While modern euthanasia is primarily understood in legal and medical terms, historical examples demonstrate that the idea of consciously accepting death has long been present in Indian society. These instances provide important context for understanding contemporary debates on euthanasia.

1) Chandragupta Maurya-

Chandragupta Maurya, after renouncing his throne, is believed to have embraced Jainism under the guidance of the Jain monk Bhadrabahu. According to historical and religious accounts, he migrated to Shravanabelagola in present-day Karnataka and ultimately undertook the practice of Sallekhana.[28] This act was not considered suicide within Jain philosophy but rather a disciplined and voluntary acceptance of death undertaken under specific conditions, such as old age, terminal illness, or extreme spiritual readiness.[29]

2) Vinoba Bhave

In 1982, at the age of 87, Vinoba Bhave chose to renounce food and medicine, stating that his body had completed its purpose.[30] His decision was not driven by physical suffering alone but by a conscious spiritual choice rooted in detachment and acceptance of death.This example is often compared to euthanasia because it involves voluntary death. However, similar to Sallekhana, the intention was spiritual fulfilment rather than relief from medical suffering. It reflects the idea that death can be accepted peacefully when life's duties are fulfilled.

3) Samadhi

In certain yogic traditions, advanced spiritual practitioners are believed to consciously leave their bodies through a meditative process known as Samadhi. This is seen as a highly evolved spiritual act rather than death caused by external means. While not directly related to euthanasia, this concept reflects a long-standing cultural belief in voluntary and conscious death, reinforcing that Indian traditions have historically engaged with the idea of controlling the moment of death.

4) Socio-cultural practices and the possibility of misuse

Though allowing euthanasia has its pros but there are a lot of cons too and the major con is the misuse of it. There exists a significant risk of misuse in the greed of grabbing property or simply just wanting the person to die so their burden is less. One such Practice -

5) Case of *Thalaikoothal*

It is a social practice which takes place in Tamil Nadu, Virudhnagar district and some other Southern parts of Tamil Nadu. This practice is called as Thalaikoothal.[31] This is applied on elderly people or terminally ill people are given ceremonial oil bath after that they will be fed tender coconut water. Which will cause pneumonia and eventually lead them to death. Sometimes they will add poison for hastening the death. Main motive behind such a practice is to grab the property. One such incident was reported in Virudhnagar district where an 80 years old man escaped from his house because his children were going to conduct Thalaikoothal functions for him. The whole family members were involved in this unethical practice. It in turn implies that if euthanasia is legalised, there is a possibility of misusing them on innocent people. Lack of awareness is the first reason for misusing euthanasia and majority of people don't have the knowledge about it. Some people are not educated and they are exploited in specific situations. The patient may not even be aware of what is going to happen and he may die unknowingly. Due to such reasons poor people lose their life.

[28] Hemachandra, *Parishishtaparvan* (Jain historical text)
[29] Supreme Court of India, *Nikhil Soni v. Union of India* (2015)
[30] S. Radhakrishnan, *Contemporary Indian Philosophy*
[31] BBC News, reports on Thalaikoothal (2013)

Thus, cultural and religious perspectives in India present a complex and often conflicting understanding of euthanasia. While certain traditions permit a spiritually guided acceptance of death, most emphasize the sanctity of life and moral responsibility toward preserving it. At the same time, socio-cultural practices reveal the potential for misuse, highlighting the need for a cautious, well-regulated approach that balances individual autonomy with societal protection. Indian Euthanasia framework must protect individuals from social-evil practices, economic coercion practices. It should also respect genuine practices like Sallekhana, Paryopavesa etc where death is consciously accepted and also give psychological support to doctors, families to feel less guilt and distress.

VI. PSYCHOLOGICAL IMPACT OF EUTHANASIA

The issue of euthanasia is not only a legal or social related but also deeply intertwined with psychological experiences as in the current situation mental health is looked upon with a lot of importance. Individuals facing terminal illness frequently experience profound emotional distress and might even take drastic steps which can also lead to death. So, it is must to look into the psychological impacts and point of view which are significantly shaped by cultural and religious beliefs.[32] In the Indian context, where social identity is closely linked with family structures, spirituality, and community values, the psychological impact of euthanasia extends beyond the individual to include family members, caregivers, and even medical practitioners as there is way more attachment with family members comparatively to any other countries.

The individual who is suffering is the most affected psychologically. For individuals suffering from terminal illness, the psychological burden is often characterized by fear, anxiety, depression, and a sense of loss of autonomy. The anticipation of prolonged suffering, dependency on others, and diminished quality of life may lead patients to consider euthanasia as a means to regain control over their circumstances. There comes an extreme feeling of helplessness and hopelessness. However, cultural values play a crucial role in shaping this perception. In societies where endurance of suffering is seen as virtuous or spiritually meaningful, individuals may experience guilt or moral conflict when contemplating the idea of ending their life. Patients facing incurable diseases sometimes feel that choosing the timing and manner of their death allows them to maintain dignity and personal agency. However, critics argue that such decisions maybe influenced by untreated psychological disorders, social pressure, or fear of being a burden on family members.[33] Religious beliefs further intensify these psychological dynamics. For instance, traditions within Hinduism and Jainism emphasize concepts such as karma, dharma, and spiritual liberation, which may discourage individuals from choosing euthanasia due to fear of negative spiritual consequences. Similarly, in Islam and Christianity, the belief that life is a divine gift can create internal psychological resistance to euthanasia, even in situations of extreme suffering. As a result, individuals may experience emotional distress arising from the conflict between personal suffering and religious obligations.

The psychological impact is not limited to patients alone. Family members often undergo intense emotional strain when faced with decisions regarding end-of-life care. In Indian culture, where caring for elders is considered a moral duty, the idea of consenting to euthanasia may lead to feelings of guilt, shame, and social stigma. It's not just one person but the whole family suffers. Everyone is mentally disturbed. They may struggle between the desire to relieve their loved ones suffering and the moral or cultural belief that life should be preserved. Feelings of guilt, grief, and moral uncertainty frequently arise after euthanasia decisions. Family members may also experience long-term psychological trauma, especially if they feel responsible for consenting to the withdrawal of life support. Families may also face pressure from societal expectations, which further complicates their emotional and psychological state. In India families often do give importance on what society thinks and how it works.

In India, where the legal framework is yet to evolve for accommodating comprehensive euthanasia guidelines, the situation presents significant challenges not only for patients and their families but also for healthcare professionals. Medical professionals, too, experience psychological challenges in the context of euthanasia. The ethical dilemma between preserving life and alleviating suffering can lead to moral distress, especially in a cultural environment in a country like India that strongly values the sanctity of life. Doctors may struggle with feelings of responsibility, fear of legal consequences, and conflict between professional duties and personal beliefs. Healthcare professionals involved in euthanasia decisions may experience moral distress and emotional strain. Physicians are traditionally guided by the ethical principle of preserving life, which is reflected in the Hippocratic Oath. Participating in decisions that lead to a patient and death may conflict with their ethical training and professional values. Firstly, medical professionals are also human beings having religious values. Secondly, when persons are registered as medical practitioners, they are obligated to take an oath, under which they swear to save a patient's life.

[32] World Health Organization, reports on mental health and end-of-life care
[33] World Health Organization, reports on mental health, depression, and end-of-life decision-making.

In contrast, the concept of euthanasia demands the opposite of what is swore under oath. To make matters further complicated. Many professionals struggle with feelings of guilt and a sense of moral failure, which can significantly affect their mental health. These ethical dilemmas are exacerbated when doctors are unable to clearly define or justify their decisions to patients' families, given the lack of clear guidelines.[34]

VII. THEORETICAL PERSPECTIVES ON EUTHANASIA

The issue of euthanasia cannot be fully understood without examining the underlying psychological and sociological theories that explain human behaviour, suffering, and decision-making. These theoretical perspectives provide insight into why individuals may seek euthanasia and how cultural, emotional, and social factors influence such decisions.

A. Psychoanalytic perspective (Sigmund Freud)

According to Freud's psychoanalytic theory, human behaviour is driven by unconscious instincts, primarily the life instinct and the death instinct.[35] The life instinct promotes survival, growth, and continuity, whereas the death instinct is associated with a desire for release from tension, pain, and suffering. When we relate it to euthanasia, individuals suffering from terminal illnesses may experience overwhelming physical and psychological distress, leading to a dominance of the death instinct. The desire for euthanasia can therefore be interpreted as an unconscious attempt to escape unbearable suffering and restore a sense of peace. However, Freud's theory also suggests that such desires are complex and may be influenced by unresolved emotional conflicts, fear, and anxiety. In the Indian context, the death instinct often manifests as a profound sense of familial and social burden, frequently overpowered by socio-religious teachings.

B. Humanistic Perspective (Abraham Maslow)

According to his theory, individuals strive to fulfil a series of needs, ranging from basic physiological requirements to higher-level psychological needs such as esteem and self-actualization.[36] In cases of terminal illness, individuals often struggle to meet even their most basic needs, such as physical comfort and independence. The loss of dignity, autonomy, and self-worth can lead to psychological distress. In such situations, euthanasia may be perceived as a means of preserving dignity and avoiding prolonged suffering. In Indian context, the terminally ill patient often experiences emotional distress and also there might be a feeling of loss of dignity to be dependent on family for even basic needs like eating, bathing, and toileting, etc.

C. Psychosocial Development Theory (Erik Erikson)

Erikson's theory focuses on the stages of human development, particularly which occurs in old age.[37] At this stage, individuals reflect on their lives and evaluate whether they have lived meaningfully. People who achieve ego integrity experience a sense of fulfilment and acceptance of death as a natural process. However, individuals who experience despair may feel regret, dissatisfaction, and fear of prolonged suffering. This emotional state may increase the likelihood of considering euthanasia as an escape from both physical pain and psychological distress. In Indian context, evil practice of Thalaikoothal might burden the terminally ill patient for being dependent on family and he might experience distress with economic regulation and social pressure leading them towards premature death.

D. Sociological Perspective (Emile Durkheim)

Durkheim's theory of suicide emphasizes the role of social integration and regulation in influencing individual behaviour.[38] He identified different types of suicide, including egoistic and altruistic. In the context of euthanasia, individuals who feel socially isolated, neglected, or burdensome may be more inclined to consider ending their lives. Conversely, in tightly knit societies where collective values dominate, individuals may feel pressure to prioritize family interests over personal suffering, which may also influence euthanasia decisions.

Thus, theoretical perspectives provide a deeper understanding of euthanasia by highlighting the interplay between psychological instincts, emotional well-being, social influences, and cultural values.

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VIII. CONCLUSION

Euthanasia remains one of the most sensitive and debatable issues in Indian legal discourse, as it lies at the intersection of law, morality, religion, culture, human dignity, psychological impact. It is not merely a debate about death, but it is also about a dignified life and the role of the State in regulating decisions. It is about a dignified death. In the Indian context, where cultural beliefs and social obligations are given significant importance, euthanasia cannot be examined solely through a legal lens. It requires a broader understanding of suffering, dignity, and consent.

India's jurisprudence has evolved from rejection in Gian Kaur v. State of Punjab to recognition of passive euthanasia in Aruna Shanbaug v. Union of India and finally to living wills and their implementation in Common Cause v. Union of India and Harish Rana v. Union of India. These developments have shaped the constitutional and practical framework governing end-of-life decisions. While active euthanasia continues to remain prohibited, the recognition of passive euthanasia and living wills reflects an important shift in Indian jurisprudence. However, this legal development alone is not sufficient to fully understand the issue. The socio- cultural and psychological dimensions largely neglected in existing research are equally critical to formulating a protective framework.

The socio- cultural and religious analysis further demonstrates that Indian society holds diverse and often conflicting views while most of the religious traditions emphasize sanctity of life yet Jainism, Hinduism and certain interpretations with other faiths recognize the idea of a conscious and voluntary acceptance of death under exceptional circumstances. At the same time, exploitative practices such as Thalaikoothal reveal the dangers of social coercion, economic vulnerability. Hence, any legal recognition of euthanasia must be accompanied by strict procedural safeguards, judicial scrutiny, and protection against coercion and abuse.

From a psychological perspective, euthanasia raises profound concerns that extend beyond the patient to include family members, and medical professionals. Terminal illness often brings feelings of fear, hopelessness, and helplessness. Families experience guilt, grief, moral conflict, and social stigma as well. These realities clearly demonstrate that euthanasia is not merely a legal issue, but also one that extends to mental health, emotional burden, psychological counselling, and ethical support systems. The psychological perspective remains significantly under-addressed by the current legal framework.

India's euthanasia framework in the future must focus on-

1) Protecting vulnerable individuals from socio- economic coercion and practices like Thalaikoothal through strict procedural oversight.
2) Respecting genuine religious and spiritual practices and distinguishing them from passive euthanasia.
3) Institutionalising psychological support for patients, families and healthcare professionals navigating end-of-life decisions.
4) Developing clear statutory guidelines rather than relying on judicial precedent alone, ensuring consistency, predictability and protection against misuse.

In conclusion, India's approach must seek to balance compassion with caution, dignity with protection, and autonomy with accountability. The promise of Article 21 cannot be fully realised unless the individuals facing irreversible suffering are treated not merely as subjects of law but also as human beings entitled to dignity and care. Hence, the need of the hour is a clear, comprehensive, and humane statutory framework that recognizes the right to die with dignity while ensuring procedural fairness, medical ethics, psychological support. Only then can India uphold both the sanctity of life and the dignity of death.

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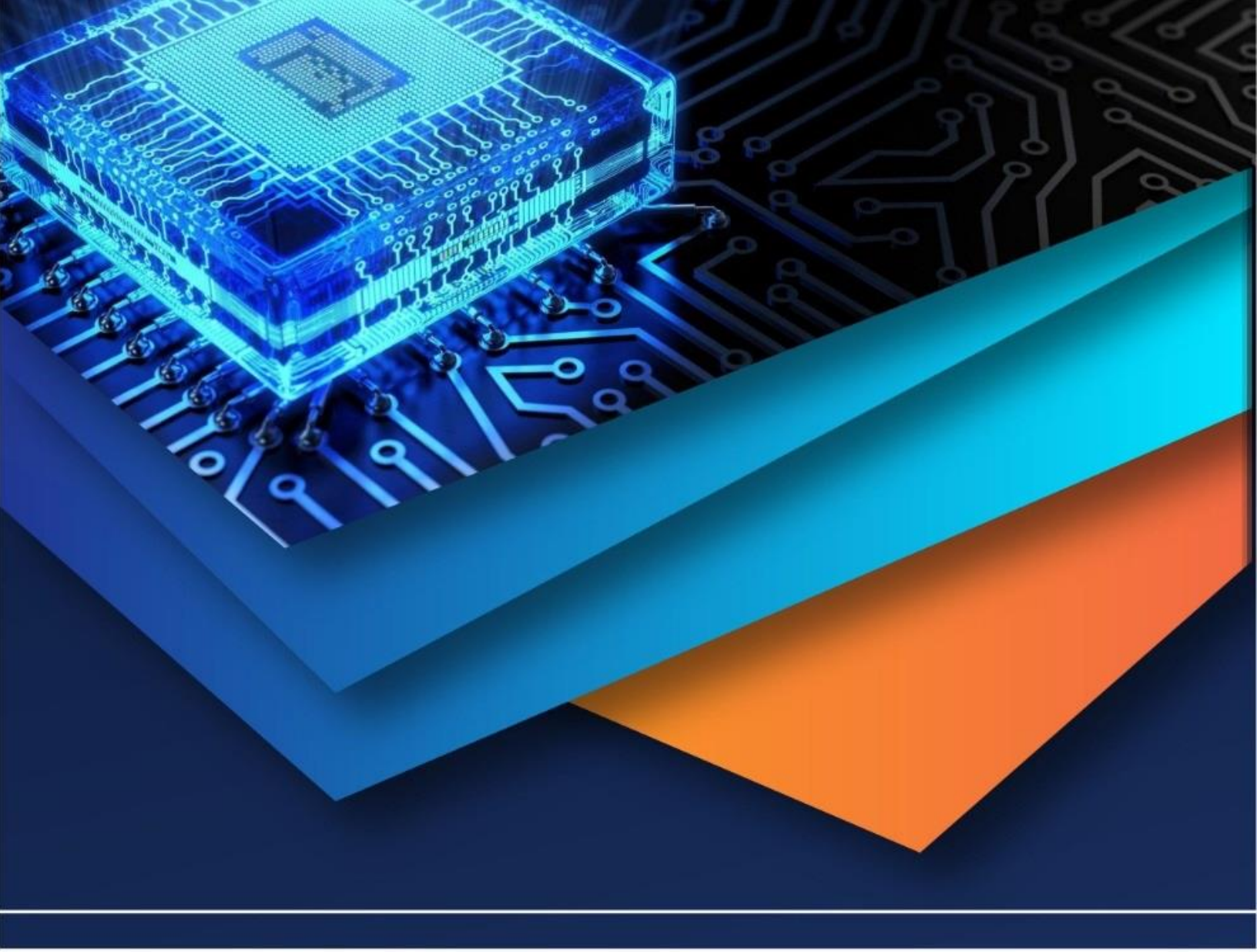

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