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The Prevalent Belief On Euthanasia In India: A Legal, Ethical, Religious And Socio-Cultural Perspective

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Abstract:-Euthanasia remains a contentious and emotionally charged issue in India, intersecting law, religion, medicine, and culture. This paper explores the prevalent belief systems around euthanasia in India by examining the legal evolution of passive euthanasia, religious doctrines that influence moral responses, societal perspectives shaped by tradition and modernization, and the role of palliative care. Through a multidisciplinary lens, this study argues that while there is increasing awareness and demand for the right to die with dignity, India's deeply embedded spiritual worldview, lack of infrastructure, and complex familial decision-making continue to constrain broad acceptance and implementation of euthanasia practices.

Keywords:-Euthanasia, Modernization, Passive Euthanasia, Prayopavesa, Sallekhana & non-maleficence etc.

INTRODUCTION :-

The debate around euthanasia—or the deliberate act of ending a person's life to relieve intractable suffering—has intensified across the globe with advances in medical technology and increased awareness of patient rights. In India, however, this debate remains entangled within layers of ethical, legal, and spiritual complexity. The question of euthanasia does not merely touch on medicine or law but cuts deeply into the Indian conscience, shaped by religious doctrines, familial obligations, and historical traditions of endurance and self-sacrifice. This paper explores these dimensions to analyze the prevalent belief on euthanasia in Indian society.

Legal Framework of Euthanasia in India:-India has witnessed a cautious legal evolution regarding euthanasia. The landmark **Aruna Shanbaug v. Union of India**(2011)[1] case opened the door to passive euthanasia by permitting the withdrawal of life-support systems in cases of irreversible coma or terminal illness. The Supreme Court held that Article 21 of the Constitution—the right to life—implicitly includes the right to die with dignity[2]. This position was expanded in **Common Cause v. Union of India** (2018)[3], where the Court recognized the legal validity of advance directives, allowing individuals to outline their end-of-life preferences in a living will[4]. Despite these judicial interventions, the procedural complexity and absence of statutory codification render access to euthanasia limited and inconsistent in practice.

Religious and Spiritual Perspectives:-India's religious pluralism adds layers of moral complexity to the euthanasia debate.

- Hinduism
- Islam
- Christianity
- Jainism
- Buddhist

Hinduism largely considers life sacred and views suffering as a part of karmic consequences. While the practice of *prayopavesa*—voluntary death by fasting—is accepted under certain spiritual conditions, it is reserved for ascetics and spiritual seekers[5]. **Islam** categorically opposes euthanasia, holding that life and death are under Allah's exclusive jurisdiction[6]. **Christianity**, especially within the Catholic tradition, regards euthanasia as morally unacceptable due to the sanctity-of-life doctrine[7]. In contrast, **Jainism** provides a unique ethical framework where *Sallekhana*, a non-violent, voluntary fast unto death, is practiced by the spiritually mature to attain liberation[8]. While resembling euthanasia in purpose, *Sallekhana* is framed as a religious act of renunciation rather than medical termination. **Buddhist** attitudes vary, with the Theravada tradition opposing euthanasia while Mahayana schools sometimes emphasizing compassionate relief of suffering[9].

Medical Ethics and the Role of Physicians:-Medical professionals in India face a moral paradox when dealing with terminally ill patients. Trained under the Hippocratic principle of ***non-maleficence***, physicians often hesitate to withdraw treatment, even when it causes pain or lacks therapeutic benefit. The absence of institutional guidelines, fear of litigation, and emotional pressure from families contribute to

[1](2011) 4 SCC 454
[2](Supreme Court of India, 2011)
[3]AIR 2018 SUPREME COURT 1665, AIR 2018 SC (CIV) 1683, (2018) 3 MAD LJ 503, (2018) 4 SCALE 1, (2018) 1 CRIMES 184, (2018) 1 CURCC 448, 2018 (5) SCC 1, 2018 (2) KLT SN 47 (SC), 2018 (1) KCCR SN 65 (SC)
[4](Supreme Court of India, 2018)
[5](Bhattacharyya, 2006)
[6](Sachedina, 2005)
[7](John Paul II, 1995)
[8](Long, 2009)
[9](Keown, 1995)

overtreatment and prolongation of suffering[10]. Furthermore, most Indian hospitals lack trained palliative care personnel or ethical boards to support physicians in making compassionate end-of-life decisions[11].

Public Attitudes and Cultural Constraints:-India's societal beliefs around euthanasia are shaped by a blend of ancient cultural values and modern existential anxieties. While public awareness about patient autonomy and the right to die is rising—especially among urban and educated populations—traditional collectivist norms still dominate end-of-life decision-making. Many families equate withdrawal of treatment with abandonment or moral failure, leading to prolonged use of life-support even in futile cases[12]. Additionally, the fear of misuse in a society rife with elder neglect, property disputes, and medical corruption limits public support for broader legalization[13]. Thus, the belief system surrounding euthanasia remains conservative, though gradually changing.

Ethical Concerns and Bio justice:-Bioethical debates around euthanasia in India are nuanced by social realities. Proponents argue that denying euthanasia violates autonomy and dignity, especially when medical interventions only extend pain. However, critics warn that legalizing euthanasia without robust safeguards could normalize systemic neglect of the elderly and disabled. Disability rights advocates caution that state-sanctioned death may reinforce negative stereotypes about the quality of life with chronic illness or mental disorders[14]. Thus, any policy on euthanasia must balance individual freedom with structural justice and cultural sensitivity.

The Palliative Care Gap:-One of the strongest arguments against euthanasia in India is the poor state of palliative care. According to the **Quality of Death Index** (2021), India ranks among the lowest in providing accessible end-of-life care due to lack of funding, awareness, and trained personnel. Only about 1-2% of those who need palliative care actually receive it[15]. In such a scenario, the demand for euthanasia may sometimes reflect desperation rather than informed consent. Experts argue that euthanasia should not be discussed in isolation but in conjunction with the urgent need to expand palliative infrastructure and promote compassionate care.

Conclusion:-The prevalent belief about euthanasia in India is shaped by centuries of spiritual thought, legal conservatism, and communal moral codes. While judicial rulings have created legal space for passive euthanasia, the actual practice remains heavily circumscribed by religious doctrines, institutional weaknesses, and cultural taboos. Yet, there is a growing consciousness—among patients, physicians, and policymakers—that autonomy and dignity must be at the heart of end-of-life care. For India to move forward, it must foster an ethical and legal environment that balances compassion with caution, modern rights with traditional values, and medical realism with spiritual respect. Euthanasia, in the Indian context,

[10](Mishra & Rajesh, 2019)
[11](Rajagopal, 2015)
[12](Deshpande, 2018)
[13](Kumar & Mehta, 2021)
[14](Sharma, 2020)
[15](Rajagopal & Kumar, 2010)

cannot be merely a legal permission; it must become part of a holistic care framework that honors the complexity of life and the quiet dignity of death.

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