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## Passive Euthanasia and the Constitutional Meaning of Life: Case Comment on Aruna Shanbaug v Union of India

Gurmish Kaur<sup>a</sup>

<sup>a</sup>Vivekananda Institute of Professional Studies, New Delhi, India

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### INTRODUCTION

Article 21 of the Indian Constitution provides that no person shall be deprived of life or personal liberty, except according to the procedure established by law.<sup>1</sup> Over time, judicial interpretation has expanded this guarantee beyond mere physical existence to include dignity, autonomy, and self-respect. Thus, the right to life is understood as the right to live with human dignity and meaningful choice.<sup>2</sup>

Within this constitutional framework, a difficult question arises: whether the right to life also includes the right to die with dignity. While the sanctity of life remains a core constitutional value, modern constitutional discourse increasingly recognises bodily autonomy and the individual's right to make informed decisions regarding medical treatment. This tension becomes most acute when medical intervention serves only to prolong suffering rather than

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<sup>1</sup> The Constitution of India 1950, art 21

<sup>2</sup> *Francis Coralie Mullin v Administrator, Union Territory of Delhi & Ors* (1981) 2 SCR 516; *Justice KS Puttaswamy (Retd) & Anr v Union of India & Ors* (2017) 10 SCC 1

preserve a meaningful life. Therefore, courts are required to exercise restraint and balance constitutional values without assuming the role of lawmakers or medical authorities. It is against this backdrop that the *Aruna Shanbaug v The Union of India*<sup>3</sup> assumes significance as the Supreme Court's first sustained engagement with passive euthanasia under Article 21.<sup>4</sup>

## **EUTHANASIA AND CONSTITUTIONAL CONTEXT**

Euthanasia refers to the practice of intentionally ending life or allowing life to end to relieve suffering.<sup>5</sup> Jurisprudentially, it is divided into active and passive forms, respectively. Active euthanasia<sup>6</sup> involves a deliberate positive act, such as administering a lethal substance, and has consistently been treated as illegal under Indian criminal law, regardless of consent or medical conditions.

In contrast, passive euthanasia<sup>7</sup> involves the withdrawal or withholding of life-sustaining treatment, allowing death to occur naturally. The legal controversy here turns on the distinction between commission and omission and whether discontinuing treatment constitutes criminal conduct or a legitimate medical decision. This distinction is constitutionally significant in cases involving irreversible loss of consciousness or terminal illness.

The case of *Aruna Shanbaug* arose in the context of a Persistent Vegetative State (PVS), a medical condition in which cognitive awareness is permanently lost while basic physiological functions continue. Advances in medical technology enable biological existence to be prolonged indefinitely, raising serious ethical questions about dignity, consent, and the purpose of continued treatment.

Before *Aruna Shanbaug*, the judicial understanding of end-of-life decisions was shaped primarily by *Gian Kaur v State of Punjab*.<sup>8</sup> In that case, the Supreme Court rejected the existence of a general right to die under Article 21, holding that the protection of life cannot logically include its extinction. However, the Court also observed that the right to die with dignity at the

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<sup>3</sup> *Aruna Ramchandra Shanbaug v Union of India* (2011) 4 SCC 454

<sup>4</sup> The Constitution of India 1950, art 21

<sup>5</sup> *Report of the Select Committee on Medical Ethics* (House of Lords, 1994)

<sup>6</sup> Law Commission, *Report No 241: Passive Euthanasia: A Relook* (2012)

<sup>7</sup> *Ibid*

<sup>8</sup> *Smt Gian Kaur v State of Punjab* (1996) 2 SCC 648

end of a natural life may stand on a different constitutional footing. This qualification left the law unsettled, offering no clear framework for evaluating passive euthanasia cases.

This constitutional uncertainty, combined with the limits of judicial competence in regulating complex medical decisions without legislative guidance, framed the Supreme Court's cautious yet consequential intervention in Aruna Shanbaug.<sup>9</sup>

## **FACTS OF THE CASE**

Aruna Ramchandra Shanbaug was a trained nurse employed at King Edward Memorial Hospital, Mumbai. On the night of November 27, 1973, Aruna Shanbaug was assaulted within the premises of KEM Hospital by a ward attendant. During the assault, she was strangled using a dog chain, which resulted in prolonged oxygen deprivation to the brain. He also sexually assaulted her during the incident. The combined effect of strangulation and trauma causes severe and irreversible neurological damage.

Following the assault, Aruna Shanbaug never regained consciousness. Subsequent medical assessments confirmed that the patient had entered a persistent vegetative state. While certain basic physiological functions, such as respiration and circulation, continued, she permanently lost meaningful cognitive awareness and the capacity to interact with her environment. Medical opinion consistently indicated that her condition was irreversible with no realistic prospect of recovery.

Aruna Shanbaug remained hospitalised at KEM Hospital for over four decades. During this period, she was entirely dependent on medical care and assistance for survival. Importantly, the nursing staff and hospital authorities at KEM Hospital assumed responsibility for continuous care, including feeding, hygiene, and medical supervision. In 2009, nearly thirty-six years after the incident, journalist and social activist Pinki Virani filed a writ petition under Article 32 of the Constitution<sup>10</sup> before the Supreme Court of India. Claiming to act as a “next friend” of Aruna Shanbaug, the petitioner sought permission for the withdrawal of life-sustaining treatment, contending that the continued artificial prolongation of life in an irreversible vegetative state violated the right to live with dignity under Article 21. These facts formed the foundation upon

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<sup>9</sup> *Aruna Ramchandra Shanbaug v Union of India & Ors* (2011) 4 SCC 454

<sup>10</sup> Constitution of India 1950, art 32

which the Court was required to examine the permissibility of passive euthanasia under Indian constitutional law.

## **ISSUES BEFORE THE SUPREME COURT**

The following issues were raised by way of a writ petition filed under Article 32 of the Indian Constitution.

1. Does Article 21, which guarantees the Right to Life, also include the Right to Die?
2. If a person is on life support and in an irreversible vegetative or comatose state, can life support be withdrawn?
3. Can a person, while mentally sound, declare in advance that they should be allowed to die with dignity if they enter a terminal or vegetative state in the future (Right to Die with Dignity)?
4. Should a “next friend” or relative have the authority to decide whether life support should be withdrawn?

## **ARGUMENTS**

**Arguments of the Petitioner:** The petitioner, Pinki Virani, invited the Court to look beyond the mere fact of biological survival and consider whether life sustained only through continuous medical intervention could still claim the protection of dignity guaranteed under Article 21 of the Constitution.<sup>11</sup> It was submitted that Aruna Shanbaug had remained in an irreversible vegetative state for several decades, wholly dependent on external support, with no awareness of self or surroundings, and no realistic possibility of recovery. It was argued that the Constitution does not impose an obligation on the state to preserve life in every circumstance, regardless of its quality or meaning. The petitioner contended that in the present case, the continuation of life-sustaining measures neither advanced treatment nor offered any prospect of improvement but merely prolonged a condition of total dependency. In doing so, it was submitted that life was reduced to a purely physical process, disconnected from dignity, autonomy, or conscious existence.

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<sup>11</sup> The Constitution of India 1950, art 21

It was further submitted that dignity, as an inseparable component of Article 21, must extend to the final stages of life. In cases where medical science confirms the impossibility of recovery, refusal to allow the withdrawal of life-sustaining measures is described as unreasonable and inhumane. Finally, the petitioner claimed locus standi as a “next friend” acting in the best interests of Aruna Shanbaug and prayed for judicial permission to withdraw life-prolonging treatment. The relief sought was narrowly framed, not as an assertion of a general right to die, but as a plea for the compassionate recognition of a dignified end where continued existence had become wholly purposeless.

**Arguments of the Respondents:** The respondents, appearing on behalf of the State and the authorities of King Edward Memorial Hospital, opposed the petition by drawing attention to the fact that Aruna Shanbaug had been under the hospital’s care for several decades. It was submitted that she had never been abandoned or neglected. Since the incident, she has been regularly fed, nursed, and medically monitored by the hospital staff. According to the respondents, this care was provided consistently and with a strong sense of responsibility by the nurses. The caregivers, it was emphasised, had willingly accepted this role and continued to remain ready to look after her for the rest of her life.

It was further argued that Article 21 of the Constitution does not recognise a general Right to Die, a position already settled by the Supreme Court in *Gian Kaur v State of Punjab*.<sup>12</sup> On this basis, the respondents submitted that permitting the withdrawal of life-sustaining treatment would, in effect, result in the taking of lives. They contended that such an outcome is not permissible under the present constitutional framework. The respondents maintained that the sanctity of human life is a foundational constitutional value and cannot be disregarded simply because a person is elderly, seriously ill, or fully dependent on medical care.

It was argued that recognising such a practice could expose vulnerable patients to the risk of misuse, especially by relatives or other interested parties. The danger is even greater in cases where the patient is unable to express consent. In the present matter, Aruna Shanbaug was admittedly incapable of making any informed decision, and the respondents questioned who

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<sup>12</sup> *Gian Kaur v The State of Punjab* (1996) 2 SCC 648

could legitimately assume the authority to consent to the withdrawal of life support on her behalf.

## **COURTS JUDGEMENT AND ANALYSIS**

The Supreme Court approached the case with clear restraint. At the outset, the Bench acknowledged that the dispute pushed the Court into ethically sensitive and medically complex terrain, particularly in an area where legislative guidance was sparse and judicial intervention had to be carefully confined.

Relying on its earlier decision in *Gian Kaur v State of Punjab*, the Court reaffirmed that Article 21 does not recognise a general Right to Die. It reasoned that the constitutional guarantee of life is fundamentally oriented towards its protection, and that reading into it a right to end life would stretch the provision beyond its conceptual limits. At the same time, the Court clarified that *Gian Kaur* had not entirely foreclosed the issue. This left open a narrow possibility that the “right to die with dignity” at the terminal stage of life might stand on a different footing, particularly in situations where death is inevitable, and medical treatment merely prolongs the process. The Court then examined the distinction between active and passive euthanasia. Active euthanasia, which involves a deliberate act that causes death, is plainly impermissible under Indian criminal laws. In contrast, passive euthanasia concerns the withdrawal or non-initiation of life-sustaining treatment and is treated as an omission rather than a positive act. The Court observed that if confined to strictly limited and carefully regulated situations, such an omission could be constitutionally acceptable, as it attempts to balance the sanctity of life with the practical limits of medical intervention.

In assessing the facts, the Court placed considerable reliance on the findings of the medical board it had constituted. The three-member board concluded that Aruna Shanbaug was not brain-dead,<sup>13</sup> that her organs and vital bodily functions were continuing to operate, and that she did not meet the medical criteria required for withdrawal of life support. It was also noted that there was no indication, either express or implied, that she had ever wished to die. Accepting this expert assessment, the Court held that there was no sufficient factual or medical basis to permit passive euthanasia in her case.

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<sup>13</sup> Transplantation of Human Organs Act 1994

The Bench, comprising Markandey Katju and Gyan Sudha Misra, also rejected the petitioner's claim to act as Aruna Shanbaug's "next friend." The Court observed that decisions relating to her care could not disregard the hospital staff who had looked after her continuously for several decades.

At the same time, the Court acknowledged the complete absence of a statutory framework governing passive euthanasia in India. To address this legislative vacuum, the Supreme Court of India laid down interim guidelines in 2011. These included the requirement that petitions seeking permission for passive euthanasia be filed under Article 226 before the High Courts, that consent of the family or next friend be obtained, that an independent medical board examine the patient, and that the final decision be taken by a Division Bench of the High Court. The Court clarified that these guidelines would continue to operate until Parliament enacted a comprehensive law on the subject.

Although relief was ultimately denied on the facts, the judgment marked an important constitutional moment. For the first time, the Court formally recognised the limited permissibility of passive euthanasia under Article 21, reflecting a cautious yet deliberate judicial engagement with questions of dignity at the end of life.

### **CRITICAL ANALYSIS**

The decision in *Aruna Shanbaug v Union of India* represents a cautious yet significant step in expanding the constitutional meaning of dignity under Article 21. While the Supreme Court reiterated that there is no general right to die, it shifted the debate from death as an abstract claim to dignity at the terminal stage of life. This marked a departure from the strict life-preservation stance in *Gian Kaur v State of Punjab* and introduced a more nuanced approach to end-of-life decision-making.

The Court's observation that a "right to die with dignity" may arise when death is inevitable, and medical treatment merely prolongs suffering, created an important doctrinal opening. Although relief was denied on the facts, this recognition laid the conceptual groundwork for later expansion in *Common Cause v Union of India*.<sup>14</sup> Viewed this way, Aruna Shanbaug functioned

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<sup>14</sup> *Common Cause (A Regd Society) v Union of India & Anr* (2018) 5 SCC 1

less as a rights-conferring judgment and more as a transitional point in constitutional jurisprudence.

A major criticism of the judgment concerns the Court's formulation of procedural guidelines permitting passive euthanasia in the absence of legislation. At first glance, this raises concerns of judicial overreach, as the Court entered a domain typically reserved for Parliament. However, this intervention must be assessed in light of sustained legislative silence on an issue directly affecting fundamental rights. Similar to the framework evolved in *Vishaka v State of Rajasthan*,<sup>15</sup> the guidelines were explicitly interim, narrowly tailored, and subject to strict safeguards. This indicates that the Court acted out of constitutional necessity rather than institutional excess.

The judgment also reveals unresolved ethical tensions between individual autonomy and the State's duty of protection. Although dignity was recognised as a constitutional value, the Court ultimately prioritised medical opinion and institutional responsibility over patient autonomy, particularly by rejecting the petitioner's claim as "next friend." While this caution is understandable given the patient's inability to consent, it raises concerns about whether dignity can be fully realised without some recognition of decisional autonomy at the end of life.

At the same time, the Court's anxiety about potential misuse of euthanasia is not unfounded. In a society marked by economic inequality and uneven healthcare access, end-of-life decisions carry risks of coercion and neglect. The insistence on judicial oversight and medical evaluation reflects an attempt to balance compassion with protection. Although this resulted in a conservative outcome, it demonstrates awareness of broader social consequences. The most enduring weakness of the judgment lies in the lack of legislative follow-through. The judiciary assumed a role it is institutionally ill-suited to perform. While the guidelines offered temporary clarity, they were never a substitute for comprehensive legislation grounded in democratic deliberation and medical expertise.

## **CONCLUSION**

*Aruna Shanbaug v Union of India* holds an important position in India's constitutional debate on end-of-life decision-making. The judgment is significant for shifting the interpretation of Article 21 away from mere preservation of life towards recognising dignity in situations where

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<sup>15</sup> *Vishaka & Ors v State of Rajasthan & Ors* (1997) 6 SCC 241

life is nearing its end. At the same time, the Court's restrained approach resulted in limited recognition of personal autonomy and exposed the difficulty of resolving ethically sensitive questions through judicial directions alone. The case, therefore, illustrates that although constitutional values must inform end-of-life choices, lasting and effective reform can only be achieved through detailed legislative intervention rather than continued judicial stopgap measures.