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LITERARY AND LEGAL ASPECTS OF EUTHANASIA: A CRITICAL STUDY

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ABSTRACT

Euthanasia remains one of the most difficult questions in modern jurisprudence because it forces law to confront suffering, dignity, autonomy, dependency, and the limits of medical power at the same time. In India, the debate has moved from abstract moral disagreement to a more precise constitutional and procedural framework through Aruna Ramachandra Shanbaug v. Union of India, Common Cause v. Union of India, and, most recently, the Harish Rana litigation. Yet legal doctrine alone cannot fully capture what is at stake in decisions at the end of life. Literature supplies a necessary corrective. It reveals that the crisis of dying is not merely biological. It is narrative, relational, and institutional. Texts such as Leo Tolstoy's The Death of Ivan Ilyich and the ethical reflections around Brian Clark's Whose Life Is It Anyway? illuminate how suffering is intensified when the patient is reduced to an object of management rather than treated as a person whose life retains meaning, memory, and voice.

This paper argues that a critical study of euthanasia must resist two simplifications. The first is legal formalism, which reduces dignity to procedural compliance. The second is crude voluntarism, which treats any wish to die as an adequate ground for state-sanctioned death. Indian law, especially after Common Cause, rightly recognizes the right to die with dignity in the limited context of passive euthanasia, now more accurately understood as the withholding or withdrawal of futile medical treatment. However, the law remains under-theorized in one crucial respect: it insufficiently integrates the literary and phenomenological dimensions of suffering into legal judgment. The recent Harish Rana ruling improves the doctrine by shifting attention from mere terminality to the patient's best interests, therapeutic futility, and the indignity of artificial prolongation.

The paper concludes that India should not legalize active euthanasia at present. Instead, it should strengthen statutory clarity, palliative care, advance directives, and legally supervised end-of-life decision-making grounded in relational autonomy and humane care.

Keywords: Euthanasia, Right to Die with Dignity, Article 21, End-of-Life Care, Literary Jurisprudence, Autonomy, Harish Rana

INTRODUCTION

Euthanasia is among the most difficult subjects in contemporary legal thought because it compels the law to confront suffering, dignity, autonomy, dependence, and the limits of medical intervention at the same time. It is not merely a technical question of criminal liability or constitutional interpretation. It is also a question about what kind of life the law seeks to protect, and what kind of dying it ought not to impose. In India, the issue has acquired particular urgency through landmark judicial decisions such as Aruna Ramachandra Shanbaug v. Union of India, Common Cause v. Union of India, and most recently Harish Rana v. Union of India. These decisions have slowly shaped a constitutional framework that recognizes the right to die with dignity in the narrow context of withholding or withdrawing futile medical treatment, while continuing to reject active euthanasia.

Yet legal doctrine alone cannot capture the full human reality of euthanasia. Law classifies. Literature reveals. Law identifies rules, procedures, and thresholds. Literature discloses what it feels like to suffer, to depend, to lose agency, and to endure a form of life that has become estranged from the self. A critical study of euthanasia therefore cannot remain confined to judgments, statutes, and ethical abstractions. It must also engage with the imaginative and moral resources of literature. Texts such as Leo Tolstoy's The Death of Ivan Ilyich and the broader ethical debate around Brian Clark's Whose Life Is It Anyway? illuminate the existential dimensions of dying that law often fails to name adequately.

This paper argues that the legal and literary dimensions of euthanasia must be read together. Indian law has rightly moved toward permitting passive euthanasia, now more accurately described as withholding or withdrawing life-sustaining treatment, in carefully supervised circumstances. However, its reasoning still risks becoming overly procedural unless it takes more seriously the phenomenology of suffering and the relational character of dignity. The paper further argues that India should not legalize active euthanasia at present. Its stronger path lies in statutory clarity, robust palliative care, meaningful advance directives, and a jurisprudence of end-of-life decision-making grounded in best interests, relational autonomy, and humane care.

EUTHANASIA AS A LEGAL AND HUMAN PROBLEM

The legal debate on euthanasia is often framed as a contest between two powerful principles: the sanctity of life and personal autonomy. The first insists that human life has intrinsic value and ought not to be intentionally terminated. The second insists that a person should retain control over decisions affecting the body, especially at the threshold of unbearable suffering. Both principles carry moral force. Yet each becomes inadequate when treated as absolute.

A rigid sanctity-of-life approach can reduce law to biological preservation. It risks making mere survival a legal good, even where medical intervention no longer heals, no longer restores, and no longer serves any meaningful therapeutic purpose. A purely autonomy-based approach can be equally problematic. It may assume that a request for death is always an authentic expression of freedom, while ignoring poverty, fear, disability prejudice, social abandonment, family pressure, or inadequate access to palliative care. The real challenge is therefore not to choose one principle and discard the other. It is to construct a legal framework that protects life without fetishizing mere biological continuation, and that respects autonomy without converting death into a remedy for social or institutional failure.

This complexity is especially significant in India. The realities of uneven healthcare access, overcrowded hospitals, limited palliative infrastructure, and economic pressure make end-of-life choices deeply vulnerable to structural distortion. Under such conditions, law must proceed with caution. The question is not simply whether a person may die. It is whether the law can distinguish between a dignified refusal of futile treatment and a death that is functionally produced by neglect, coercion, or the absence of care.

THE LITERARY IMAGINATION AND THE EXPERIENCE OF DYING

Literature matters to euthanasia because it restores depth to the categories that law tends to flatten. A legal judgment may describe a patient as terminally ill, permanently vegetative, incompetent, or beyond recovery. These descriptions may be medically accurate, but they do not exhaust the human reality of dying. Literature gives form to what those descriptions omit: humiliation, fear, dependence, silence, relational loss, and the terrible dissonance between clinical language and lived suffering.

Tolstoy's The Death of Ivan Ilyich is an especially valuable text in this respect. Ivan's torment is not only bodily. It is intensified by the falsehood surrounding him. His family avoids the truth of his condition. His physicians treat him as an object of technical management rather than as a moral subject confronting death. The novella exposes how dying becomes more unbearable when the patient is denied moral recognition. Suffering is aggravated when institutions respond with procedure but not understanding. Tolstoy therefore reveals something law must learn: the indignity of dying often lies not only in pain, but in depersonalization.

The same insight appears, in a different register, in the ethical discussions associated with Brian Clark's Whose Life Is It Anyway? The dramatic situation there compels reflection on incapacity, dependence, bodily control, and the legal meaning of choice. The importance of the text does not lie in offering an uncomplicated defense of euthanasia. Its value lies in showing that autonomy is neither abstract nor solitary. It is formed within relationships, institutions, bodily vulnerability, and legal authority. To respect autonomy is not merely to record a preference. It is to ask whether the preference is informed, sustained, and situated in conditions of genuine care.

The literary perspective therefore performs two critical functions. First, it discloses the human cost of legal abstraction. Second, it warns against simplistic appeals to either compassion or choice. A jurisprudence informed by literature becomes better able to perceive the difference between pain and suffering, between treatment and burden, and between living and mere physiological persistence.

EVOLUTION OF THE LEGAL POSITION IN INDIA

The Indian legal position on euthanasia has developed gradually and cautiously. The constitutional background is often traced to Gian Kaur v. State of Punjab, where the Supreme Court rejected the claim that Article 21 includes a general right to die. At the same time, the Court suggested that the right to live with dignity may include a dignified process of death where the natural process of death has already begun. That observation later became doctrinally significant.

The first major watershed came with Aruna Ramachandra Shanbaug v. Union of India in 2011. Aruna Shanbaug, a nurse who had remained in a severely debilitated state for decades after a brutal assault, became the centre of India's first major euthanasia litigation. The Supreme Court declined to permit withdrawal of treatment in her case because the hospital staff who had cared for her opposed it, and the Court treated them as her true "next friend." However, the judgment also held that passive euthanasia could, in principle, be lawful under strict judicial supervision. It distinguished active euthanasia from passive euthanasia and required High Court approval before withdrawal of life support. Although limited and cautious, Aruna Shanbaug fundamentally altered Indian law by acknowledging that there may be circumstances in which the continuation of life-sustaining treatment is not legally obligatory.

The next decisive step came in Common Cause v. Union of India in 2018. A Constitution Bench held that the right to die with dignity forms part of Article 21 in the context of passive euthanasia and advance medical directives. The Court accepted that bodily integrity, self-determination, and dignity do not vanish at the end of life. It recognized that a competent person may express wishes in advance regarding medical treatment in circumstances of terminal illness or irreversible incapacity. This judgment was constitutionally transformative because it shifted the discussion away from suicide and toward end-of-life dignity. At the

same time, the original procedural framework was highly elaborate and difficult to implement in practice.

That procedural difficulty led to further modification in 2023. The Supreme Court simplified aspects of the Common Cause guidelines, and the Union Ministry of Health and Family Welfare subsequently issued end-of-life guidelines designed to operationalize withdrawal of life support in terminally ill patients. These guidelines recognize that non-beneficial life-sustaining treatment may increase avoidable burdens and suffering and require structured medical review before such treatment is withheld or withdrawn. The legal direction is clear: India permits carefully supervised withholding or withdrawal of futile treatment, but does not legalize active euthanasia.

The Significance of Harish Rana

The Harish Rana litigation is especially important because it tested the limits of Indian end-of-life law beyond the more familiar image of a terminal patient attached to a ventilator. In July 2024, the Delhi High Court declined to grant relief. Its reasoning treated the matter narrowly, emphasizing that active euthanasia remained impermissible and appearing to suggest that the patient's condition did not fall within the conventional understanding of life support that had guided earlier cases. That approach reflected a formal and somewhat technological view of the issue. It risked making the legality of dignified death depend on the presence of particular machines rather than on the broader questions of futility, irreversible condition, and best interests.

The Supreme Court's judgment of 11 March 2026 corrected this narrowing. The Court reaffirmed that active euthanasia remains impermissible and that any legalization of active euthanasia must come from Parliament, not judicial interpretation. At the same time, it clarified that clinically assisted nutrition and hydration may count as "medical treatment" rather than mere basic care. This point was crucial because it rejected the assumption that only ventilators or dramatic forms of mechanical support fall within the doctrine of passive euthanasia. The Court further held that the right to die with dignity is not confined to patients in a stereotypically terminal state. It may extend to patients in a permanent vegetative state where medical intervention serves no therapeutic purpose and only prolongs a condition of irreversible and profound incapacity. On that basis, the Court allowed the application and held that the Common Cause framework could operate in Harish Rana's case.

This judgment is significant for three reasons. First, it clarified doctrine by shifting the focus from a narrow technological test to a broader best-interests analysis. Second, it strengthened the conceptual link between dignity and therapeutic futility. Third, it brought Indian law closer to a humane understanding of end-of-life care by recognizing that a person may be kept alive through medical management even where the continuation of treatment no longer benefits the person in any meaningful sense.

A CRITICAL READING OF LAW THROUGH LITERATURE

The contribution of literature becomes clearest when one considers what legal doctrine still tends to overlook. A judgment may ask whether treatment is futile, whether a directive is valid, whether consent exists, or whether a medical board has followed procedure. These are necessary questions. They are not sufficient ones. They do not fully reveal what it means for a human being to remain in a state where consciousness, agency, reciprocity, and narrative selfhood have effectively collapsed.

Tolstoy's Ivan Ilyich remains useful precisely because it exposes the moral poverty of formalism. Ivan suffers not only from illness, but from the refusal of others to meet him honestly in his condition. His dying becomes a theatre of evasion. The medical professionals who surround him have knowledge but no intimacy. They diagnose, but do not understand. This is a profound warning for end-of-life jurisprudence. Law can become similarly evasive when it treats dignity as a procedural box to be checked rather than as a substantive concern involving recognition, care, and the patient's own moral world.

A literary reading also deepens the legal understanding of autonomy. In many euthanasia debates, autonomy is presented as though it were self-evident. Yet literature shows that the self who chooses is never isolated from context. Illness changes relationships. Dependence changes self-perception. Patients often internalize the sense that they are burdens. Families, even when loving, are shaped by fatigue, fear, guilt, and financial strain. Literature helps law appreciate that a decision at the end of life is rarely a simple assertion of sovereign will. It is usually a decision made under conditions of loss. That is precisely why law must combine respect for choice with careful safeguards.

This is also why the best-interests standard, properly understood, is superior to a narrow medical model. Best interests should not mean only biological preservation or the avoidance of immediate death. Nor should it mean a projection of what others prefer. It should include the patient's values, past wishes, relationships, level of suffering, clinical prognosis, and the burdens imposed by continued intervention. A humane jurisprudence must ask not simply whether life can continue, but whether continued intervention still serves the person whose life the law claims to protect.

WHY ACTIVE EUTHANASIA SHOULD NOT BE LEGALIZED IN INDIA AT PRESENT

Although Indian law has moved correctly toward permitting passive euthanasia, the case for legalizing active euthanasia remains unpersuasive in present conditions. The principal reason is not moral panic. It is structural realism. A legal system that functions within deep inequalities must be careful before authorizing intentional life-ending acts.

In India, access to quality palliative care remains uneven. Many patients lack consistent pain management, counselling, or hospice support. Families often bear overwhelming financial and emotional burdens. Social attitudes toward disability and dependence are not always humane. In such a setting, a formal right to active euthanasia could easily become entangled with subtle coercion. Patients may feel pressure not because they truly wish to die, but because they fear becoming an economic or emotional burden. Hospitals facing scarcity may develop quiet institutional preferences. Families under severe stress may blur the line between compassion and exhaustion.

For these reasons, the Indian constitutional distinction between active euthanasia and the withholding or withdrawal of futile treatment remains defensible. The latter allows the underlying illness or irreversible condition to take its course once treatment no longer benefits the patient. The former involves a deliberate act intended to cause death. Philosophers may dispute the moral strength of this distinction, but in law it still matters. It preserves a boundary between ceasing burdensome intervention and directly authorizing the taking of life. The Supreme Court has maintained this line in both Aruna Shanbaug and Harish Rana, and its caution is justified.

THE NEED FOR REFORM

The present Indian framework, though morally and constitutionally defensible, remains incomplete. It still depends too heavily on judge-made doctrine and subsequent procedural correction. End-of-life decision-making involves life, death, incapacity, medical ethics, family participation, and institutional accountability. Such matters require clearer statutory guidance.

India would benefit from legislation that does at least five things. First, it should clearly distinguish active euthanasia from withholding or withdrawing futile treatment. Second, it should provide a workable national regime for advance medical directives and their registration. Third, it should define the composition, responsibilities, and timelines of medical review boards. Fourth, it should protect physicians who act in good faith within the law. Fifth, it should create safeguards against coercion, fraud, or abuse. The Law Commission has long emphasized the need for clarity in this area, and the recent case law only strengthens that recommendation.

Reform must also go beyond procedure. Palliative care should be treated as central rather than supplementary. No end-of-life decision can be considered genuinely autonomous or ethically sound if the patient has been denied adequate comfort care, pain relief, and psychological support. Hospital ethics committees should become more common and more functional. Legal education and medical training should treat end-of-life care as an interdisciplinary field rather than a marginal issue.

Most importantly, Indian law should continue moving toward the language of withholding or withdrawing medical treatment rather than the older phrase "passive euthanasia." The newer language is more accurate and less misleading. It directs attention to the true question: whether continued medical intervention is beneficial, wanted, and consistent with the patient's dignity. That conceptual shift, visible in recent judicial and policy developments, is a welcome one.

CONCLUSION

Euthanasia cannot be understood adequately through legal doctrine alone. It is a profoundly human question that lies at the intersection of constitutional law, medical ethics, moral philosophy, and literary understanding. Literature shows why suffering is not exhausted by clinical description and why dignity cannot be reduced to biological persistence. Law shows why compassion must be disciplined by safeguards, evidence, and public principle.

Indian jurisprudence has moved, with caution and seriousness, toward a morally defensible position. Through Aruna Ramachandra Shanbaug, Common Cause, and Harish Rana, the courts have recognized that the right to live with dignity includes, in limited circumstances, the right to die with dignity through the withholding or withdrawal of futile treatment. At the same time, they have rightly refused to constitutionalize active euthanasia. This middle path is neither sentimental nor evasive. It is an attempt to protect both life and humanity.

The task now is to refine that position. India needs clearer legislation, stronger palliative care systems, more accessible advance directives, and a deeper jurisprudential vocabulary for suffering, dependence, and best interests. A dignified death is not secured by prolonging life at all costs. Nor is it secured by treating death as an easy legal remedy. It is secured by recognizing the person, even at the edge of death, as more than a body under management. That is the lesson literature teaches with unmatched subtlety. It is also the lesson the law must continue learning.

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