

ARUNA SHANBAUG. A CASE STUDY IN COMPASSION, DIGNITY, AND THE ETHICS OF EUTHANASIA

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Abstract: The case of Aruna Shanbaug is a landmark case in Indian jurisprudence that significantly influenced the debate surrounding the right to die with dignity. Aruna Shanbaug, was a nurse at King Edward Memorial Hospital, left in a persistent vegetative state for 42 years following a brutal assault. This prolonged condition raised complex ethical, moral, and legal questions regarding whether individuals in irreversible conditions should be allowed to die through unnatural means. In 2009, Social activist Pinki Virani filed a petition in the Andhra Pradesh High Court, seeking permission for euthanasia, arguing that Shanbaug's condition was unlikely to improve and that she was suffering unnecessarily. The petition was later brought before the Supreme Court of India in 2011. While the Court rejected the plea for active euthanasia, it acknowledged the legality of passive euthanasia, provided that strict conditions should be fulfilled, including the approval of a medical board. This ruling marked a crucial development in the recognition of passive euthanasia in India, paving the way for future legal reforms. The case continues to influence discussions on human rights, medical ethics, and personal autonomy in the context of Indian healthcare law. The objective of this paper is to analyze the ethical, moral, and legal implications of the Aruna Shanbaug case in the context of euthanasia laws in India. It aims to explore how the case influenced the recognition of passive euthanasia and shaped subsequent legal reforms in the country.

Keywords: Health; Ethics; Dignity; Survival; Mercy Petition; Conscious; Sexual Assault.

1. Introduction

The constitution of India under Article 21 says that every person has a fundamental right to live with dignity and here dignity means all the necessities of life (Aparna, 2011). The basic necessities of life are essential to the right to life guaranteed under Article 2 of the Indian Constitution. The Supreme Court has expanded this right to include access to adequate nutrition, shelter, clothing, and healthcare. In Francis

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Coralie's case (Francis Coralie Mullin v. The Administrator, Union Territory of Delhi, 1981), the court emphasized that life must be lived with dignity, and the state must ensure access to this necessity. Similarly, in the Maneka Gnadhi case (Maneka Gandhi v. Union of India, 1978), the Court held that the right to life is not limited to mere existence but includes a dignified life with adequate means. The case of Aruna Shanbaug significantly influenced the interpretation of Article 21 of the Indian Constitution by raising critical questions regarding the rights of individuals in a persistent vegetative state, particularly with respect to the right to die with dignity. While Article 21 guarantees the right to life, its scope traditionally focuses on the protection of life and personal liberty. However, this case highlighted the absence of a clear legal provision regarding the right to a peaceful and dignified death (Chatterjee, 2015). Aruna Shanbaug, a nurse at the King Edward Memorial (KEM) Hospital in Mumbai, was brutally assaulted in 1973 at the age of 25, an event that left her in a persistent vegetative state (PVS) for the remaining 42 years of her life (Rai, 2011), which is almost more than half of the average life.

The attacker was a ward boy (KEM Hospital) who strangled her with a dog chain, which resulted in severe brain damage that left Aruna unable to communicate, move voluntarily, or perform any conscious functions. After that incident, she became dependent on the mercy of others for the fulfillment of her necessities and spent approximately 42 years in bed. Aruna Shanbaug's case became the focal issue concerning the ethics of life-sustaining treatment, the sanctity of life, and legal and moral questions surrounding the right to die, among other questions. While Aruna was in a condition from which there was no hope of recovery, questions began to arise about the proper course of action for medical professionals, family, and society (Chakravarthy & Kapoor, 2012). The central issue was whether she should be allowed to die with dignity, considering her prolonged suffering and persistent vegetative state, or whether her life should be artificially prolonged, despite the absence of consciousness or meaningful interaction. This dilemma raised concerns about the right to die with dignity versus the sanctity of life, leading to broader discussions on euthanasia, human rights and medical ethics.

In 2009, journalist and activist Pinki Virani filed a petition in the Supreme Court of India on behalf of Aruna, arguing that keeping her alive in a vegetative state is a violation of her dignity and caused unnecessary suffering (Das, 2022). The contention of the respondent was to allow passive euthanasia through the withdrawal of life-supporting medical treatment. The case soon attracted national attention because it raised crucial questions about the role of the state in making life-and-death decisions, the level of individual autonomy in hopeless conditions, and the responsibilities of medical practitioners in moral terms. The legal challenge in Aruna Shanbaug's case became a cornerstone for the evolving discussion on euthanasia in India (Rashid et al., 2012). In India, contemporary medical procedures frequently

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clash with religious and cultural perspectives on life and death. The law has historically supported the preservation of life at all costs, making euthanasia a taboo topic for many years (Thejaswi et al., 2014). Nonetheless, Aruna's case presented moral and ethical conundrums for society, legislators, and medical professionals in relation to patients who have no hope for recovery. The main question was whether the court had the right to permit euthanasia in this situation when the patient is unable to give consent due to coma (Biswas & Mundle, 2020). Rather a journalist who was not in a blood relationship with the victim filed the petition even without taking in confidence the family members of the victim.

The Supreme Court's judgment of 2011, by which the act of euthanasia has been negated in principle but, in an appeal, might allow it through passive means, forms one of the significant turning points in India's legal scenario (Desikan, 2011). While the court did not grant Aruna the right to die, it recognized the potential need for legal reforms in dealing with cases like hers. It opened the door for future legal frameworks around passive euthanasia. This paper explores the facts of the case and the legal and moral implications of the decision of the case (Shekhar & Goel, 2013). By analyzing the Supreme Court decision and its later effects, this paper explores how such a case contributed to the significant debate on euthanasia and its eventual recognition in Indian legal jurisprudence. It will also discuss the implications of the case regarding patient rights, the ethical obligations of healthcare professionals, and the changing meaning of dignity within the paradigm of modern law. It is, in fact, a landmark moment in the debate over life preservation and the right to die with dignity in India.

2. Literature Review

The Aruna Shanbaug case has been the turning point in India's euthanasia debate, prompting fundamental questions about compassion, dignity, and constitutional rights. The first-hand views of Gursahani (2011) and Desikan (2011) give glimpses into caregivers' and judiciary's ethical struggles. The landmark decision of the Supreme Court approving passive euthanasia under carefully crafted guidelines had far-reaching consequences, as noted by Chakravarty and Kapoor (2012), discussing its implications for end-of-life care practices. Legally, Chatterjee (2015) and Pandey (2018) opine that Article 21 of the Indian Constitution must have the right to die with dignity specifically mentioned. Authors such as Kumar and Iyer (2019) and Patel (2021), publishing in the *Journal of Legal Studies*, analyze the changing role of the judiciary, highlighting how the Shanbaug case established precedents for subsequent judgments, including living wills. Ethical and social aspects are examined by Bose (2021) and Reddy and Thomas (2022), who evaluate societal and institutional sentiments towards euthanasia. Collectively, this literature presents the Shanbaug

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case not just as a law case but as a trigger for ethical reflection and legislative change in India's medical and legal frameworks.

3. Background of the Case

The Aruna Shanbaug case stands as a dramatic and salient chapter within the entire Indian discourse that revolves around euthanasia and the right to a dignified death. Aruna was a nurse at the KEM Hospital, Mumbai, when she was sexually assaulted by one of the ward boys of the same hospital in the parking area in 1973 (Nair, 2016). The attack left her with severe brain damage, described as a persistent vegetative state. Aruna spent approximately 42 years in bed, without any communication. She was, in effect, entirely at the mercy of the hospital staff regarding feeding, hygiene, and medical care. Her life after the attack, though heartbreaking, was quite illuminating. Despite the grimness of her situation, the care provided by the hospital staff, more especially by her fellow nurses, was remarkable in kindness and dedication. They provided care that was not merely medical but gave a semblance of humanity to a situation that had removed all autonomy and dignity. However, such long-term care comes with its own ethical dilemma. The debate over whether Aruna's existence was a life worth living became the focus, raising profound moral and legal questions about the nature of suffering, quality of life, and the rights of people in incapacitated states. The case finally reached its turning point in 2009 when social activist and journalist Pinki Virani, on behalf of Aruna, filed a petition to the Supreme Court of India for permission for euthanasia (Freckelton, 2014). The petition from Virani was based on that Aruna had been living a life without dignity, and the continuation of such a life was a suffering that ought not to be allowed. The petition sparked a national issue about euthanasia, challenging societal norms and legal frameworks that had long viewed the act of ending one's life, even in cases of extreme suffering, as morally and legally unacceptable.

The legal implications of the case are significant. It raises fundamental questions about the right to die in certain circumstances, the autonomy of a man in his own choices towards his life, and the position of the state regarding highly personal decisions (Pandey, 2018). The other goes further to shed light upon current laws in India regarding euthanasia as being severely deficient, which was so owing to the influence that views on life and death held at the time played. For instance, Under the Indian Penal Code (IPC), suicide and assisted suicide are criminalized. Section 309 of IPC makes an attempt to commit suicide a punishable offense. This reflects society's general unwillingness to accept that individuals may have the right to choose death over enduring suffering. The law upholds the principle that life should be preserved at all costs (Shekhawat et al., 2018). In addition, there were some landmark judgments of the Supreme Court, which became the hurdle for the judiciary to change its stance; like: the P. Rathinam case the Supreme Court clarified

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that suicide attempt is punishable under Section 309 of the Indian Penal Code. In addition, it is a violation of Article 21 of the Constitution. This judgment highlighted the need for a more humane approach to mental health issues in India. Again, in the Gian Kaur case, the Supreme Court reversed the decision of P. Rathinam and held that the right to die is not a fundamental right. However, it focused on the right to live with dignity also includes the right to die with dignity.

It garnered a great deal of media coverage and public interest as it progressed through the judicial system. There were a lot of opinions from various academicians on the ethical implications of involvement in euthanasia. Proponents argued that allowing Aruna to die would be an act of mercy and free her from a life of suffering. On the other hand, opponents argued against such legislation due to abuse, citing that life at risk is sacred. Some believe that if euthanasia is legalized, individuals will be forced into self-killing. Finally, the Supreme Court of India delivered a landmark judgment in 2011 declaring that passive euthanasia can be permissible under certain conditions. The court established guidelines for the process, emphasizing the need for a thorough evaluation of the patient's condition and the consent of family members. This judgment, though it did not provide Aruna with what she sought - euthanasia - marked an indispensable step for India to realize the right to die with dignity and set precedence for other cases, which might or might not come forward in the future (Chakravarty & Kapoor, 2012). Still, the case of Aruna Shanbaug presents itself as a strong example of the complexities surrounding issues of life, death, and the rights of individuals with respect to suffering.

4. The Legal Issues at Stake

In addition to the tragic circumstances of her life, Aruna Shanbaug's case is well-known for the significant ethical and legal issues it brought up about euthanasia and the right to a dignified death. Aruna's life, enduring 42 years in a persistent vegetative state after a brutal assault, has become a symbol of suffering, medical ethics, and human rights (Fenigsen, 2012). The central legal issue of her case was whether, given her irreversible condition, she had the right to put an end to her suffering and whether the court could provide for passive euthanasia as a means to provide for her dignified death. Aruna's case tested the legal system on the scope of human dignity, the right to die, and also the role of medical experts in making decisions about death and dying (Chatterjee, 2015). Social activist Pinki Virani filed a writ petition in 2009 before the Supreme Court stating that the court should allow passive euthanasia for Aruna as her condition—given the fact that she suffers from brain damage, lies unconscious, and cannot respond—is hopeless. According to the petitioners, it was against her fundamental right to live with dignity to let her live out the rest of her

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life completely dependent on others and without any conscious awareness of anything.

Therefore, whether Aruna Shanbaug's suffering warranted stopping the treatment that was keeping her alive was the main legal question in the case. In this instance, passive euthanasia meant stopping Aruna's life-sustaining medical care, such as the ventilators, feeding tubes, and intravenous fluids, and allowing her to pass away naturally. The petitioners argued that it was not only futile but also inhuman to continue those treatments when there was no possibility of recovery. It was an essential question on whether there was a distinction between euthanasia and life support. Despite being alive, Aruna had no active or conscious participation in her life. She could not speak, move, or make decisions for herself (Desikan, 2011). Her physical body was sustained artificially, and she existed only in a state of complete dependency. The plea for euthanasia emphasized that prolonging such an existence through medical technology could not be considered a form of dignified living. The legal issue then extended from whether euthanasia could be allowed to whether it could be ethically justified in this case, where the patient could not speak out for herself on what she wished.

In the legal framework, euthanasia falls broadly into two categories: active euthanasia and passive euthanasia.

4.1 Active euthanasia: This is the administering of a lethal dose of medicines or other substances to cause the death of a person; it is usually a very intentional and direct way through which life is ended since it involves the active presence of a physician or professional in medicine.

4.2 Passive euthanasia: In this case, withholding or withdrawing the life-sustaining treatment that would otherwise artificially prolong life. This may include mechanical ventilation, feeding tubes, or intravenous fluids. In Aruna's case, this would mean a decision to withdraw her medical care and let her pass on.

Active euthanasia was established as being illegal at the time of Aruna's case in India. The Indian Penal Code (IPC) criminalized the act of causing someone's death, even if it was done with their consent or out of mercy. Yet, the status of passive euthanasia in India was not clear. Although some have argued that withholding treatment in such cases as Aruna's should be a medical decision based on the quality of life of the patient, there existed no legal framework or judicial precedence for passive euthanasia. The legal question was whether passive euthanasia should be allowed in India and whether it should be subject to a legal framework that weighed the dignity of the patient with medical responsibility. The decision brought up a number of difficult moral and ethical issues, including whether it was morally acceptable to end a life when recovery was impossible, the role of the state in regulating end-of-life decisions, and individual rights (Gautam, 2022). As Aruna Shanbaug's case progressed through the legal system, concerns about accepting passive euthanasia as

a morally and legally acceptable practice as well as whether to grant her the right to die were at the center of the debate. As a result, it became a historic case that cleared the way for further debates in India regarding euthanasia and the rights of patients who are terminally ill or brain dead (Gursahani, 2011).

5. The Legal Proceedings

The Supreme Court of India in 2011 delivered its judgment on the highly controversial Aruna Shanbaug case. The Court ultimately rejected the plea for active euthanasia, affirming the country's position that directly causing a person's death through lethal means is unlawful (Harish et al., 2018). Still, this judgment marked a historical milestone in Indian legal history; broadly, it recognized passive euthanasia as permissible under strict and elaborate guidelines, paving the way for future discussions on the topic of end-of-life care and medical ethics in India (Groenewoud et al., 2022). Whether Aruna Shanbaug, who had been in a persistent vegetative state for over forty-two years, should be permitted to die by passive euthanasia—that is, by stopping life-sustaining medical treatment—was the main issue in the case. The petitioners claimed that Aruna's right to a dignified life was violated and that her suffering was needlessly prolonged by her continued existence in the absence of any discernible recovery or consciousness. The question was whether the court had the authority to make such a decision and, if so, what rules ought to apply.

The bench of two-judges of the Supreme Court emphasized that it was not the court's place to directly end life and dismissed the plea for active euthanasia. Indian law continues to forbid active euthanasia, which entails taking proactive measures to end a person's life, such as giving them a fatal dosage of medication. The Court's decision reflected the traditional view that life must be preserved, and any act of terminating life, even for compassionate reasons, crosses ethical and moral lines (Jha et al., 2012). The court thought that it had developed into a legal and ethical requirement for passive euthanasia in cases like Aruna's, where the only thing that life-sustaining treatment is doing is prolonging a state of suffering without any hope of recovery. It was an essential moment for Indian law as it was the first time that the possibility of passive euthanasia was acknowledged (Harish et al., 2018). The Court gave a well-reasoned set of guidelines on cases to be considered where the withholding of life support could apply;

5.1. Medical Board Approval: The Court required that any decision to withdraw life support must be considered by a medical board consisting of expert doctors. The board would assess the patient's medical condition, whether recovery is impossible, and recommend based on the patient's prognosis. Thus, the decision to remove life support would be on expert medical opinions rather than personal or emotional considerations.

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5.2. Court Sanction: Apart from the medical board's opinion, the permission for passive euthanasia could be granted only with the sanction of the court. This would add a judicial layer of oversight to ensure that medical professionals or family members did not make the decision unilaterally. The involvement of the Court would prevent any misuse of the process and ensure that decisions were made openly with due consideration to the patient's well-being.

5.3. Advance Directives: The most forward-looking aspect of the judgment involved the Court's recognition of advance directives, also called "living wills". The Court recognized that, in the interests of exercising patient autonomy, patients ought to have the right to make known their wishes, respecting end-of-life care when they may still exercise their capacity for decision-making. A living will enables a person to state whether they want life-prolonging treatment if they become terminally ill or are unable to communicate their wishes. Although the Court did not make living wills law, it indicated their importance and recommended that the government enact legislation to formalize the practice.

This was a historic decision since it spoke to the core question of individual autonomy—the right of an individual to decide what choices he makes about his life, in this case, how he would want to die (Khanna, 2022). The Court balanced whether medical practitioners are charged with upholding the dignity of the patient but at the same time need to answer to the ethical obligation to preserve life (Kanniyakonil, 2018). It also acknowledged the role that the state must play while regulating such sensitive decisions whereby any action was done solely in the best interest and with adequate legal safeguards regarding the patient. Although not granting Aruna Shanbaug the right to have passive euthanasia, it was a landmark judgment in the legal recognition of the end-of-life care system and rights of patients across India. Aruna's case became a touchstone for discussions on euthanasia, which led to broader debates on the ethical implications of medical treatment and the responsibilities of healthcare professionals.

In the subsequent years, India gradually began taking closer steps toward the legalization and establishment of the practice of passive euthanasia (Kanniyakonil, 2018).

The 2018 judgment of the Supreme Court allowing living wills and passive euthanasia under specific circumstances merely confirmed the principles that had been instituted in Aruna's case. Therefore, Aruna Shanbaug's tragic tale of life and the judicial battle that ensued played an important role in building up India's stand on this very issue of euthanasia and end-of-life concerns. It focused attention on the problems of medical ethics and a sense of urgency for balanced frameworks in the law that would accommodate both compassion, patient autonomy, and the sanctity of life.

6. Ethical and Moral concerns

The Aruna Shanbaug case provoked an intense ethical and moral debate in India. The condition of Aruna, who remained in a persistent vegetative state for more than four decades after being sexually assaulted, highlighted the profound dilemmas faced by medical professionals, legal systems, and society when it comes to the intersection of life, death, and human dignity (Gursahani, 2011). The issues she presented to the world went beyond medical and legal definitions of euthanasia. Instead, they questioned the fundamental character of life and ethics regarding prolonging a meaningless life. Here are some of the core ethical and moral concerns that surfaced during the Aruna Shanbaug case:

6.1 Human Dignity and Autonomy

The most fundamental ethical issue was the concept of human dignity and autonomy. Euthanasia advocate the petitioner Pinki Virani among them, argued that Aruna's continued existence in a vegetative state, unable to move, speak, or interact with the world, violated her basic human dignity. They argued that a person's right to live with dignity must not be taken away solely because they remain alive in a medical sense. A life devoid of consciousness and awareness, they argued, could not qualify as a meaningful life and, therefore, the perpetuation of Aruna through artificial means was akin to inflicting her with the prolonged agony of being terminally ill without any expectation of recovery or change in her condition (Krull et al., 2023). In this line of thinking, pro-euthanasia advocates believed Aruna's dignity would best be preserved if she died with dignity. The main argument here is that, in such a condition as hers, it is fundamentally degrading to keep one alive where one can never experience life and can have no say regarding one's care. Another aspect that played a role in the debate was the principle of autonomy, or a person's right to have a say in what goes on in their life. However, since Aruna could not speak for herself, the ethics issue became whether others, the court or medical staff, made this determination for her.

6.2. Medical Ethics and the Role of Healthcare Professionals

Inevitably, the case put into great play questions of medical ethics—that is, the medical person's duty to life compared to the duty of the medical person not to add to unnecessary suffering. Medical professionals are traditionally considered duty-bound by the Hippocratic Oath to preserve life at any cost. However, in Aruna's case—because the prognosis is terminable and the patient irremediably brain-damaged—the ethical responsibility will necessarily be more complex than previously considered (Kuuppenlomaki, 2000).

Prolonging life at all costs, especially for a patient who cannot tell anyone what she wants or does not want, often clashes with the ethical requirement of "do no harm." While healthcare providers are generally expected to use their knowledge to preserve

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life and reduce suffering, Aruna's case illustrated how modern medicine's ability to sustain life artificially may sometimes be at odds with the moral mandates of care. For doctors, it's not easy to withhold life-sustaining treatment from patients. It is a sensitive issue because respect for the patient's wishes must be balanced against acting in their best interest and following medical ethics.

Additionally, the role of health practitioners while considering the discontinuation of treatment or withdrawal of care raises many issues related to moral distress. In fact, in the Aruna Shanbaug case, whether doctors would be right to or responsibly make a choice to withdraw treatments once their patients lose speech capacity was an issue before judges and readers. Many healthcare professionals are trained to preserve life at all costs. Still, in situations where recovery is impossible, they may also feel ethically compelled to allow the patient's suffering to end (Pandey, 2018).

6.3. Religious and Cultural Views on Euthanasia

The case of Aruna Shanbaug, in a country like India, where religious and cultural values are significant factors in the views of life and death, sparked considerable opposition from many religious groups. In many Indian traditions, life is considered sacred, and the concept of actively ending it, even if the individual is in a vegetative state, is considered immoral and against divine will. According to religious views, suffering is believed to form often part of a higher cosmic or spiritual process through which humans have no claim to end life (Ogunbanjo & Bogaert, 2013).

Many religious heads and groups said that the legalization of even a form of euthanasia, not to mention active euthanasia, would open all doors for bad precedents, diluting the holiness of life. This is because ending life prematurely is wrong as it has to be decided by the divine alone. This was the reason why even the right to end a life, in extreme cases, was anathema to the cultural and religious traditions of India. This perception was widely shared by the Indian people, who saw the state as a protector of life, even when it was at its most diminished.

6.4. Family and Caregiver Rights

The case of Aruna Shanbaug has also raised the moral and emotional burden that falls on family members and caregivers, who are left to decide whether or not to discontinue treatment when the patient is unable to communicate her wishes. In Aruna's case, though she did not have immediate family members to advocate for her, the hospital staff and the broader public were key in this process. Caregivers, from hospital staff to family members, are often put in the difficult position of making decisions for a loved one, primarily when the patient cannot communicate their desires (Rahman & Saikia, 2022).

This brings forth the ethical issue of caregivers' rights to make decisions affecting the patient's life. In most cases, the family members and loved ones feel a lot of emotional stress when making these decisions, as they are torn between their love for the individual and the medical reality surrounding them. Should such a decision

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be left to the discretion of the caregivers and their decisions, or would the state intervene using law processes such as courts? Aruna's case brings into the public eye a lot of caregivers who have to make ethical choices in messy, emotionally charged situations (Sareen & Dutt, 2019). It raises questions about the moral authority that can determine the will of a patient who cannot voice it, and whether decisions made under such circumstances should be legalistic or based on a code of ethics.

7. Impact on Indian Law

The Aruna Shanbaug case is an important landmark in the legal history of India, particularly in relation to the debate on euthanasia and end-of-life rights. In this case, even though the Supreme Court rejected the active euthanasia plea, it opened the door to further legal discussion on the rights of terminally ill and incapacitated patients (Sahu, 2017). The Court held the possibility of passive euthanasia, which opened up avenues for the withdrawal of life-sustaining treatment only under strict conditions. It would pave the way for future legal developments in India regarding patients' autonomy at the end of their life. In 2018, the Supreme Court advanced euthanasia by declaring that passive euthanasia should be permissible and the validity of the living will is recognized. This step in further advancing individual autonomy over healthcare also helped people communicate their advance wishes on the use of life-sustaining treatments in the future, including in the case where such persons lose their ability to express those wishes. Living wills, or advance directives, became a critical legal tool that empowered patients to ensure their healthcare wishes were respected when they could no longer voice them (Dhanda & Battan, 2012).

The Aruna Shanbaug case shed light on the shortcomings in Indian law regarding end-of-life care. It exposed the need for clear-cut guidelines and laws on the subject of euthanasia, patient autonomy, and human dignity preservation. Lawmakers and judges were brought to consider such complex questions regarding life and death with dignity, signaling a shift toward progressiveness in healthcare decision-making in India. The changing legal landscape speaks to the need to balance compassionate care with respect for individual rights.

In the Common Cause case, the Supreme Court recognized the right to seek passive euthanasia, but there are certain conditions, that must be, fulfilled by the patient.

8. Conclusion and Suggestions

The Aruna Shanbaug case is a watershed moment in Indian legal and ethical thought regarding euthanasia and terminal care. It heightened national and judicial awareness of the value of human dignity, autonomy, and the right to die with dignity. Though the Supreme Court did not legalize active euthanasia in the case of Aruna, the milestone judgment opened the door to accepting passive euthanasia under stringent

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rules and brought into the legal world the notion of living wills. The principal contribution of this paper is in how one case acts as a spurring factor leading to more generalized reforms within Indian healthcare law that highlight the shift towards more compassionate, patient-focussed decision-making. Lessons from this case study could apply to other nations with analogous legal and ethical imperatives, presenting a model of how to provoke discussions and reform regarding euthanasia. Yet, the study is constrained by its case study methodology, highlighting only one example instead of an empirical analysis in general. Future research may extend by exploring the actual enforcement of passive euthanasia laws and public consciousness of living wills in India. The results of this research are important for the legal system, as they underscore the changing function of the courts in defining moral standards and safeguarding individual rights within the medical context. The Aruna Shanbaug case continues to be a forceful symbol within the contemporary debate about end-of-life care, with a lasting legacy for both legal reform and public awareness of human dignity in life and death.

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