Good Death, Bad Death, and the Right to Die: A Socio-Legal Study

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Abstract

Death in India is not merely a biological event but a significant moral, religious, and social phenomenon that is increasingly shaped by legal considerations. Notions of a good death and a bad death are rooted in cosmology, religious practices, and medically advanced institutions. Varanasi, an ancient city of India, also known as a city of salvation, is deeply rooted in the belief that dying within its sacred boundaries leads to moksha, or liberation from the cycle of birth and rebirth. This belief shapes a culturally specific understanding of a good death. Alongside these traditions, Indian jurisprudence has progressively recognized the right to die with dignity. Beginning with Aruna Shanbaug v. Union of India (2011), which cautiously permitted passive euthanasia under High Court supervision, through Common Cause v. Union of India (2018), which affirmed living wills and constitutional dignity, and culminating in Harish Rana v. Union of India (2026), where the Supreme Court directly permitted withdrawal of life support, the legal landscape now provides structured safeguards for end-of-life decisions. While drawing briefly on the example of Varanasi as a culturally significant site of dying, the analysis extends to the broader Indian context. This paper situates cultural notions of death within India's evolving socio-legal framework, highlighting the interplay of religion, morality, and constitutional law.

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I. Introduction:

Death has been interpreted as a cultural and social phenomenon. Sociologist Émile Durkheim argued that collective beliefs shape how societies experience

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and regulate life events, and death is among the most structured of them[3]**.** Anthropologist Robert Hertz emphasized that death is not simply a biological fact but a social transition that requires ritual transformation[4]**.** Every society has certain standards regarding the manner of death, the presence of certain people, the rituals that need to be performed, and the meanings attached to the process. In India, family structures, religion, economic inequality, and, more recently, state legislation and medical practices all have a big impact on these standards. A moral assessment, as opposed to merely an emotional response, is what distinguishes a good death from a bad one. A good death fulfils obligations, upholds social order, and is consistent with religious convictions. A bad death, on the other hand, upsets the natural flow of life, causes ritual anxiety, and raises concerns about justice, destiny, and karmic balance. These cultural frameworks now have an additional layer due to the growing discussions surrounding euthanasia by introducing ideas of rights, autonomy, dignity, and medical ethics. The Supreme Court has progressively interpreted Article 21 (Right to Life) to include the *Right to Die with Dignity*, thereby shaping the legal discourse on euthanasia.

However, improved medical facilities, the rapid expansion of hospice care, urbanization, constitutional rights discussions, and judicial activism have all affected the experience of dying in India in the twenty-first century. The rise of euthanasia conversations has introduced new moral and legal challenges around death. Traditional religious and social definitions of good and bad death now coexist with the right to die with dignity, advance directives, medical board approvals, and passive euthanasia.

This paper explores these complex changes occurring in the dying process, beginning with cultural notions of good and bad death in a religious city like Varanasi, and proceeds to an extended examination of euthanasia and legal support in India.

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[3] EMILE DURKHEIM, THE ELEMENTARY FORMS OF RELIGIOUS LIFE (K. E. FIELDS, Trans.) (Free Press, New York, 1995)).

[4] ROBERT HERTZ, "A CONTRIBUTION TO THE STUDY OF THE COLLECTIVE REPRESENTATION OF DEATH." In DEATH AND THE RIGHT HAND, TRANS. RODENY NEEDHAM & CLAUDIA NEEDHAM, pp. 27–86. (Cohen & West, London, 1960).

II. The Concept of Good Death in India

The sociological view of death in India has historically focused on the moral and cosmological differences between what can be called a good death and a bad death. This distinction is not just emotional or symbolic; it runs deep in rituals, family structures, religious beliefs, and communities' moral outlook. However, at present, medical technologies, legal discussions, and the growth of euthanasia and advance directives have introduced new ways to understand and manage death. The merger of traditional ideas about good and bad death with euthanasia and living wills creates a complex and changing area of ethical negotiation.

In Indian culture, a good death is traditionally seen as being aware, prepared, pure in ritual, surrounded by family, and spiritually complete. In Hindu philosophy, death is not the end of existence but a transition in the cycle of samsara. A good death is all about the timing, it happens at the right time, after completing worldly duties like raising children, arranging marriages, and fulfilling social roles. The life journey in India is typically viewed in stages, ending with detachment from worldly ties. When death occurs after this detachment, it is considered morally fitting and cosmically ordered. It involves mental clarity, chanting sacred names, and often being positioned toward sacred places. In cities like Varanasi, the desire for moksha, or liberation from rebirth, adds significant meaning to dying. Observations in places like Mumukshu Bhawan show how families view the approach of death not as abandonment but as preparation. Mumukshu Bhawan offers temporary housing for those close to death. These facilities are not hospitals; those places are known as spaces between life and death. Residents come not to seek a cure but to wait for their sacred departure in a sacred environment. The focus is not on prolonging life at any cost but on ensuring that death is peaceful, complete in ritual, and within sacred geography. The dying person is mostly surrounded by family, priests, and rituals. Death here becomes socially managed and spiritually framed, reinforcing what Emile Durkheim might call the collective conscience around mortality[5]. Spiritual readiness is also seen as a vital part of achieving a good death. For that, Varanasi holds a unique place in this cosmological view. During visits to Mumukshu Bhawan, many residents expressed a strong wish to die in Kashi.

[5] DURKHEIM, *supra* note 3.

Their move was perceived as spiritual preparation rather than just a medical need[6].

At the last hour, families make sure to recite sacred texts like the Bhagavad Gita near the dying person. Continuous chanting of God's name, prayer, and the presence of family members provide emotional comfort and spiritual assurance. The dying person is encouraged to let go of worldly attachments and embrace death calmly. Daily prayer, ritual practices, and detachment shape life in these facilities. Death is seen as a significant transition. In this context, a good death is defined by sacred geography, devotion, and moral readiness. It is neither sudden nor resisted; rather it is ritually integrated into the final phase of life.

However, observations indicate that dying in Kashi alone is not universally viewed as sufficient for moksha. Residents stressed the importance of karma and ethical behaviour. One elderly woman insisted that continuous residence combined with service to God is essential for liberation. According to her, those motivated only by financial reasons would not achieve moksha. This somehow resonates with the idea that a good death is judged by intention and authenticity. Sacred space plays a role in a moral framework governed by karma[7]. Sociologically, a good death is not merely about the individual but about social integration. If we attach Talcott Parsons' concept of normative roles in the extended understanding of dying, the death role involves gradual withdrawal from worldly ties and moral obligations, and the assumption of caregiving responsibilities by kin[8]. While Varanasi symbolizes the religious pursuit of a 'good death,' the courts have grappled with defining dignity in medical and legal terms, especially when life is prolonged artificially without hope of recovery.

III. Bad Death: Disruption, Prematurity, and Moral Anxiety

If a good death represents order and completion, a bad death is clearly about disruption in the normal course of life. Unexpected deaths from accidents, violence, suicide, or severe illness create moral shock. These deaths are often seen as untimely because they occur before responsibilities are met. A bad death

[6] FIELD DIARY
[7] FIELD DIARY
[8] TALCOTT PARSONS. THE STRUCTURE OF SOCIAL ACTION: A STUDY IN SOCIAL THEORY WITH SPECIAL REFERENCE TO A GROUP OF RECENT EUROPEAN WRITERS (McGraw-Hill, New York 1937)

may involve dying in pain, without reconciling with family, or without conducting necessary rites. The body becomes more than a biological entity; it symbolizes social meaning. Anthropologist Robert Hertz argued that societies require ritual processes to transform biological death into social death[9]. When death is unexpected or violent, additional rituals may be necessary to restore balance. Families may feel anxious about spiritual incompleteness or cosmic imbalance. In modern India, another type of bad death has emerged, characterized by medicalized deaths sustained by ventilators, leading to prolonged dying in hospitals. Intensive care units can isolate patients from family and ritual. Mechanical ventilation may extend life without meaningful recovery. Sociologist Philippe Ari discussed a similar shift in Europe, from "tamed death" to "forbidden death." India is experiencing a similar medicalization of dying[10]. A death in a hospital that is marked by isolation, unconsciousness, and financial strain may feel spiritually hollow or morally challenging. Therefore, a bad death in today's India is shaped not only by suddenness but also by alienation and excessive intervention from technology.

When we examine how the concept of bad death is described by residents of religious institutions like Mumukshu Bhawan, we see it constructed through moral judgments within those spaces. Residents often distinguished between those who arrived with spiritual intentions and those who came out of financial necessity. This internal divide shows that good and bad death are not just theological ideas; they also serve as tools for social assessment. Death becomes a place where authenticity, morality, and social value are evaluated.

IV. Medicalization, Biopolitics, and the Transformation of Dying

Michel Foucault's idea of biopower explains how modern states regulate life and death through medical institutions[11]. In India, an expanding healthcare system has improved survival rates but also questioned the traditional views on dying. Doctors now have significant power over resuscitation, ventilation, and decisions about withdrawing life support. Families often struggle with moral decisions,

[9] HERTZ, *supra* note 4

[10] ARIÈS, PHILIPPE. (1981). THE HOUR OF OUR DEATH. TRANSLATED BY HELEN WEAVER. (Alfred A. Knopf, New York, 1981)

[11] MICHEL FOUCAULT, THE HISTORY OF SEXUALITY, VOLUME 1: AN INTRODUCTION (R. HURLEY, TRANS.) (Pantheon Books, New York ,1978)

such as whether to continue expensive treatment with little hope or whether to withdraw life support, and if doing so is morally wrong. Economic inequality makes these dilemmas more challenging. For many families, long-term ICU care results in severe financial strain. Treatment choices may be based more on financial necessity than ethical beliefs. The conflict between cultural acceptance of death and the technological extension of life shapes debates on euthanasia.

V. Legal Developments in Euthanasia Jurisprudence

The legal discourse on euthanasia in India has evolved over the period of time, and it indicates a tension between cultural sensitivities and constitutional principles. The Supreme Court has played an important role in interpreting Article 21 of the Constitution—the right to life—as encompassing the right to die with dignity. This jurisprudential trajectory demonstrates India's cautious but progressive approach to end-of-life decisions.

Euthanasia is the deliberate ending of life to ease suffering. In India, active euthanasia is illegal. Passive euthanasia, which involves withdrawing or withholding life-sustaining treatment, has been legally recognized. The *Aruna Shanbaug v. Union of India* (2011)[12] allowed passive euthanasia under strict conditions, and the *Common Cause v. Union of India* (2018)[13] confirmed the right to die with dignity under Article 21 of the Constitution. It also legalized Advance Medical Directives. Active euthanasia involves giving substances to cause death directly. Passive euthanasia is about withholding or stopping life-sustaining care. Assisted suicide means providing the means for someone to end their own life. In *the Harish Rana v. Union of India (2026)*[14]*,* the Supreme Court marked the first direct application of passive euthanasia in India, transforming abstract principles into enforceable rights.

In India, both active euthanasia and assisted suicide are illegal. However, passive euthanasia is recognized under strict conditions. The difference lies in intent and action. Withdrawing ineffective medical treatment is seen as permitting natural

[12] Aruna Shanbaug v. Union of India, (2011) 4 SCC 454.
[13] Common Cause v. Union of India, (2018) 5 SCC 1.
[14] Harish Rana v. Union of India, Supreme Court of India, Judgment dated March 11, 2026

death instead of causing it[15]. This distinction is important in judicial reasoning in India.

VI. Judicial Evolution of Euthanasia Law in India

The legal path of euthanasia in India has been shaped more by major Supreme Court rulings than by laws from parliament. The discussion gained public attention through Aruna Shanbaug's case. Aruna, a nurse, was in a persistent vegetative state for over forty years following an assault, leading to a petition for her euthanasia. In 2011, the Supreme Court rejected active euthanasia but allowed passive euthanasia under strict judicial oversight. This marked the first formal recognition of passive euthanasia in Indian law.

The Court required approval from High Courts and medical boards to protect against misuse. The ruling stressed the need to balance compassion with safeguarding vulnerable individuals. In 2018, a Constitution Bench of the Supreme Court made a landmark decision recognizing the right to die with dignity as part of Article 21. The Court ruled that the right to life includes the right to refuse life-sustaining treatment. It legalized advance directives, allowing capable adults to write down their refusal of artificial support if terminally ill or in an irreversible vegetative state. The 2018 ruling set up procedural protections. A living will must be signed in front of witnesses and validated by a judicial magistrate. When activated, medical boards at hospitals and the district level must assess the patient's condition. Judicial oversight was required to prevent abuses[16].

However, these processes were criticized for being overly complicated and unrealistic. In 2023, the Supreme Court simplified the guidelines. It reduced bureaucratic steps and allowed hospital-based medical boards to make decisions without needing judicial intervention in every case. The reforms aimed to make advance directives practical. Despite these changes, active euthanasia remains illegal, and assisted suicide still faces criminal charges. Section 306 of the Indian

[15] Abhinav Garg, THIN LINE THAT DECIDES ‘RIGHT TO DIE WITH DIGNITY, (July 10, 2024), http://timesofindia.indiatimes.com/articleshow/111617352.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

[16] *MOHD AQIB ASLAM, ADVANCE MEDICAL DIRECTIVE UNDER ARTICLE 21 OF THE CONSTITUTION OF INDIA*, (March 10, 2026).

Penal Code criminalizes aiding suicide, while Section 309, concerning suicide attempts, has been weakened through mental healthcare reforms, reflecting changing views on self-harm and mental illness.

When considering the sacred practices in Varanasi alongside euthanasia discussions, clear connections appear. Many locals stress the value of "natural death" over artificial prolongation. Although discussed using religious language, this preference aligns with the concept of passive euthanasia: allowing death to happen without excessive intervention. Moreover, the financial burden faced by families reflects a concern in euthanasia debates about prolonged medical treatment leading to unbearable costs. In some instances, choosing to move to Mumukshu Bhavan can be seen as an alternative to extended intensive care. While not legally categorized as euthanasia, it indicates a social step away from aggressive medical management.

However, there are notable differences. The euthanasia framework focuses on individual autonomy, documented consent, and legal protections. In contrast, Observations at places like Mumukshu Bhawan showed that decisions about dying in Varanasi often involve families negotiating together, influenced by caregiving capacities and shared beliefs. Advance directives emphasize personal choice, whereas sacred dying is rooted in community ethics.

VII. Euthanasia- a good death or a bad death?

The answer is not straightforward. On one side, there are many common points. If a good death in India means avoiding prolonged suffering, peacefully accepting fate, and being with loved ones, then well-regulated passive euthanasia can support these conditions. Mechanical ventilation and intense life-prolonging measures often isolate patients in ICUs, taking away social connections and ritual preparations. In such situations, stopping ineffective treatment may allow for a more relational and spiritually meaningful death. Thus, euthanasia, especially in its passive form, may help achieve aspects of what is seen as a good death in Indian culture. Similarly, the constitutional idea of dying with dignity ties in with both concepts. A death marked by unnecessary technological extensions, severe pain, and loss of bodily integrity can be seen as undignified. Passive euthanasia aligns with dignity because it stops dying from becoming a purely technical process disconnected from human meaning.

However, euthanasia cannot fully capture the Indian view of a good death. The traditional idea encompasses more than simply medical choices. It includes timing, sacred spaces, karmic beliefs, family reconciliation, and spiritual transcendence. These elements cannot be limited to terminal illness or medical futility. Euthanasia works within a medical and legal framework, whereas a good death in India fits within a moral and spiritual framework. Therefore, euthanasia only addresses one aspect of the broader desire for a good death—the aspect of suffering and medical intervention.

There are also conflicts. In Indian ethical traditions influenced by ahimsa (non-violence), intentionally ending life may raise moral concerns. While many see passive euthanasia as allowing natural death rather than causing death, active euthanasia is viewed by many as conflicting with religious ethics. Moreover, Indian society remains highly interconnected. Decisions about death are commonly collective, involving family members instead of relying solely on individual choice. The Western model of autonomy that underlies euthanasia laws may not always align with Indian social realities.

Michel Foucault's notion of biopower illuminates how modern states regulate life and death through medical institutions[17]**.** In India, expanding healthcare infrastructure has increased survival rates but also extended and questioned the traditional interpretation of the dying process. Doctors now hold significant authority over decisions regarding resuscitation, ventilation, and life-support withdrawal. Families often face moral dilemmas, whether to continue costly treatment with minimal hope of recovery, whether to withdraw life support, and whether such withdrawal constitutes moral wrongdoing. Economic inequality intensifies these dilemmas. For many families, prolonged ICU care leads to catastrophic financial loss. Treatment decisions may reflect economic compulsion rather than ethical preference. The tension between cultural acceptance of death and technological prolongation of life forms the backdrop for debates on euthanasia.

VIII. Can the Notion of Good Death in Varanasi Be Connected to Euthanasia?

When discussing the idea of a good death in Varanasi, particularly regarding places like Mumukshu Bhawan, it is important to understand that the meaning of

[17] FOUCAULT, *supra* note 11.

moksha for those who come there is neither uniform nor abstract. In classical Hindu philosophy, moksha refers to liberation from the cycle of birth and rebirth (samsara) and a release from karmic bondage. However, for many individuals who arrive at Mumukshu Bhawan in their last days, moksha is not always described in strictly theological terms. It often reflects a hope for spiritual peace, an auspicious departure, or divine grace linked with dying in Kashi. Thus, moksha in this lived experience is both doctrinal and experiential, metaphysical and deeply social.

The question is whether euthanasia, particularly passive euthanasia as legally recognized in India, can be connected to moksha. Can a death resulting from the withdrawal of life-sustaining treatment be seen as spiritually liberating? Or does euthanasia belong to a completely different moral realm? To answer this, we must clearly distinguish between intention, causation, and meaning.

In Kashi, a good death is not about controlling the exact timing of death but about preparing for its inevitability. Those who come to Mumukshu Bhawan do not actively seek to speed up death; instead, they move to sacred spaces in anticipation of natural death. Their choice lies in spiritual and spatial preparation, not in medical intervention. They accept death as predetermined and karmically decided. The presence of priests, the chanting of "Ram naam satya hai," and the belief that Lord Shiva whispers the tarak mantra at the moment of death support the view that liberation is a divine act rather than a human choice.

Euthanasia, in contrast, works within a biomedical and legal framework. Passive euthanasia allows for the withdrawal or withholding of life-sustaining treatment when recovery is not possible. It is justified by constitutional principles of dignity and autonomy, not through metaphysical ideas of liberation. Active euthanasia, which is illegal in India, involves intentionally causing death and conflicts with many religious views on non-violence (ahimsa). On the surface, moksha and euthanasia seem incompatible. Moksha is spiritual liberation granted within divine order, while euthanasia is a human-regulated medical act intended to relieve suffering. However, the relationship becomes more complex when we consider passive euthanasia and the concept of allowing natural death.

In many situations, individuals at Mumukshu Bhawan turn down aggressive medical treatment. Their presence there often shows a refusal to seek life-prolonging technologies. This rejection parallels the logic of passive euthanasia:

both involve non-interference with the natural dying process. If we frame passive euthanasia as removing artificial barriers to natural death, instead of causing death, it aligns more closely with the ethos of Kashi.

The critical difference lies in intention. Dying with a focus on moksha seeks spiritual fulfilment and divine grace. Passive euthanasia aims for relief from futile suffering and the preservation of dignity. However, these motivations may overlap in practice. If extended mechanical life support leaves a person unconscious and away from sacred spaces and rituals, withdrawing that support could restore the chance for a spiritually meaningful death. In this way, passive euthanasia could serve as a process that supports moksha-oriented dying, rather than replacing or contradicting it.

Nevertheless, euthanasia cannot guarantee moksha. Moksha is not a biomedical outcome; it is a theological one. Liberation, in religious terms, relies on karma, devotion, and divine will. A death facilitated by passive euthanasia may still be seen as natural if it removes artificial technological prolongation. However, if euthanasia is viewed as a deliberate human action to end life, it risks being seen as interfering with divine order.

Additionally, Kashi's framework is highly relational. The dying process involves family members, priests, and community engagement. Decisions are rarely made by isolated individuals. In contrast, euthanasia law emphasizes personal autonomy through advance directives. For it to fit within Kashi's moral framework, euthanasia would need to be understood relationally, including family consensus and spiritual guidance instead of just individual choice.

Another aspect to consider is suffering. In some Hindu interpretations, suffering may be viewed as karmic fulfilment, something to endure rather than eliminate. However, observations from contemporary Varanasi show that families increasingly worry about unnecessary pain and prolonged unconsciousness. There is a growing unease with technologically extended dying that removes a person’s consciousness and participation in rituals. In such circumstances, passive euthanasia may align with the desire for a conscious, peaceful departure, which is a vital aspect of a good death[18].

[18] FIELD NOTES.

Thus, euthanasia can be partially connected to moksha within the city's religious framework if it is interpreted narrowly and carefully. Passive euthanasia, understood as the withdrawal of futile treatment, may allow the dying person to return to sacred space, regain relational presence, and complete ritual duties. In this view, euthanasia does not create moksha but removes obstacles to a death that could hold spiritual significance.

At last, euthanasia cannot be equated with moksha, nor can it fully capture the spiritual essence of dying in Varanasi. However, passive euthanasia, when viewed as allowing for natural death, can intersect with Kashi's notion of a good death by protecting dignity and preventing the technological dominance of the dying process. In this context, euthanasia becomes not a substitute for moksha but a modern legal tool that, under specific conditions, may help preserve the cultural and spiritual environment in which moksha is sought.

IX. Sociological Implications of Euthanasia in India

The discussions around euthanasia highlight tensions between individual rights and collective values. Western bioethics prioritizes autonomy, while Indian society emphasizes relational interdependence. Decisions about life support often involve the agreement of extended family rather than isolated individual choice. Religious views differ. Many traditions oppose actively ending life but allow for the refusal of futile treatment. Compassion (karuna) and non-violence (ahimsa) are used in competing ways. Some argue that prolonging suffering goes against compassion, while others view the intentional end of life as a moral wrongdoing.

Economic inequality complicates ethical clarity. For marginalized families, withdrawing treatment may stem from financial limitations rather than philosophical beliefs. Thus, euthanasia cannot be separated from systemic injustice. The conversation about good death and bad death in India reflects a society facing significant changes. Traditional ideals emphasize spiritual readiness, family presence, and completing rituals. A bad death signifies disruption from suddenness, violence, or isolation.

Euthanasia brings constitutional terms of dignity, autonomy, and rights into this moral framework. While passive euthanasia and advance directives are legally acknowledged, active euthanasia remains banned. Safeguards aim to prevent misuse, but practical and cultural obstacles continue to exist. India's changing death landscape embodies an ongoing discussion between tradition and

modernity, religion and law, family and the individual, suffering and dignity. Understanding this negotiation requires combining sociological insights, constitutional analysis, and ethical reflection. Death in India is not merely a private matter; it is a significant site where moral order, legal authority, and human vulnerability converge.

X. Conclusion

The idea of good death in India and the legal framework of euthanasia come from different ways of understanding life, yet they connect through their common concern for dignity, natural transition, and relief from unnecessary suffering. Thus, while euthanasia criteria can partly support the goal of achieving a dignified and good death, especially in cases of terminal illness and irreversible suffering, it cannot entirely replace or encompass the broader cultural context of a good death. Instead of full replacement, ethical integration is the goal. Passive euthanasia and advance directives can be seen as modern tools that help fulfil the traditional wish for a peaceful and meaningful departure when they involve family consultation, spiritual care, and cultural awareness. In practical terms, this integration needs several steps. Public awareness about advance directives should increase, allowing individuals to plan their end-of-life care according to their moral and religious beliefs. Hospitals must enhance palliative care services so that euthanasia is not viewed as the only answer to suffering. Legal protections should shield vulnerable individuals from pressure, especially in a society marked by economic disparity. Religious leaders and scholars can help by explaining how dignity, compassion, and non-violence can coexist with the withdrawal of futile treatment.

Ultimately, euthanasia in India should not be seen as a substitute for the concept of a good death but as a legal tool that can, under certain circumstances, support aspects of it. The idea of dying with dignity serves as a bridge between tradition and modernity, linking constitutional rights to cultural values. Rather than asking if euthanasia fully covers good death, it is more accurate to say that when ethically regulated, euthanasia can be a pathway to achieving the long-standing Indian hope for a dignified and peaceful death in the context of modern medical technology. Together, these judgments trace a clear trajectory: from cautious recognition (Aruna Shanbaug) to constitutional affirmation (Common Cause), to practical enforcement (Harish Rana). They reflect India’s attempt to balance compassion, cultural traditions, and constitutional safeguards, situating

euthanasia within a socio-legal framework that respects both dignity and procedural integrity. The jurisprudence also aligns India with global practices, while retaining its unique cultural context where death is seen as both a spiritual passage and a legal right.