

## Contemporary Indian Perspectives on Cultural Morality and Euthanasia Acceptability

Ashim Mandal<sup>1\*</sup>, Dr. K. Raveendran<sup>2</sup>,

<sup>1</sup>Ph.D Research Scholar, Department of Philosophy, Annamalai University, Annamalai Nagar, ORCID ID 0009-0007-7030-4914, Email- [ashimmandalwb09@gmail.com](mailto:ashimmandalwb09@gmail.com) Mobile- 9046003276

<sup>2</sup>Assistant Professor, Department of Philosophy, Annamalai University, Annamalai Nagar, Mobile- 9965056141, Email- [kraviphilo@gmail.com](mailto:kraviphilo@gmail.com)

**\*Corresponding Author:** Ashim Mandal

<sup>\*</sup>Ph.D Research Scholar, Department of Philosophy, Annamalai University, Annamalai Nagar, ORCID ID 0009-0007-7030-4914, Email- [ashimmandalwb09@gmail.com](mailto:ashimmandalwb09@gmail.com) Mobile- 9046003276

### Abstracts

Contemporary Indian perspectives on cultural morality and the acceptability of euthanasia highlights the complex interplay between traditional values, religious worldviews, and emerging social developments. In India, the foundations of cultural morality are anchored in the sacredness of life, duties to family, and shared ethical responsibilities. Historically, these values have led to a cautious stance on euthanasia, frequently linking it with moral risk, social stigma, and concerns about misuse. Religious traditions—especially Hinduism, Buddhism, and Jainism—provide additional nuance by stressing ideas like karma, dharma, and the natural cycle of life and death, thereby bolstering conservative perspectives in numerous communities. India, however, is slowly undergoing a change in ethical thought. Factors such as urbanization, enhanced medical literacy, exposure to worldwide discussions, and the rising focus on personal autonomy have all played a role in fostering more candid conversations about dignified dying. The significance of patient choice, quality of life, and alleviation of long-term suffering is being underscored more and more by younger demographics, healthcare workers, and educated city-dwelling populations. The 2018 Supreme Court ruling that acknowledged passive euthanasia and living wills has added legitimacy to these developing viewpoints, fostering a transition from an exclusively traditional moral framework to one that incorporates compassion, autonomy, and constitutional rights. This article seeks to analyze the changing moral landscape by identifying the main cultural, religious, and social factors that shape public attitudes; evaluating the ethical tensions between duty-based morality and individual rights; and assessing how contemporary developments are transforming debates on the acceptability of euthanasia in India. The article provides a thorough understanding of the evolution of cultural morality and its influence on India's current discussions regarding ethical end-of-life decision-making by combining theoretical insights with contemporary societal trends.

**Keywords** *Euthanasia, Public Attitudes, Individual Right, Cultural Morality*

### Introduction

In present-day India, discussions surrounding euthanasia illustrate a vibrant tension between the morality of traditional culture and new values focused on self-determination and dignified death. Indian society has historically placed great importance on the sanctity of life, familial responsibility, and the acceptance of suffering as a moral or spiritual obligation. This has led to a general wariness among many citizens towards the acceptance of euthanasia. Religious frameworks, particularly those of Hinduism, Buddhism, and Jainism, contribute additional dimensions to the discourse. They often dissuade intentional acts that end life while promoting compassion and non-harm. Nonetheless, there is a gradual change in social attitudes. Due to urbanization, greater awareness of healthcare, and evolving family dynamics, there is a growing concern for quality of life, patient rights, and the burden associated with prolonged medical suffering. The 2018 Supreme Court ruling that allowed passive euthanasia under stringent protections has further validated these developing perspectives.

The perception of euthanasia in modern Indian society is profoundly shaped by cultural morality. Traditional Indian values highlight the sacredness of life, the moral obligation to provide care, and profound respect for elders. Such convictions frequently engender uncertainty regarding euthanasia, since the deliberate termination of life can be perceived as transgressing familial obligations or eroding shared ethical standards. Religious philosophies further emphasize caution: traditions such as Hinduism, Buddhism, and Jainism underscore concepts like karma, the spiritual significance of suffering, and the natural progression of life and death, influencing conservative perspectives in numerous communities. Nevertheless, the cultural ethics in India are slowly progressing. Due to urbanization, education, and global exposure, individualistic perspectives have gained traction, viewing autonomy, dignity, and the right to avoid prolonged suffering as morally valid considerations. Compassionate end-of-life choices are viewed more favorably, particularly by younger generations.

This article aims to investigate the influence of cultural morality on current Indian perspectives regarding the acceptability of euthanasia. It examines how traditional ethical values, religious beliefs, and socio-cultural norms interact with modern

changes in public consciousness. Focusing on the diverse cultural landscape of India, the article examines the reasons euthanasia continues to be a morally sensitive issue and how changing perspectives are gradually shaping public and institutional responses. The main aims are threefold. First, to pinpoint the cultural and moral tenets—like the sanctity of life, responsibility towards one’s family, and respect for elders—that underpin Indian ethical reasoning regarding end-of-life choices. Second, to evaluate the ways in which modernization, education, and urban lifestyles are transforming these attitudes and fostering a greater acceptance of euthanasia based on autonomy and dignity. Third, to provide an informed comprehension of current discussions, emphasizing the tensions between cultural continuity and ethical change in contemporary India.

### **Understanding Cultural Morality in the Indian Context**

In India, cultural morality is molded by a complex interaction of tradition, religion, familial duties, and shared social values. These influences play a significant role in shaping society's perception of euthanasia today. Although India is swiftly modernizing, the ethical deliberation regarding end-of-life choices remains anchored in enduring cultural concepts of dharma, duty, and life’s sanctity. Thus, contemporary views on euthanasia are hybrid, incorporating both conventional moral expectations and modern ethical concerns about personal autonomy and compassionate care.

The essence of Indian cultural morality is the belief that life is sacred and intertwined with the cosmic order. The conventional idea of dharma—righteous conduct—steers individuals toward meeting their obligations to family, community, and society. This perspective sees choices about life and death as moral acts that are part of a web of obligations, rather than just personal decisions. A large number of Indians still regard euthanasia as a disturbance to this moral equilibrium, with concerns that deliberately ending a life, even in cases of severe suffering, could breach one’s obligations or bring about adverse karmic effects. A reluctance to openly endorse euthanasia is often reinforced by these cultural ideals.

Moreover, moral attitudes today are influenced by collectivist values. Families are crucial in making healthcare decisions, particularly for the elderly and those with terminal illnesses. Because of this shared responsibility, decisions such as euthanasia are seldom presented as personal rights. Rather, they are taken into account as part of a wider ethical framework involving family honor, emotional connections, and social evaluations. Research shows that a significant number of Indians are concerned that the legal endorsement of euthanasia might result in its misuse, neglect of elderly people, or a weakening of filial duty—an obligation that is still fundamentally regarded as virtuous.<sup>1</sup> As a result, the present-day skepticism regarding euthanasia often arises from a fear of moral disintegration in family structures.

Simultaneously, modern urban Indian society is facing a growing number of ethical dilemmas linked to medical technology, terminal illness, and prolonged suffering. With the progress of healthcare extending life without assuring its quality, younger generations—particularly those in urban areas—demonstrate increased receptiveness to moral reasoning grounded in autonomy. They contend that reducing unbearable pain can constitute a moral act in harmony with compassion (*karuṇā*), a principle that is profoundly rooted in Indian philosophical and religious traditions. This change indicates a developing understanding of cultural morality, in which alleviating suffering may sometimes take precedence over customary taboos against killing.

This gradual shift in moral thinking is reflected in legal developments such as the recognition of passive euthanasia and living wills by the Supreme Court in 2018. Nevertheless, the careful position of the Court reflects the ambivalence of society: it recognizes autonomy and suffering while keeping protections in place that cater to worries regarding cultural morality, family responsibility, and possible social abuse.<sup>2</sup> Thus, contemporary India is trying to maintain a delicate balance between honoring traditional values and accommodating new ethical needs.

Essentially, modern Indian views on cultural morality and the acceptability of euthanasia are still fluid and complex. Though conventional values based on dharma, familial obligations, and collectivism continue to influence public perceptions, evolving social conditions and empathetic logic are steering society toward a more refined comprehension. In India, cultural morality does not categorically dismiss euthanasia. Instead, it contextualizes the discussion using concepts of relational ethics, moral responsibility, and changing socio-cultural expectations.

### **Religious Foundations and Their Impact on Euthanasia Attitudes**

In India, religion has a deep impact on cultural morality, and grasping its influence is crucial for comprehending public perspectives on euthanasia. In a society where major religious traditions—such as Hinduism, Islam, Christianity, Buddhism, Jainism, and Sikhism—coexist and actively shape ethical life, decisions regarding the end of life are seldom seen as merely medical or legal issues. Instead, they are understood in the context of deeply entrenched spiritual teachings about the sanctity of life, karma, divine authority, and moral responsibility. As a result, modern Indian views on the acceptability of euthanasia demonstrate a fluid interaction between these religious underpinnings and contemporary ethical issues.

<sup>1</sup> Bhattacharyya, R. *Indian Ethics and Contemporary Moral Issues*. Oxford University Press, 2019, p. 42.

<sup>2</sup> Singh, Y. *Law, Society, and Medical Ethics in India*. Sage Publications, 2020, p. 118.

The predominant religion in India, Hinduism, provides a variety of philosophical interpretations while generally affirming the sanctity of life. Life is seen as a segment of the unending cycle of birth, death, and rebirth (samsara), regulated by karma and dharma. A lot of Hindus are concerned that euthanasia interrupts this cycle, ending the karmic process before its natural conclusion and possibly resulting in adverse spiritual ramifications.<sup>3</sup> Concurrently, Hindu texts stress the importance of compassion (karuṇā) and reducing suffering. This duality has sparked contemporary debates: some contend that passive euthanasia may embody compassion and detachment, while others argue that any deliberate act to end a life goes against the cosmic order. Therefore, rather than being consistently dismissive, Hindu attitudes are generally characterized by ambivalence.

In more conservative communities in India, Islamic perspectives play a strong role in shaping public morality. According to Islamic teaching, life is a sacred trust from Allah, and its beginning and end should be determined solely by divine will. Euthanasia, whether active or passive, is frequently regarded as a violation of divine authority and an unacceptable means of ending life.<sup>4</sup> A number of Muslims in India hold the view that suffering can have spiritual significance, providing chances for patience (sabr) and moral cleansing. This viewpoint bolsters resistance to euthanasia and cultural standards that oppose human dominion over death.

In India, Christian communities generally adhere to global Christian teachings that emphasize the sacredness of life as a divine gift. According to traditional Christian doctrine, euthanasia poses moral problems because it undermines God's authority over human life. Nonetheless, modern Christian ethics stress the importance of compassion, dignity, and alleviation of suffering. Consequently, although there is a general rejection of active euthanasia, some Indian Christian groups may accept passive euthanasia if it permits death to happen naturally without forceful measures to extend life.<sup>5</sup>

Teachings of Jainism and Buddhism contribute additional complexity to the moral landscape of India. Jainism places an extreme emphasis on non-violence (ahimsa), typically regarding any form of killing as ethically unacceptable. However, the Jain practice of sallekhana—voluntary fast unto death—adds complexity to the discussions surrounding death, as it is viewed as a spiritually elevated and non-violent act performed without desire. While it is different from euthanasia, its presence affects conversations in India by emphasizing voluntary death forms rooted in spiritual intention that are sanctioned by culture. Buddhism, which places a strong emphasis on compassion and the reduction of suffering, generally opposes intentional killing but permits nuanced reasoning in the context of end-of-life care.

### **Social and Familial Expectations in End-of-Life Decision-Making**

In contemporary India, attitudes toward euthanasia are significantly influenced by social and familial expectations. Traditionally, Indian society has been collectivist in nature, putting great importance on interdependence, reverence for elders, and the concept of shared familial responsibility. These cultural norms have a profound impact on the process of making end-of-life decisions, often placing family-centered ethical frameworks above individual autonomy. Consequently, one cannot comprehend the acceptability of euthanasia in India without acknowledging the significant impact of social expectations, emotional connections, and community-rooted moral evaluations.

In Indian life, family is seen as the foremost institution for morality and caregiving. Decisions regarding illness, medical treatment, and terminal care are usually made collectively rather than by individuals alone. This pattern stems from enduring expectations that family members are obligated to safeguard and look after the ill, particularly those who are elderly. Consequently, the decision to opt for euthanasia is frequently regarded as more than just a medical choice; it is seen as indicative of family values and the realization—or lack thereof—of filial obligations. A lot of Indians are afraid that choosing euthanasia could be seen as a social abandonment of responsibility or a challenge to the principle of lifelong caregiving.<sup>6</sup> Moral anxieties of this kind diminish the public's readiness to engage in open discussion about euthanasia or to endorse it.

Familial expectations are also shaped by economic and emotional pressures. In numerous homes, caregivers can experience financial strain and psychological burden as a result of extended medical treatment. Nonetheless, families are deterred from voicing these challenges due to social norms, as such expressions can lead to stigma or claims of neglect. Instead, families frequently place the preservation of honor, compassion, and social reputation above practical considerations. This dynamic can lead to ethical dilemmas, where family members quietly carry the burden of making decisions while steering clear of conversations that could seem morally dubious. As indicated by scholars, the decisions regarding end-of-life options in India are often influenced by the aim of preserving social unity and adhering to conventional values of sacrifice and duty.<sup>7</sup>

Furthermore, the way society views aging, suffering, and death influences perspectives on euthanasia. A prevalent conviction persists that suffering carries moral or spiritual weight, and that families should support the dying individual without pursuing “shortcuts” to alleviate pain. The decision to opt for euthanasia can invite community scrutiny or

<sup>3</sup> Parry, J. *Death and the Moral Order in Hindu Society*. Cambridge University Press, 2019, p. 67.

<sup>4</sup> Ahmad, F. *Islamic Ethics and Modern Medical Dilemmas*. Routledge, 2018, p. 102.

<sup>5</sup> Fernandes, J. *Christian Moral Theology and Healthcare Ethics in India*. Paulist Press, 2020, p. 89.

<sup>6</sup> Deshpande, R. *Families, Caregiving, and Medical Ethics in India*. Sage Publications, 2020, p. 54.

<sup>7</sup> Sunder, M. *Culture, Duty, and the Ethics of Care in South Asia*. Cambridge University Press, 2021, p. 112.

allegations of moral failure. This societal pressure strengthens the reluctance to endorse euthanasia, even in cases of extreme medical suffering. Concurrently, modern urban families—characterized by their smaller size and nuclear structure, as well as their exposure to contemporary medical ethics—are becoming more receptive to conversations about patient autonomy and the right to a dignified death. For these groups, the emotional burden of observing extended suffering often results in an increased readiness to embrace passive euthanasia as a compassionate choice.<sup>8</sup>

The legal position on passive euthanasia in India, acknowledged by the Supreme Court in 2018, embodies this socio-cultural tension. The Court recognized the increasing necessity for autonomy-based decisions, yet it also mandated stringent procedural protections that echo conventional worries about family integrity and misuse. Therefore, the law reflects the present-day Indian moral landscape in which families continue to play a central role as they navigate cultural expectations and ethical dilemmas.

### Contemporary Shifts in Public Opinion

In the last twenty years, public views on euthanasia in India have changed markedly due to factors such as social modernization, evolving family dynamics, exposure to international ethical discussions, and heightened awareness of personal rights. These changes indicate a gradual restructuring of cultural morality, as established collectivist norms converge with new values focused on autonomy, dignity, and compassionate healthcare. Consequently, contemporary Indian perspectives on euthanasia are becoming more varied, nuanced, and sensitive to context.

Historically, religious teachings, family-centered ethics, and fears of moral decline led to widespread rejection of euthanasia in India. Sociological research, however, suggests that urbanization and better access to medical information have led to more open conversations about end-of-life care.<sup>9</sup> Urban professionals of younger generations especially regard autonomy and quality of life as key ethical concerns. For them, the moral justification for euthanasia often rests on its ability to relieve unbearable suffering, rather than on strict compliance with cultural taboos. This viewpoint signifies a considerable change from previous attitudes that were characterized by the primacy of collective responsibility and the sanctity of life in public discourse.

Furthermore, due to the increasing prominence of terminal diseases, cancer treatment, and palliative care services, suffering has become a societal reality that is discussed more openly. Today, many Indian families experience prolonged medical treatments that may prolong life but do not ensure comfort or dignity. Many have come to question the ethical worth of extending life at any cost due to their exposure to these kinds of situations. As a result, there has been a considerable increase in public backing for passive euthanasia, which permits the cessation of life-sustaining treatment. This trend is consistent with the 2018 Supreme Court judgment in India that recognized passive euthanasia and living wills—a decision that both mirrors and strengthens evolving societal attitudes.<sup>10</sup>

Simultaneously, the changes of today are not uniform across regions, generations, and socio-economic groups. Metropolitan areas are demonstrating growing backing for euthanasia in compassionate circumstances; however, rural and traditional communities frequently hold onto reservations because of their stronger connections to religious norms and family honor. A lot of Indians are still concerned that the legalization of euthanasia could be misapplied in situations involving elderly individuals, conflicts over property, or burdens associated with caregiving. These worries, based in cultural morality and social mistrust, persist in moderating public enthusiasm for active euthanasia. Therefore, acceptance is usually conditional as opposed to absolute.

Media narratives have significantly influenced how the public perceives things. High-profile legal cases, like the Aruna Shanbaug case, drew national focus to the emotional and medical intricacies involved in end-of-life decisions. Public discussions about these cases raised awareness of ethical nuances and underscored the need for clearer legal guidelines, leading to more informed and empathetic perspectives.<sup>11</sup>

Moreover, the rise of digital platforms has heightened awareness of global medical ethics, leading to a normalization of conversations about “dignified death” and patient rights. This slow transformation in culture denotes a growing pluralism in Indian moral reasoning. Although most people are still guided by familial and religious values, an increasing number of individuals understand moral responsibility to encompass not just the protection of life but also the alleviation of suffering.

### Legal Developments and Their Cultural Reception

In India, legal advancements regarding euthanasia have played a major role in shaping current cultural and moral discussions, particularly as society grapples with the conflict between traditional values and modern ethical systems. India’s gradual acknowledgment of individual autonomy within a culturally complex landscape is reflected in the

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<sup>8</sup> Ramanathan, K. *Ethics, Autonomy, and End-of-Life Care in Contemporary India*. Oxford University Press, 2019, p. 78.

<sup>9</sup> Kapur, Neela. *Ethical Debates in Modern India: Healthcare, Autonomy, and Society*. Routledge, 2020, p. 91.

<sup>10</sup> Mehta, S. *Law, Ethics, and Public Opinion in India*. Sage Publications, 2021, p. 134.

<sup>11</sup> Rao, Anjali. *Media, Morality, and End-of-Life Debates in India*. Oxford University Press, 2019, p. 57.

evolution of euthanasia law, from its initial prohibition to the 2018 Supreme Court recognition of passive euthanasia and living wills. However, the response to these legal changes shows a profound social ambivalence and moral diversity.

A landmark legal decision that has had a major impact was the Supreme Court's ruling in 2018 regarding *Common Cause v. Union of India*. This ruling legalized passive euthanasia under stringent safeguards and acknowledged advance directives as valid. The Court based its ruling on Article 21 of the Constitution, which guarantees the right to life with dignity. It interpreted this right to encompass the entitlement to avoid unnecessary suffering in the course of terminal illness.<sup>12</sup> This legal change was seen as a forward-looking move that brought Indian law into line with global medical ethics. Nonetheless, the ruling established strict procedural guidelines that mandated medical boards, judicial oversight, and rigorous documentation. These protections demonstrate judicial awareness of the unique socio-cultural context of India, in which family dynamics, property concerns, and social pressures may affect end-of-life decisions.

The cultural reaction to the ruling has been varied. The choice was generally welcomed by urban, educated demographics, who viewed it as an acknowledgment of personal autonomy, patient rights, and compassionate care. For these groups, the ruling corresponded with a shifting cultural morality that places greater importance on quality of life and the compassionate management of suffering. On the other hand, communities with conservative or traditional orientations voiced concerns, contending that even passive legal acceptance of euthanasia is at odds with cultural obligations surrounding caregiving, filial responsibility, and the sanctity of life. Such apprehensions arise from deep-rooted religious and moral convictions that underscore perseverance, family duty, and faith in divine timing.<sup>13</sup>

Moreover, the cultural reception exposes fears regarding possible abuse. A common fear is that elderly people, especially those in joint families, may feel pressured to agree to end-of-life choices because of financial strain or family disagreements. These fears illustrate how cultural morality impacts legal interpretation: even when the law endorses autonomy, societal expectations frequently reaffirm collective responsibility and caution. This dual response demonstrates that although the law is progressive, it must exist alongside ongoing concerns regarding ethics, social trust, and familial obligations.

Public reception of the legal developments was further shaped by media coverage. Cases such as that of Aruna Shanbaug, which galvanized national focus, helped to personify discussions and generate broad sympathy. This caused numerous individuals to perceive passive euthanasia as a kind-hearted option rather than an ethical violation.<sup>14</sup> Nonetheless, the moral obligation, respect for elders, and anxiety about the deterioration of traditional values were often underscored by cultural narratives in televised debates and regional discussions.

### **Ethical Dilemmas as Reflected in Modern Indian Society**

Current Indian viewpoints on euthanasia uncover a complicated landscape of ethical challenges influenced by the interplay of cultural morality, religious customs, familial obligations, and nascent rights-oriented understandings of personal dignity. The moral landscape of contemporary Indian society is marked by conflicting values regarding end-of-life decisions, making euthanasia a deeply contested issue. Thus, Indian society cannot be described as simply progressive or conservative in this regard.

A key ethical problem emerges from the conflict between the conventional collectivist morality and the increasing focus on individual autonomy and human dignity. Moral reasoning in numerous Indian families is based on cultural obligations related to caregiving, respect for elders, and the sanctity of life—values that are deeply embedded in Hindu, Islamic, and Christian traditions. For example, in Hindu ethics, suffering is linked to karma and the principle of non-harm (ahimsa) is highlighted, which advises against deliberately taking life. Life is frequently portrayed as sacred and morally inviolable by these traditions, which complicates the emotional and spiritual aspects of treatment withdrawal for caregivers.<sup>15</sup>

However, modern social realities—such as escalating medical expenses, the decline of extended families, and greater awareness of constitutional rights—have given rise to ethical frameworks that prioritise alleviating suffering, patient autonomy, and the right to a dignified death. This change is reflected in the Supreme Court's reasoning in *Common Cause v. Union of India* (2018). The Court acknowledged that dignity encompasses the dying process and that Article 21's guarantee of a dignified existence may be violated by prolonging suffering in irreversible conditions through the recognition of passive euthanasia and validation of living wills.<sup>16</sup> This affirmation of autonomy by the judiciary heightens the ethical conflict between contemporary rights-based morality and age-old religious prohibitions.

Another dilemma involves the conflict between family responsibility and compassionate release. In a lot of households in India, the act of life support withdrawal clashes with cultural expectations that dictate an unflinching devotion. Families are afraid of social judgment, religious guilt, or the perception that they are neglecting their responsibilities. At the same time, caregivers observe great suffering, frequently with no hope of recovery. Researchers observe that this emotional

<sup>12</sup> Chakraborty, R. *Constitutional Morality and Healthcare Decisions in India*. Oxford University Press, 2020, p. 203.

<sup>13</sup> Menon, S. *Culture, Family, and Medical Ethics in Contemporary India*. Sage Publications, 2019, p. 119.

<sup>14</sup> Patel, A. *Media, Law, and Public Sentiment: The Aruna Shanbaug Case*. Routledge, 2021, p. 75.

<sup>15</sup> Rao, S. "India and Euthanasia: The Poignant Case of Aruna Shanbaug." *Medical Law Review*, vol. 19, no. 4, 2011, pp. 646–652.

<sup>16</sup> *Common Cause v. Union of India*. Supreme Court of India, 2018, pp. 118–123.

conflict—desiring to alleviate suffering while fearing moral or spiritual transgression—results in lasting “moral uncertainty”.<sup>17</sup> This uncertainty mirrors the distinctive cultural composition of India, where the process of making decisions includes not just families but also religious figures and healthcare experts.

Moreover, discussions regarding euthanasia reveal ethical issues related to misuse and inequality. The socio-economic disparities in India raise concerns that legal euthanasia could be exploited in cases involving poverty, gender discrimination, or inheritance disputes. Even the Supreme Court recognized these threats, stressing the need for stringent procedural protections against coercion or misuse.<sup>18</sup> Consequently, ethical dilemmas extend beyond the philosophical realm; they are rooted in real-world issues such as social vulnerability, inadequate palliative care, and disparities in medical access.

Media narratives mirror the ambivalence present in society. Although urban discussions frequently depict euthanasia as a choice rooted in compassion and progress, conservative communities perceive it as morally perilous. The public response to the Aruna Shanbaug ruling (2011) demonstrated this division: numerous individuals commended the legal clarity regarding passive euthanasia, while others maintained that life must be preserved no matter the suffering involved.<sup>19</sup>

These competing moral commitments—respect for tradition, compassion for suffering, fear of misuse, and emerging respect for autonomy—collectively form the core ethical dilemmas that shape contemporary Indian attitudes toward euthanasia. They show that the acceptability of euthanasia in India is not a straightforward transition, but rather a negotiated moral evolution shaped by culture, religion, law, and lived experience.

### **Mental Health, Psychological Suffering, and Cultural Interpretation**

Current discussions in India about euthanasia show a complicated relationship among mental health, bodily pain, and moral understandings influenced by culture. In Indian society, illness is perceived not just as a biomedical occurrence but as something intertwined with social, spiritual, and familial structures. Physical suffering—most notably terminal illness, chronic pain, or irreversible disability—is frequently interpreted through the cultural frameworks of dharma (duty), karma (moral causation), and social responsibility. These frameworks influence how the public and families react to end-of-life choices, frequently constraining the acceptability of euthanasia even as awareness of patient autonomy grows.

Discussions surrounding euthanasia hinge on mental health, especially in relation to perceptions and affirmations of suffering. In India, the cultural expectations of emotional endurance and family-centered decision-making often overshadow psychological distress. Research shows that depression or hopelessness in terminally ill patients is frequently underdiagnosed, partly because of the stigma associated with mental health and the belief that emotional suffering should be endured quietly.<sup>20</sup> This engenders a moral tension: while alleviating suffering is esteemed, recognizing unbearable psychological pain as a valid justification for euthanasia is still a matter of cultural dispute.

Physical suffering is acknowledged more readily, yet it continues to be viewed through the lens of moral and spiritual narratives. The conviction that suffering can result in spiritual purification—drawing from Hindu, Buddhist, and Jain traditions—can lead families to oppose euthanasia, seeing the natural processes of life and death as sacred and unchangeable.<sup>21</sup> Nevertheless, there is a slow change in contemporary urban environments, as some people promote the idea of “death with dignity,” particularly in cases where medical technology extends life without providing quality.<sup>22</sup> This tension mirrors the transitional moral landscape of India, in which traditional spirituality cohabits with contemporary rights-based ethics.

Cultural morality influences the assessment of suffering as “endurable” or “unendurable.” In collectivist contexts, choices regarding the end of life take on a communal character rather than being solely personal. Families often fear social stigma, legal repercussions, or allegations of abandoning their moral duty if they choose to support euthanasia. For numerous individuals, the moral imperative is not to alleviate suffering through assisted death but to offer care, despite significant emotional and financial costs.<sup>23</sup> Women caregivers, in particular, face societal pressures to make sacrifices, which influences how acceptable euthanasia is seen.

<sup>17</sup> Rao, S. “India and Euthanasia: The Poignant Case of Aruna Shanbaug.” *Medical Law Review*, vol. 19, no. 4, 2011, pp. 646–652. Rao, S. “India and Euthanasia: The Poignant Case of Aruna Shanbaug.” *Medical Law Review*, vol. 19, no. 4, 2011, pp. 646–652.

<sup>17</sup> *Common Cause v. Union of India*. Supreme Court of India, 2018, pp. 118–123.

<sup>17</sup> Rao, S. “India and Euthanasia: The Poignant Case of Aruna Shanbaug.” *Medical Law Review*, vol. 19, no. 4, 2011, pp. 646–652.

<sup>18</sup> *Common Cause v. Union of India*. Supreme Court of India, 2018, pp. 118–123.

<sup>19</sup> *Aruna Ramchandra Shanbaug v. Union of India*. Supreme Court of India, 2011, pp. 45–47.

<sup>20</sup> Kumar, S. “Psychological Distress Among Terminally Ill Patients in India.” *Indian Journal of Palliative Care*, vol. 22, no. 2, 2018, pp. 110–118.

<sup>21</sup> Parameshwaran, E. *Culture, Suffering, and Spirituality in South Asia*. Sage Publications, 2020, pp. 80–95.

<sup>22</sup> Rao, M. “Debating Death with Dignity in Urban India.” *Social Change*, vol. 50, no. 1, 2020, pp. 50–60.

<sup>23</sup> Gupta, R. *Ethics and Medical Decision-Making in India*. Oxford UP, 2019, pp. 120–150.

Nonetheless, the development of legal frameworks—like the Supreme Court's acknowledgment of passive euthanasia and living wills in 2018—has sparked public discussion about the ethical justification for ending suffering when there is no hope for recovery. This change demonstrates an increasing acknowledgment of the dignity of patients, their mental suffering, and the needless extension of their physical suffering. However, societal acceptance is varied and depends on factors such as region, education, religiosity, and exposure to biomedical ethics.

### **Comparative Analysis: Cultural Morality vs. Ethical Autonomy**

The discussions surrounding euthanasia in modern India bring to light a significant conflict between the morality of traditional culture and the ethical autonomy frameworks that are coming into being. In India, cultural morality is based on collective values influenced by religion, family dynamics, and societal expectations. According to these norms, life is sacred, suffering has spiritual significance, and family duty should be the primary consideration in making decisions. In contrast, ethical autonomy focuses on self-determination in life-and-death issues, as well as individual rights and personal dignity. The ongoing debate about the morality of euthanasia is fueled by the coexistence of these two value systems, which raises questions about when and how it might be acceptable.

Cultural morality is rooted in enduring religious and philosophical traditions that situate the individual within a broader moral framework. In Hinduism, Buddhism, and Jainism, suffering is often understood in relation to karma, fate, and moral purification. Sometimes, suffering is viewed as a way to meet spiritual duties, while the act of accelerating death is seen as a violation of nature or divine intent.<sup>24</sup> In collectivist families, the process of making decisions is influenced by expectations related to shared responsibility, filial duty, and social reputation concerns. Many families, as Gupta observes, experience a sense of moral obligation to sustain life for as long as they can, even in the face of dismal medical prognoses.<sup>25</sup> As a result, cultural morality generally opposes euthanasia, placing greater importance on the continuity of care than on autonomy.

Ethical autonomy provides a different moral framework. Modern medical ethics, the global human rights discourse, and urbanizing social structures have shaped the concept of autonomy, which now stresses that patients have the right to determine their life's trajectory, including whether to refuse treatment or opt for a dignified death. Proponents contend that when people are deprived of control over their own bodies, it breaches human dignity to endure prolonged suffering, whether physical or psychological. Rao notes that in urban centers, patients are increasingly asserting their independence by questioning unnecessary medical interventions aimed at prolonging life when these offer neither quality nor hope.<sup>26</sup> This viewpoint is consistent with the Supreme Court ruling in 2018 that acknowledged passive euthanasia and living wills as aspects of personal freedom.

The conflict between these frameworks is most apparent in ethical evaluations of suffering. In cultural morality, the collective is prioritized, and decisions are assessed based on social expectations and the welfare of the family. Ethical autonomy gives priority to the individual's personal experience of suffering and their freedom. As an illustration, psychological distress is frequently downplayed in the context of cultural morality, which prioritizes endurance and familial support. In contrast, ethical autonomy acknowledges severe mental suffering as a valid reason for end-of-life decisions.<sup>27</sup> Cultural morality sees euthanasia as morally troubling due to its challenge to traditional caregiving and spiritual growth roles, while the autonomy perspective regards it as a compassionate end to unnecessary suffering.

Even though they differ, these frameworks are increasingly intersecting in modern-day India. Urban families reconcile their spiritual beliefs with practical concerns regarding quality of life, financial pressure, and patient dignity. The public acknowledges that medical technology extends life beyond natural limits, leading to a reevaluation of the meaning of "natural death." Consequently, modern Indian perspectives on euthanasia embody a dynamic negotiation: cultural morality serves as the ethical backdrop, while autonomy opens up new avenues for patient-centered decision-making. The outcome is a hybrid moral terrain in which the societal acceptance of euthanasia is tentative yet progressively advancing.

### **Conclusion**

The contemporary Indian views on cultural morality and the acceptability of euthanasia unveil a terrain marked by profound ethical intricacy, where tradition and modernity are in constant interplay. Indian society, which is founded on religious teachings, collectivist values, and enduring familial obligations, maintains a perspective that life is sacred and intertwined with moral duty. These cultural foundations have traditionally regarded euthanasia as ethically dubious, often portraying it as a breach of dharma, familial duty, or divine authority. However, the public moral reasoning is starting to be reshaped by the swiftly evolving social environment in India.

The dilemmas surrounding end-of-life issues have become more acute and apparent due to urbanization, greater exposure to international bioethical discussions, and medical technological progress. In the face of long-term suffering and the

<sup>24</sup> Parameshwaran, E. *Culture, Suffering, and Spirituality in South Asia*. Sage Publications, 2020, pp. 80–95.

<sup>25</sup> Gupta, R. *Ethics and Medical Decision-Making in India*. Oxford UP, 2019, pp. 120–150.

<sup>26</sup> Rao, M. "Debating Death with Dignity in Urban India." *Social Change*, vol. 50, no. 1, 2020, pp. 50–60.

<sup>27</sup> Kumar, S. "Psychological Distress Among Terminally Ill Patients in India." *Indian Journal of Palliative Care*, vol. 22, no. 2, 2018, pp. 110–118.

boundaries of life-sustaining therapies, families have begun to increasingly embrace ethical reasoning centered on autonomy. The interpretation of “a dignified death” by many Indians is now in line with compassion and moral care, resulting in a broader acceptance of passive euthanasia. The Supreme Court's 2018 decision acknowledging passive euthanasia and living wills mirrors this changing sentiment, but its strict protections underscore lingering cultural hesitations.

Nonetheless, cultural morality in India is still pluralistic and context-dependent. Although younger, urban demographics demonstrate a growing acceptance of euthanasia, traditional and rural populations continue to prioritize collective responsibility, religious norms, and concerns about social misuse. This results in a nuanced moral environment in which acceptance is conditional, influenced by compassion on one hand and caution on the other.

In sum, modern perspectives in India do not signify a total break from tradition, but instead a recalibration of moral values. The acceptability of euthanasia in India is an evolving issue shaped by ongoing negotiations among cultural morality, legal developments, and the lived experiences of individuals and families grappling with suffering, dignity, and ethical choice.

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