



Cover Page



EUTHANASIA AS MORAL NARRATIVE: A SOCIO-RHETORICAL AND THEOLOGICAL COMPARISON OF WESTERN AND INDIAN ETHICAL WORLDS

Beera. Rufus

Pursuing Master of Divinity, in Acts University, Yangpyeong-gun, South Korea

Abstract:

Euthanasia is usually discussed in medical and legal terms, but it is also a cultural and religious issue shaped by how people understand suffering, dignity, and death. This article looks at euthanasia as a moral Issue, comparing how Western and Indian societies think about it. In the West, ideas about euthanasia come from Enlightenment values such as personal freedom, rational choice, and the right to die with dignity. In India, the discussion is shaped by community responsibility, spiritual meaning, and beliefs about life and death found in traditions like dharma and karma. Using insights from both anthropology and theology, this study shows the strengths and weaknesses of these two approaches. It argues that Christian mission should not try to create one universal rule for dying but should listen carefully to different cultural views, respecting both family care and personal dignity. In the end, the article calls for a Christian approach to end-of-life care that is sensitive to culture, compassionate to the suffering, and rooted in the hope of Christ's resurrection.

1. Introduction

The term Euthanasia comes from two Greek words –*eu* meaning “well” or “good,” and *thanatos* meaning “death.”¹ Euthanasia often called “mercy killing” or “assisted dying”. It is one of the most debated ethical issues in the world today. While it is usually discussed in medical or legal terms, euthanasia is also shaped by deeper cultural beliefs, values, and stories about life and death. Different societies understand suffering, dignity, and the right to die in very different ways. In Western contexts, euthanasia is largely shaped by Enlightenment ideals of personal autonomy and legal rights. In India, however, ethical discourse is grounded in religious cosmologies, communal responsibilities, and the conviction that suffering may carry spiritual meaning.

Broadly speaking, euthanasia means ending a person's life on purpose to relieve their pain, sometimes through direct action, withholding treatment, or by helping them end their own life. But what counts as a “good death” or justified suffering is not the same everywhere. Cultural and religious views play a major role in shaping how people respond to euthanasia.

This article argues that euthanasia must be approached as a culturally constructed moral narrative. Drawing on anthropological insights and socio-rhetorical analysis, it demonstrates that debates over euthanasia reveal competing visions of what it means to die “well.” It doesn't explore euthanasia merely as a medical or legal issue, but as a cultural, ethical, and theological narrative. By comparing Western and Indian ethical worlds, I contend that Christian mission requires not the imposition of a universal ethic, but a contextual engagement that listens to cultural narratives of suffering, personhood, and dignity. Such an approach not only broadens bioethical debate but also challenges the church to embody a theology of life and death that is both culturally sensitive and eschatologically hopeful. So, the goal is to understand how different cultures talk about death and how these conversations influence the ethics of euthanasia today.

2. Definitions and Forms of Euthanasia

In contemporary bioethical and medical discussions, euthanasia is commonly categorized into several distinct forms, each differentiated by the nature of intent and action involved. *Direct, active euthanasia* refers to the deliberate act of causing a patient's death, typically through methods such as lethal injection, with the explicit purpose of ending suffering. This form

¹ John S. Feinberg and Paul D. Feinberg, *Ethics for a Brave New World*, 2nd ed. (Wheaton, IL: Crossway, 2010), 175.



Cover Page



remains highly controversial and is legally restricted or prohibited in many countries due to ethical, legal, and cultural concerns. *Indirect, active euthanasia*, by contrast, involves the administration of treatments, such as high doses of opioids that are primarily intended to relieve pain but may hasten death as a secondary and unintended effect. This practice raises complex questions about intention and the moral acceptability of side effects in end-of-life care. *Passive euthanasia* describes the withholding or withdrawal of life-sustaining treatments, such as ventilators, feeding tubes, or resuscitation, allowing the natural progression of death to occur. This approach is generally more accepted ethically and legally, as it emphasizes allowing nature to take its course rather than actively causing death. Another closely related concept is *assisted suicide*, where a person is provided with the means, often prescribed medication, to end their own life, typically in the context of a terminal illness and unbearable suffering. Assisted suicide remains a subject of intense legal and moral debate, varying widely by jurisdiction.²

Separately, *palliative care* occupies an important place in the discussion of end-of-life treatment. Unlike euthanasia or assisted suicide, palliative care prioritizes the relief of pain and suffering and the maintenance of dignity and comfort, without any intention to hasten death. This distinction is critical, as palliative care aims to improve quality of life for patients and families even in the face of incurable illness.³ Ultimately, euthanasia sits at the crossroads of culture, ethics, and law, reflecting enduring human struggles with profound questions about death and dignity. Societies across the world grapple with what it means to die “well” and who holds the authority to make such decisions, demonstrating that euthanasia is not only a medical or legal issue but also a deeply cultural and moral narrative.

3. Historical Background of Euthanasia: Origins and Development

The concept of euthanasia derives from the Greek words ‘*eu*’ (good) and ‘*thanatos*’ (death), meaning “a good death.” People have thought about this idea for thousands of years, and it has evolved significantly over time. Historically, practices and attitudes surrounding euthanasia have reflected the dominant philosophical, religious, and sociopolitical ideologies of each era. Its development reveals not a single ethical trajectory but a complex interplay of cultural meanings around life, suffering, and the role of human agency in death.

In ancient Greece, some philosophers like the Stoics believed that ending one’s life could be morally right in situations where life had lost its purpose.⁴ However, Greek physicians such as Hippocrates emphasized the preservation of life, as reflected in the Hippocratic Oath: “I will give no deadly medicine to anyone if asked.”⁵ This early tension between medical ethics and philosophical reasoning marks one of the earliest socio-rhetorical divisions in how euthanasia was culturally framed.

During the medieval Christian era, the rise of Judeo-Christian ethics largely condemned euthanasia, equating it with murder and viewing life as a divine gift not to be prematurely ended. Only God had the right to decide when it should end. Suffering was often seen as meaningful, a way to grow spiritually.⁶ Similar beliefs are also found in Islam, which teaches that life and death are under divine control.

The Enlightenment era witnessed a shift. As rationalism, individual rights, and scientific medicine emerged, debates about euthanasia gained renewed momentum. Writers such as Francis Bacon advocated for physicians to relieve suffering, even if it involved hastening death.⁷ This was the beginning of modern ideas that began to secularize the ethics of dying, choosing death with dignity. In the 20th century, especially after the Nazi misuse of euthanasia to kill people with disabilities, the

² Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 149-162.

³ Compassion & Choices, “Death with Dignity,” accessed June 17, 2025, <https://www.compassionandchoices.org/>.

⁴ A. A. Long, *Hellenistic Philosophy: Stoics, Epicureans, Sceptics* (Berkeley: University of California Press, 1986), 117-118.

⁵ Ludwig Edelstein, *The Hippocratic Oath: Text, Translation and Interpretation* (Baltimore: Johns Hopkins Press, 1943), 3-6.

⁶ Margaret Pabst Battin et al., *The Ethics of Suicide: Historical Sources* (Oxford: Oxford University Press, 2015), 312-315.

⁷ Francis Bacon, *The Advancement of Learning and New Atlantis*, ed. Arthur Johnston (Oxford: Clarendon Press, 1974), 129.



Cover Page



world became more careful about this issue. This dark chapter led to the rise of medical ethics, focusing on protecting patient rights and preventing abuse.⁸

By the late 20th and early 21st centuries, some countries, like the Netherlands, Belgium, Canada, and parts of Australia and the United States began to legalize euthanasia and physician-assisted suicide under strict conditions. Usually, the person must have a terminal illness or be experiencing unbearable suffering. They must clearly give their consent, be mentally able to make the decision, and be under the care of trained medical professionals. These conditions help make sure that the decision is made thoughtfully and not taken lightly. At the same time, many non-Western cultures continue to resist euthanasia. In countries like India and many parts of Southeast Asia, death is often seen as a spiritual or communal event, not a personal decision. These cultures emphasize family roles, religious values, and the belief that suffering may have deeper meaning.⁹

4. Anthropological and Socio-Rhetorical Analysis

4.1 Euthanasia as a Culturally Constructed Moral Narrative

To analyze euthanasia as more than a medical or legal phenomenon, it is important to adopt theoretical frameworks that allow us to understand how ethical arguments for and against euthanasia are shaped by cultural narratives, linguistic symbols, and collective identities across diverse societies. Euthanasia does not exist in a moral vacuum; rather, it is deeply embedded within cultural systems of meaning. As anthropologist Marvin Harris observes, each society forms coherent symbolic interpretations around death, the body, and personhood that shape not only how death is experienced but also which forms of dying are considered “acceptable.”¹⁰ This cultural construction is crucial to understanding why euthanasia, often defined as “a good death,” is interpreted so differently across societies. For example, in many Western contexts, as Timothy Devos explains, euthanasia is framed within secular humanism, emphasizing autonomy, rational choice, and the right to avoid prolonged suffering.¹¹ This perspective stems from Enlightenment ideas about personhood as independent individuals capable of controlling their own lives and bodies. Thus, ethical debates in countries like the Netherlands, Belgium, and parts of the United States are closely tied to notions of medical science, personal freedom, and legal rights.

In contrast, many non-Western societies particularly in parts of Asia and Africa understand death in spiritual and relational terms, rather than solely as a personal or medical matter. In tribal and rural communities, dying is often regarded as a sacred, communal process that unfolds slowly and in the presence of family, linked to beliefs in karma, fate, or divine timing. In these contexts, actively ending life even to alleviate pain, may be seen as contravening spiritual values and familial duties. R. E. Hedlund’s research in India further illustrates this point, showing how concepts of dharma (duty) and social roles such as caste deeply influence attitudes toward life and death.¹² In such cultures, the focus is not on individual rights but on personal and communal responsibilities to endure suffering, often for the benefit of family or spiritual growth. These differences reveal that moral questions about euthanasia are not universal but are deeply shaped by the values and traditions of each culture.

4.2 Language, Power, and Moral Imagination

Socio-rhetorical criticism offers tools to understand euthanasia not only as a set of beliefs but also as a discourse shaped by language, stories, laws, and media. Bruce Malina has observed that people construct reality through shared cultural codes and discourses rather than simply processing information.¹³ This insight aligns with rhetorical theory’s emphasis on how public morals are formed through persuasive language and narratives, not just through logic. For example, the phrase “death

⁸ Timothy Devos, *Euthanasia: Searching for the Full Story* (Berlin: Springer, 2021), 13-22.

⁹ Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 149-162.

¹⁰ Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 149-162.

¹¹ Timothy Devos, *Euthanasia: Searching for the Full Story* (Berlin: Springer, 2021), 13-22.

¹² R. E. Hedlund, *The Mission of the Church in the World: A Biblical Theology* (Delhi: ISPCK, 1991), 157.

¹³ Bruce J. Malina, *The New Testament World: Insights from Cultural Anthropology* (Atlanta: John Knox Press, 1981), 35-48.



with dignity” evokes more than a peaceful death; it conjures specific moral images of control, independence, and freedom from pain. Jennifer M. Scherer and Rita J. Simon argue that such language resonates strongly in Western cultures but can marginalize people with disabilities or chronic illnesses, for whom dignity may derive from accepting help, endurance, or community connection rather than autonomy.¹⁴

This linguistic framing becomes even more complex when considering Generation Z’s views on euthanasia. Raised in an era of social media and global discourse on justice and identity, Gen Z values emotional authenticity and personal choice but also demands fairness and inclusivity in medical decisions. Corey Seemiller and Meghan Grace highlight that many in this generation support euthanasia to relieve suffering but simultaneously question whether vulnerable groups such as people of colour and disabled individuals receive equitable treatment.¹⁵ Their ethical imagination is deeply influenced by digital communities where stories and shared experiences shape moral understanding, demonstrating the powerful role of language and media in contemporary ethical debates.

4.3 Narrative Power and Ethical Persuasion

Paul G. Hiebert emphasizes that ethical decisions are always embedded in narratives that define identity and community.¹⁶ Similarly, anthropologists like Jenell Williams Paris and Brian M. Howell stress the importance of listening to how people make moral sense of their world, rather than focusing only on their decisions.¹⁷ Socio-rhetorical criticism helps reveal which narratives are amplified or suppressed in public discussions of euthanasia. For instance, the widespread Western idea that “living in pain is undignified” conveys that suffering is meaningless and should be avoided at all costs. This notion bolsters support for euthanasia to end unbearable pain. However, many religious and cultural traditions including Hinduism, Christianity, and Indigenous worldviews offer alternative understandings, viewing suffering as purposeful: a path to character development, spiritual growth, or an expression of love and sacrifice. Such perspectives see pain not merely as something to escape but potentially as meaningful or redemptive.

This contrast exposes the underlying power of moral language, which is never neutral but reflects the values and social positions of its users. Terms like “dignity” and “freedom from suffering” are contested concepts shaped by cultural expectations and power dynamics. Socio-rhetorical criticism thus encourages us to scrutinize not only what is said about euthanasia but why certain voices and values dominate the conversation.

4.4 Toward a Contextual Ethical Discourse

Medical anthropologists tell us not to treat difficult ethical issues like euthanasia as just ideas or rules, like only thinking about personal choice (autonomy) or what is most useful (utility). Instead, they say we should focus on the real experiences of people who are suffering. If we ignore their stories, we might reduce deep human pain to just checklists or legal steps. Looking at euthanasia through both anthropology and socio-rhetorical thinking helps us bring back the emotional and cultural depth of the discussion. It pushes us to ask: Whose voices are being heard? Whose beliefs are leading the debate? And what does it really mean to be human when we face pain, faith, and care?

By using both cultural anthropology and socio-rhetorical theory, this way of thinking helps us see that euthanasia is not just one big global issue with a single answer. Instead, it is shaped by the stories, traditions, and beliefs of each culture.

¹⁴ Jennifer M. Scherer and Rita J. Simon, *Euthanasia and the Right to Die: A Comparative View* (Lanham: Rowman & Littlefield, 1999), 85-91.

¹⁵ Corey Seemiller and Meghan Grace, *Generation Z: A Century in the Making* (New York: Routledge, 2019), 97-102.

¹⁶ Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids: Baker Academic, 2008), 217-220.

¹⁷ Jenell Williams Paris and Brian M. Howell, *Introducing Cultural Anthropology: A Christian Perspective* (Grand Rapids: Baker Academic, 2011), 205-211.



Cover Page



Anthropology shows us how ideas like personhood and dying well are built differently in every society based on religion, customs, and social roles. These are not just private opinions, but shared community values.¹⁸

Rhetorical thinking adds another layer. It shows how the way we speak about topics like death, dignity, and suffering shapes what people believe is right or wrong. For example, when some cultures call euthanasia “death with dignity,” they are saying it is an honourable choice. But in other cultures, dignity might mean staying strong in suffering, supported by faith and family.

This combined view warns us not to assume that Western moral values are the standard for everyone. In global medical ethics, it’s risky to think one moral approach fits all. Instead, we must pay close attention to each culture’s background and values. This helps us not only ask what is right but also understand why certain views feel right to some people. This kind of thinking moves us away from forcing one answer on everyone and instead helps us find the best answer for each community.

5. Cultural Case Studies in Ethical Perspective

5.1 Western Ethical Models

5.1.1 Roots of Autonomy and the Self

The ethical discourse surrounding euthanasia goes beyond abstract philosophy or legal frameworks it reflects deeply rooted cultural values about life, suffering, death, and moral responsibility. While laws and practices vary across countries, they are shaped by ethical systems grounded in historical traditions, religious beliefs, cultural narratives, and anthropological realities. In Western societies, the debate over euthanasia is largely driven by a deep cultural commitment to individual autonomy, rational decision-making, and legal rights. Rooted in Enlightenment ideals and secular humanism, the Western perspective often sees the individual self as morally sovereign. Ethical reflection on euthanasia, therefore, is not primarily framed by spiritual destiny or communal belonging, but by autonomy, consent, and the right to avoid unnecessary suffering. In contrast to Indian or Southeast Asian worldviews which emphasize spiritual harmony, family consensus, or karmic continuity in the Western ethical landscape centers on personal control over life and death, often through the language of “rights,” “dignity,” and “choice.”

Anthropologist Marvin Harris identifies the Enlightenment as a turning point in Western thought, where reason and liberty replaced religious tradition and communal obligation as the main ethical compass.¹⁹ As a result, the individual emerged as a self-governing agent capable of making autonomous decisions, including about death. This worldview sees “personhood” as tied to the capacity for reason and independence. When that capacity deteriorates, such as in advanced illness or cognitive decline, some argue that the person should still have the right to end their life with dignity, to preserve their moral agency.

5.1.2 The Rhetoric of Dignity and Law

Western discourse around euthanasia is highly rhetorical, structured by legal and ethical terminology rather than spiritual or communal language. Organizations such as Dignitas (Switzerland) and Compassion & Choices (USA) frame euthanasia as “death with dignity” or “end-of-life autonomy.”²⁰ This language reflects a moral vision in which the highest good is freedom from suffering and the right to choose one’s path even into death. As Howell and Paris note, death in the West is

¹⁸ Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids: Baker Academic, 2008), 123-125.

¹⁹ Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 154-156.

²⁰ Compassion & Choices, “Death with Dignity,” accessed June 17, 2025, <https://www.compassionandchoices.org/>.



Cover Page



largely managed through institutions like hospitals, hospices, legal courts rather than through extended family rituals or religious elders.²¹ Even within the church, theological language is often replaced by medical or rights-based frameworks.

5.1.3 Legal and Theological Tensions

While many Western Christians still oppose euthanasia, some theologians and ethicists now wrestle with whether compassion, as the relief of unbearable suffering could justify certain forms of voluntary, passive euthanasia. Gordon D. Fee and Andrew Naselli note that while Scripture affirms life as sacred, there is a growing tension among Christians seeking to navigate cases of extreme pain, terminal illness, and loss of dignity.²² Western nations exhibit significant legal and theological diversity on euthanasia. The Netherlands, Belgium, and Canada permit both voluntary euthanasia and physician-assisted suicide, under strict conditions such as terminal illness, consent, and psychological competence. The United States allows physician-assisted suicide in several states (e.g., Oregon, California) through “Death with Dignity” legislation, which is heavily regulated and patient-driven.

Theologically, the Roman Catholic Church firmly opposes euthanasia, calling it “a grave violation of the law of God.” Human life, in Catholic teaching, must be preserved from conception to natural death. While Protestant churches vary. Some mainline denominations (e.g., Episcopal, United Church of Christ) allow pastoral discernment, recognizing the complexity of suffering and the need for compassionate responses. Howell and Paris observe that many Christians in the West experience a moral tension trying to uphold biblical values while also honouring what seems to be loving and just in modern medical contexts.²³ The line between faithfulness and compassion is not always clear-cut and often requires careful, pastoral dialogue.

5.1.4 Anthropological and Theological Critiques in relation to Western Societies

Not all scholars agree with the Western emphasis on autonomy. Bruce Malina critiques the Western view of the “isolated self,” arguing that it neglects essential spiritual and communal bonds.²⁴ In his analysis, this framework assumes that persons are independent moral agents who make decisions in isolation from their communities. Such a view, Malina argues, is culturally specific to modern Western societies and cannot be applied universally. In contrast, tribal and biblical cultures view individuals as inherently interdependent with their identity rooted in community, faith, and divine calling. In these contexts, autonomy as the highest moral value is not only unintelligible but potentially destructive, because it neglects the bonds of reciprocity and responsibility that give life meaning.

Paul Hiebert warns that when churches begin using legal or clinical language to talk about death, they risk losing their prophetic and pastoral voice. Legal frameworks may safeguard rights, but they cannot provide the hope, presence, or spiritual depth that faith communities are uniquely equipped to offer. Hiebert urges Christians to offer presence, prayer, and relational care, especially to those facing death.²⁵ Because for him, the church’s role is not to imitate the courtroom or the hospital chart but to embody Christ’s incarnational presence among the suffering. In his framework, vulnerability becomes sacred, not something to escape through autonomy, but something to be embraced through faith and fellowship.

Theological critiques therefore call attention to the risk of reducing death to a matter of procedural choice. When autonomy dominates the discourse, suffering is seen primarily as meaningless pain to be avoided at all costs. Yet biblical theology

²¹ Brian M. Howell and Jenell Williams Paris, *Introducing Cultural Anthropology: A Christian Perspective* (Grand Rapids: Baker Academic, 2011), 178-180.

²² Gordon D. Fee and Douglas Stuart, *How to Read the Bible for All Its Worth* (Grand Rapids: Zondervan, 2003), 101-103; Andrew David Naselli, *How to Understand and Apply the New Testament* (Phillipsburg: P&R Publishing, 2017), 290-292.

²³ Brian M. Howell and Jenell Williams Paris, *Introducing Cultural Anthropology: A Christian Perspective* (Grand Rapids: Baker Academic, 2011), 182.

²⁴ Bruce J. Malina, *The New Testament World: Insights from Cultural Anthropology* (Atlanta: John Knox Press, 1981), 59-61.

²⁵ Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids: Baker Academic, 2008), 217-220.



Cover Page



presents a different perspective: suffering can be a site of transformation, a participation in the fellowship of Christ's sufferings (Phil.3:10, NRSV), and a testimony to God's sustaining grace (2Cor. 12:9, NRSV). This does not romanticize pain, but it resists the idea that dignity is lost when dependence increases. Within a Christian framework, dependence on others is not a failure of personhood but an expression of mutual care and communion, mirroring the interdependence of the body of Christ (1Cor.12:12-27, NRSV).

From an anthropological and missiological standpoint, these critiques challenge the church to resist adopting Western autonomy as the universal norm. Mission contexts, especially in non-Western societies, often resonate more deeply with communal and relational frameworks. Here, the church's witness must highlight practices of accompaniment—sitting with the dying, praying, and sharing in suffering—rather than defaulting to the language of control and choice. By reframing vulnerability as sacred and community as central, anthropological and theological critiques of autonomy invite Christians to recover a distinctly biblical ethic of dying well: one that honors both the dignity of the person and the communal bonds of faith and fellowship.²⁶

5.1.5 Ethical Foundations and Contemporary Dilemmas

Modern Western bioethics operates under four key principles: Autonomy (respecting the individual's right to choose), Beneficence (acting in the patient's best interest), Nonmaleficence (avoiding harm), and Justice (fairness in treatment). However, anthropologists like Paris & Howell emphasize that these principles, while helpful, are shaped by "cultural assumptions about personhood, suffering, and what constitutes a 'good death'."²⁷ Under this framework, euthanasia is often viewed as a compassionate choice that reduces suffering and affirms a patient's autonomy. Yet this can create ethical conflict, particularly for Christians who believe that life belongs to God and that suffering may have redemptive or spiritual significance.

High-profile cases, such as Brittany Maynard, a young American woman with terminal brain cancer who advocated for her right to die in 2014 have shaped public discourse.²⁸ Her story became a rallying point for autonomy-based euthanasia laws and demonstrated how legal arguments can powerfully reshape cultural ethics. In many non-Western societies, relational ethics, spiritual beliefs, and collective identity may weigh more heavily than autonomy alone.

5.2 Indian Ethical Models

5.2.1 Religious Frameworks and Moral Responsibility

In India, death is not seen as merely a medical event where life ends, but as a sacred moment that marks a deeply meaningful transition in a person's spiritual and moral journey. Ethical reflections on euthanasia are shaped by India's religious and cultural worldview, where concepts like *dharma* (righteous duty), *karma* (moral cause and effect), *moksha* (spiritual liberation), and *ahimsa* (non-violence) influence how people understand suffering, illness, and death.²⁹ Because of this, euthanasia especially active euthanasia, where life is deliberately ended is often seen as going against these long-standing moral responsibilities. Indian society tends to emphasize relational ethics, meaning moral decisions are made in the context of family, community, and spiritual counsel. Unlike the Western model that prioritizes individual choice, Indian ethical

²⁶ Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids: Baker Academic, 2008), 315-20.

²⁷ Brian M. Howell and Jenell Williams Paris, *Introducing Cultural Anthropology: A Christian Perspective* (Grand Rapids: Baker Academic, 2011), 205-211.

²⁸ Jennifer M. Scherer and Rita J. Simon, *Euthanasia and the Right to Die: A Comparative View* (Lanham: Rowman & Littlefield, 1999), 15-17.

²⁹ Arvind Sharma, *Hindu Ethics: Purity, Abortion, and Euthanasia* (Albany: State University of New York Press, 1999), 92-95.



traditions recognize shared moral agency where physicians, religious leaders, and family elders participate in decisions about end-of-life care.

5.2.2 Legal History and Public Discourse

The Indian judiciary has played a decisive role in shaping national approaches to euthanasia. The debate entered public discourse most prominently with the Aruna Shanbaug case (2011). Aruna Shanbaug, a nurse at King Edward Memorial Hospital in Mumbai, had lived in a persistent vegetative state for over three decades following a violent assault in 1973. In 2011, journalist Pinki Virani petitioned the Supreme Court of India for permission to withdraw Shanbaug's life support. The Court rejected the request but, for the first time, formally recognized the possibility of passive euthanasia the withdrawal of life-sustaining treatment under strict judicial guidelines.³⁰ The judgment emphasized that active euthanasia (directly causing death) remained unlawful, but passive euthanasia could be permitted when continued medical intervention offered no reasonable hope of recovery.

This legal reasoning reflected not only medical considerations but also India's cultural ethos, which tends to approach death as a communal and spiritual event rather than a purely individual decision. The Court grounded its judgment in principles of *parens patriae* (the state acting as guardian), community consent, and protection against abuse, showing sensitivity to India's socio-religious context where family and spiritual responsibilities weigh heavily in end-of-life decisions.³¹

The legal framework was expanded in *Common Cause v. Union of India* (2018), where the Supreme Court legalized passive euthanasia more broadly and, crucially, recognized the validity of advance directives or "living wills."³² This ruling allowed competent individuals to articulate, in advance, their wishes about medical treatment in the event of terminal illness or irreversible condition. The Court framed this right under Article 21 of the Indian Constitution, which guarantees the "right to life and personal liberty," interpreting dignity as extending to the process of dying.³³

These landmark rulings reveal a delicate balancing act: on one hand, affirming the dignity of patients by permitting withdrawal of futile treatment; on the other, ensuring that such decisions remain safeguarded by judicial oversight and cultural norms that emphasize caution, non-violence (*ahimsa*), and respect for spiritual meanings of suffering and death. Unlike Western legal models, which often frame euthanasia in terms of individual autonomy and rights, Indian jurisprudence reflects a communitarian ethic, attentive to family participation, the risk of coercion, and the moral weight of suffering within Hindu, Jain, Christian, and Muslim traditions.

5.2.3 Communal Ethics and Spiritual Personhood

Religious traditions also deeply influence India's ethical landscape. Hinduism teaches detachment from the body and sees death as a passage, not an end. While *ahimsa* generally forbids intentional killing, passive euthanasia (withdrawing life support when recovery is impossible) is sometimes accepted as a compassionate act that respects both life and spiritual destiny.³⁴ Jainism, with its rigorous commitment to non-violence, generally forbids active euthanasia, yet has a unique practice of *Sallekhana* a voluntary, spiritually disciplined fast unto death, seen as honorable in specific contexts.³⁵ Islam,

³⁰ Aruna Ramchandra Shanbaug v. Union of India and Others, (2011) 4 SCC 454 (Supreme Court of India).

³¹ Arvind Sharma, *Hindu Ethics: Purity, Abortion, and Euthanasia* (Albany: State University of New York Press, 1999), 134-38.

³² *Common Cause v. Union of India*, Writ Petition (Civil) No. 215 of 2005 (Supreme Court of India, March 9, 2018).

³³ Gautam Bhatia, "The Supreme Court on Passive Euthanasia and the Right to Die with Dignity," *Indian Constitutional Law and Philosophy* (blog), March 10, 2018, <https://indconlawphil.wordpress.com/2018/03/10/the-supreme-court-on-passive-euthanasia-and-the-right-to-die-with-dignity/>.

³⁴ Gavin Flood, *The Bhagavad Gita: A New Translation* (New York: W. W. Norton, 2013), 45-46.

³⁵ Padmanabh Jaini, *The Jaina Path of Purification* (Berkeley: University of California Press, 1979), 231-234.



Cover Page



Christianity, and Buddhism in India also bring nuanced perspectives, often opposing active euthanasia while recognizing the need for compassionate care and pastoral discernment.

Cultural anthropologist Marvin Harris notes that Indian society emphasizes moral responsibility over personal freedom.³⁶ In this view, suffering may serve a spiritual purpose, and ending one's life to escape it could violate *dharma*. Similarly, in rural Indian communities, death is not just a personal or clinical issue, it is a communal event, shared with extended family and guided by elders and spiritual leaders. Christian communities in India, especially those influenced by evangelical and incarnational theology, also reflect this cultural integration. Many Indian Christians believe that God alone gives and takes life yet recognize the burden of prolonged suffering. As R. E. Hedlund explains, Indian Christians often adopt an "incarnational" ethic grounded in Scripture but applied with cultural sensitivity making room for passive euthanasia when it aligns with faith and compassion.³⁷

Even the language used around death in India carries deep spiritual meaning. Terms like *seva* (sacred caregiving), *atma* (the soul or inner self), and *prarabdha karma* (the destined outcome of past actions) show that a "good death" is not something a person achieves alone. Rather, it comes through spiritual preparation, family support, and surrender to divine timing. Thus, India's perspective on euthanasia cannot be fully understood without appreciating its spiritual heritage, communal ethics, and holistic view of life and death. As medical technologies and ethical debates advance, India continues to seek a delicate balance between preserving life, honouring spiritual truths, and caring for the suffering.

5.2.4 Anthropological and Theological Critiques in relation to India

Indian ways of thinking about euthanasia are often praised because they focus on family, community, and spiritual values. But scholars also point out some problems. Anthropologist Veena Das explains that in India, decisions about suffering and death are often made within the family. This can give support and comfort, but sometimes it can also reduce the patient's own voice especially for women, the elderly, or those from lower castes.³⁸ In these cases, the duty of the family (*dharma*) or the honor of the community may outweigh the personal wishes of the sick person.

Religion also shapes how suffering is understood. In Hindu thought, pain and illness are often linked to karma and are seen as a chance for spiritual growth or detachment from the world.³⁹ Jainism, while strongly against killing, accepts *Sallekhana* (a spiritual fast to death) as an honorable way of dying. These traditions treat life and death as sacred. But some Indian Christian thinkers raise questions here. R. E. Hedlund points out that while suffering can have spiritual meaning, Christians believe in the incarnational presence of Christ—Jesus who suffers with us and also gives the hope of resurrection.⁴⁰ So the issue is not only about enduring pain but also about how faith and compassion guide end-of-life care.

Other anthropologists warn against looking at Indian family care too positively. Lawrence Cohen has shown that in some Indian cities, elderly people are seen as "burdens," and many end up in hospitals or care homes where they feel abandoned.⁴¹ This shows that communal ethics, while valuable, can sometimes hide problems of neglect, inequality, or pressure on the weak.

For Christian theology in India, the challenge is to hold both truths together. On the one hand, the church should not copy Western ideas of autonomy as the only answer. India's communal and spiritual values are important. On the other hand, the

³⁶ Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 154-156.

³⁷ R. E. Hedlund, *The Mission of the Church in the World: A Biblical Theology* (Delhi: ISPCK, 1991), 157.

³⁸ Veena Das, *Critical Events: An Anthropological Perspective on Contemporary India* (Delhi: Oxford University Press, 1995), 147-55.

³⁹ Arvind Sharma, *Hindu Ethics: Purity, Abortion, and Euthanasia* (Albany: State University of New York Press, 1999), 134-40.

⁴⁰ R. E. Hedlund, *The Mission of the Church in the World: A Biblical Theology* (Delhi: ISPCK, 1991), 212-18.

⁴¹ Lawrence Cohen, *No Aging in India: Alzheimer's, the Bad Family, and Other Modern Things* (Berkeley: University of California Press, 1998), 103-10.



Cover Page



church must also protect individual dignity and make sure the patient's own voice is respected. A Christian approach in India should value both family care and personal worth, teaching that true dignity comes not just from autonomy or from passive suffering, but from the hope of Christ, who has conquered death.

6. Comparative Reflections

Euthanasia is not merely a medical procedure or legal category; it is a moral act embedded in culture. Around the world in India, Southeast Asia, and the West. Its meaning varies deeply depending on how people understand life, suffering, duty, and death. These are not simply different opinions but different moral worlds. Each region responds to the question of euthanasia not only with ethical principles but through cultural stories, spiritual beliefs, and social frameworks.

In India, euthanasia cannot be separated from spiritual values like *karma* (moral cause and effect), *dharma* (righteous duty), and *moksha* (spiritual liberation). These shape how people understand both suffering and death not merely as biological or medical states, but as part of a cosmic journey. Indian ethics are relational and communal, involving the family, physicians, spiritual leaders, and social customs. As anthropologist Paul Hiebert points out, in tribal and rural India, death is not a private matter but a shared and sacred event, involving rituals, responsibilities, and spiritual meaning.⁴²

By contrast, in many Western nations, euthanasia is framed around individual rights, legal safeguards, and personal dignity. The dominant ethical model assumes that the individual is the primary moral agent, capable of autonomous decisions based on reason, informed consent, and legal protection. This is shaped by a more secular worldview, influenced by Enlightenment thought, which often disconnects moral questions from spiritual cosmologies. Ethical language focuses on "choice," "control," and "freedom from suffering," with bioethics structured through legal frameworks, hospital protocols, and patient advocacy.

These differences reflect not only diverse values but different anthropologies i.e., different understandings of what it means to be human. As anthropologists like Marvin Harris, Paul Hiebert, and Paris and Howell have emphasized, ethical beliefs are not universal abstractions. Rather, they arise from embedded cultural meanings, religious narratives, and material conditions. For example, Western emphasis on individual choice is shaped by technological infrastructure and legal systems that make such choices practically available. In rural India, where access to palliative care is limited and death rituals involve the extended family, ethical choices follow a collective moral logic grounded in context.

Marvin Harris's materialist perspective reminds us that ethics are also shaped by power, class, and access.⁴³ Who has the right to choose euthanasia? Who has access to healthcare or voice in decision-making? Who bears the burden of care? Ethics, in this view, are not only about ideals but about structures of economic, medical, and political. This matters because even the best moral language can mask inequalities: a right to die may be seen as a freedom in one context and a burden or coercion in another.

Furthermore, as theologians like R. E. Hedlund and bioethicists such as Jennifer Scherer, Timothy Devos, and Corey Seemiller have shown, ethical responses to euthanasia must go beyond universal principles. They call for narrative understanding engaging with the stories, experiences, and values that shape each community's moral world.⁴⁴ Especially for Generation Z and emerging global cultures, ethics must listen to voices shaped by digital realities, cultural diversity, and psychological complexity.

⁴² Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids: Baker Academic, 2008), 123-125.

⁴³ Marvin Harris, *Cultural Anthropology* (New York: Harper & Row, 1983), 154-158.

⁴⁴ R. E. Hedlund, *The Mission of the Church in the World: A Biblical Theology* (Delhi: ISPCK, 1991), 157; Jennifer M. Scherer and Rita J. Simon, *Euthanasia and the Right to Die: A Comparative View* (Lanham: Rowman & Littlefield, 1999), 15-17; Timothy Devos, *Euthanasia: Searching for the Full Story* (New York: Springer, 2021), 3-5; Corey Seemiller and Meghan Grace, *Generation Z: A Century in the Making* (New York: Routledge, 2019), 97-102.



Cover Page



In the end, euthanasia is not just about the right to die. It is about what it means to live well and die meaningfully in one's cultural and spiritual context. Every society must answer this question not just with policy or doctrine, but with moral imagination. A truly comparative ethical discourse resists flattening cultural diversity into a single moral code. Instead, it embraces ethical pluralism, recognizing that ideas like autonomy, dignity, compassion, and suffering take different forms across the globe. Understanding euthanasia ethically, then, is not about reaching consensus. It is about listening across cultures with humility and clarity. It means recognizing that moral responsibility is shaped by who we are, where we live, and what we believe life and death are for.

7. Conclusion

Euthanasia, as this study has shown, is not merely a medical procedure or legal category or even it has never been a neutral practice in any of the societies. It is embedded in cultural and moral text, shaped by language, tradition, emotion, and belief. This study has explored its many faces: as spiritual surrender in India, as social harmony in non-Western societies, as personal autonomy in the West. It has unpacked ethical principles, anthropological frameworks, theological concerns, and powerful real-life narratives that shape the way we see and talk about suffering and death.

In the West, autonomy and rights dominate the conversation, in India, communal and spiritual frameworks shape moral reasoning. These differences reveal not simply divergent opinions, but distinct anthropologies, different understandings of what it means to be a human. Yet after all the analysis, one question still lingers not just intellectually but emotionally and spiritually: "Is euthanasia ever truly, okay?" From a Christian theological standpoint, the answer cannot be offered lightly. Life is not merely a biological event, it is a sacred gift from God (Genesis 2:7), created in His image, and sustained by His providence. Death is not a private choice, but a cosmic reality shaped by sin, overcome by Christ's victory in the resurrection (1 Corinthians 15:55-57). Christian ethics are not built upon convenience or autonomy, but upon the lordship of Christ, the dignity of the human person, and the command to love even in suffering.

Christian theology teaches that suffering is never meaningless. In Philippians 3:10, Paul writes of the "fellowship of Christ's sufferings," reminding us that even pain can become a place of divine encounter. Scripture does not glorify suffering, but it does redeem it, affirming that God is near to the broken-hearted (Psalm 34:18), and that in our weakness, His strength is made perfect (2 Corinthians 12:9). And yet, theology must also listen to the pastoral cry of real people those watching their loved ones deteriorate, those who wake up every day to agony, those who long for peace but feel imprisoned in their bodies. These are not abstract questions but hospital-bed prayers. In such moments, Christian theology must not offer cold doctrine, but compassionate truth.

This is the tension I wrestle with. As a student of theology and anthropology, I have tried to present the complexities of the debate fairly. But as a human being as someone who has seen pain, grief, and the quiet dignity of those who suffer I find myself conflicted. On one hand, I affirm the sacredness of life and the call to endure with hope. On the other, I cannot ignore the raw human cry: "How long, O Lord?" (Psalm 13:1). I do not support euthanasia as an answer to economic hardship, loneliness, or mental despair. Such solutions reflect a failure of community and justice, not of the individual.

The Christian response must be to protect the vulnerable, not to permit their quiet disappearance. But when a person, fully aware and surrounded by love, faces unbearable physical agony with no hope of recovery, and pleads not for escape, but for peace, I tremble. I do not know whether accompanying them in this moment is compassion or compromise. This uncertainty is not weakness, it is honesty. It is the space where faith and reality meet, where doctrine walks into hospice rooms, where theology bends low to serve. The Christian call is not only to uphold truth, but to embody grace. And perhaps, in these unspeakable moments, we are most human and most in need of mercy.

In conclusion, euthanasia cannot be answered with a simple yes or no. It must be approached through the stories, rituals, fears, and hopes of different cultures and through the compassionate wisdom of Christian faith. The task is not to issue verdicts, but to walk humbly, recognizing that every dying person is a sacred mystery, bearing the image of God even in suffering.



To die well, in Christian vision, is to die in love with dignity, presence, and the hope that even in death, God is near. That is our witness: not one shaped by absolute certainty, but by faithful mercy. For in the end, we believe not merely in the right to die, but in the promise of resurrection where pain is no more, and every tear is wiped away (Revelation 21:4).

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