DO NOT RESUSCITATE (DNR) ORDERS IN INDIA: ETHICAL AND LEGAL CHALLENGES

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ABSTRACT

The Do-Not-Resuscitate (DNR) orders occupy a critical space at the intersection of law, medical ethics, and clinical practice. A DNR is a physician-issued directive, made with the patient's informed consent or, in cases of incapacity, with proxy consent, instructing healthcare providers to withhold cardiopulmonary resuscitation if person a experiences respiratory or cardiac arrest. Ethically, DNR decisions are guided by the principles of autonomy, which upholds patient's right to make informed decisions regarding end-of-life care, ensuring interventions serve the patient's best interests; non-maleficence, avoiding unnecessary harm and suffering; and justice, promoting equitable treatment. Legally, in India, The Constitution through Article 21, protects an individual's right to life and personal liberty, but courts have clarified that this right does not extend to active euthanasia. Implementation of DNR orders presents legal challenges, including absence of advance directives, surrogate decision-making conflicts, and ambiguities in statutory interpretation. These challenges can be mitigated through clear legislation, thorough documentation of patient or proxy consent, adherence to institutional bioethics committee guidance, and judicial oversight when necessary. By integrating ethical principles with statutory compliance, healthcare providers can ensure that DNR orders are implemented in a manner that respects patient autonomy, preserves dignity, and provides legally defensible end-of-life care.

Key Words: - *Do-Not-Resuscitate, Autonomy, Article 21, Medical Ethics, End-of-Life Care.*

I. INTRODUCTION

The advancement of modern technology has made it possible to prolong human-life far beyond natural limits. While, this reflects a triumph of science, it also creates profound dilemmas about the quality of life and dignity of dying. The Do-Not-Resuscitate (DNR) orders are medical directives that instructs the doctors not to attempt any cardio pulmonary resuscitation i.e. CPR when a patient experiences cardiac arrest. It may appear as purely clinical decision, however there are certain ethical and legal challenges that go very heart of human rights and constitutional law.

From the ethical point of view, DNR orders challenges the need to balance the sanctity of right to life with individual's autonomy. On one hand doctors are bound by their professional and moral duty to preserve the life of patient guided by Oath and principles of beneficence. While on the other hand, patients have the right to refuse the medical interference that merely extend sufferings or compromise dignity. Forcing resuscitation in such cases may lead to transform an individual from autonomous decision-makers to passive study of medical technology.

The legal framework in India presents considerable complexity in addressing DNR Orders. Unlike several Western jurisdictions where such directives are formally codified and well defined under medical laws, India lacks such statutory regime. Nevertheless, the right to life and personal liberty guaranteed under Article 21 of Indian Constitution has evolved through judicial interpretation to embrace the concept of dying with dignity.In the landmark case of Common Cause v. Union of India, the Supreme Court legalized passive euthanasia under strict guidelines and recognized the validity of advance medical directives, thereby indirectly acknowledging the legitimacy of DNR orders.

II. WHAT DO YOU MEAN BY DNR ORDERS?

A Do-Not-Resuscitate Order is also known as Do-Not-Attempt-Resuscitation (DNR) order which allows natural death, medical order, mentioned orally or written depending upon the jurisdiction of the countries. The DNR or DNAR order primarily indicates that a person going through a

medical illness have given the consent to not receive any cardiopulmonary resuscitation (CPR) after a specified no. of days, in case of person's hearts stop's beating. [1]

Patients are entitled to receive a standard medical treatment i.e. the pain management, medications and all the necessary treatment as may be required. In case there is no DNR order, the medical staff will ty to execute every attempt to restore the patients in good and healthy conditions. A DNR or DNAR order needs to be documented in patients medical as well as legal records. If no such record is maintained, then it the responsibility of the medical staff to resuscitate the patient using CPR and all the way possible.

The Types of DNR Order

The several forms of advance care instructions that guide healthcare providers on resuscitation and end-of-life care are as follows:

- Do-Not-Attempt-Resuscitation (DNAR): It is almost same as DNR but in some countries hospitals and organisations they generally use these terms.[2]
- Allow Natural Death (AND): This primarily focuses on comfort and dignity by allowing natural processes to occur while preventing unnecessary sufferings.
- Do Not Intubate (DNI): These indicate that the patient does not want to be placed on a ventilator or have breathing tube inserted if they cannot breathe on their own.
- Specified DNRs: these are tailored or specified instructions to use or not to use certain way of treatment. E.g.: A patient may restrain the use of cardiopulmonary resuscitation but may allow to use defibrillator or incubators.
- Comfort Care Orders: These are type of specific care which are to be said as asked by the patient to care provider. E.g.: Communication of wish to families or friends for keeping patient comfortable as their life ends.[3]

[1] "Do Not Resuscitate Orders" by Sanjib Das Adhikary, R. Raviraj
[2] "Do-Not-Resuscitate Orders (DNR)" by Cleveland Clinic
[3] "DNR Orders" by Thaddeus Mason Pope

Why Would Patient Choose a DNR Order?

Do-not-resuscitate (DNR) is a very personal decision which is often guided by individual's personal, medical concerns, beliefs, values and thoughts. Therefore, there are several reasons that one can choose DNR:

1. Quality of Life: During certain medical illness, the medical examiners would use certain procedures which may store the life of a patient but provide a meaningful level of recovery which further may cause more pain than benefit.

2. End-Of-Life Wishes: In many of treatments, the patients believe that it is the way that nature takes necessary actions and restrain to undergo any procedures to extend their life expectancy and belief DNR would maintain their dignity and personal integrity.

3. Comfort over Hospital Care: For some patients, DNR orders are chance to send their rest of the life with families and surrounding ensuring that they are not subjected to emergency hospitalization and unwanted inventions.

4. Reduces Family Burdens: Deciding on life support measure are overwhelming on the families; DNR order such uncertainty by clarifying the patients and his families' preferences which helps to relive from the emotional weight, allowing them to provide the comfort and support instead of making such choices.[4]

III. UNDERSTANDING THE RIGHT TO LIFE AND PERSONAL LIBERTY UNDER THE ARTICLE 21 OF THE INDIAN CONSTITUTION

From the beginning, every individual in the country is clothed with certain human rights under the Constitution of India. The right to life under Article 21 f the Indian Constitution is one of the fundamental rights without which other rights cannot be exercised. Under this right of the Indian Constitution, every individual has right to live with personal liberty and no such deprivation to life and personal liberty unless it is procedure established by law.

[4] "Why Do Patients Choose to a "Do-Not-Resuscitate" or "Full-Code" Order" by James Donwar, Tracy Luck, Robert W Sibbald, Joseph Mikhael, Hershal Berman

In the landmark judgement of *State of Andhra Pradesh V. Challa Ramakrishna Reddy*, the Hon'ble Supreme Court observed that the right to life and personal liberty under article 21 of the constitution of India is a fundamental human right that cannot be infringed even by the State[5].

Article 21 is meaningless unless it contains the element of dignity within right itself. It is the first and foremost responsibility of the State to provide protection of the dignity under Article 21, without such dignity other rights will fall apart. In *Nagraj v. Union of India (2006) 8 SCC212*, the Constitution Bench held that it is the duty of the State not only to protect but also to actively promote human dignity, recognizing it as an intrinsic value of every individual that must be constantly respected and cannot be violated.In recent judgements by Justice D.Y. Chandrachud, *KS PuttaswamyVs. UOI (2017),*[6] it was held that to live a life is to live with dignity because life is precious to itself to which dignity if the core of life. Dignity is the sacred possession of every individual which does not lose its sanctity or won't evaporate in the process of dying or death.

The experience of the Second World War profoundly reshaped the global understanding of human rights, prompting governments worldwide to recognize the importance of safeguarding the right to life with dignity. The United Nations Charter of 1945, adopted immediately after the war, explicitly emphasized the "dignity of individuals" as a core value of the right to life. Further, the Universal Declaration of Human Rights and Geneva Conventions (Article 3) explicitly promote the protection of human dignity and prohibit outrages against personal dignity, reinforcing the principle that every human being has the right to live with respect and honour.

The 196th Law Commission of India Report recognized that terminally ill patients possess the right to die with dignity under Article 21 of the Constitution of India and clarified that withholding or withdrawing life-sustaining treatment in such cases should not result in criminal liability under Section 299 (culpable homicide) or Section 306 (abetment of suicide) of the IPC. Building on this, the 210th Report (2008) recommended the repeal of Section 309 IPC, which criminalized attempts to commit suicide. It reasoned that such attempts stem from a diseased or distressed state of mind, and punishing individuals for it would be unjust and inhumane.[7]

[5] "Article 21 and Constitutional Validity of Right to Die" by Nikhil Kumar Nath
[6] WP(Civil) No.494 of 2012, (2017) 10 SC 1
[7] "Right to Die and Article 21: Comparison" by Ms. Saloni Ratra

IV. DNR ORDER AND ARTICLE 21 CORRELATION

The Do-Not-Resuscitate (DNR) Orders cannot be separated from the broader disclosure on "Right to Die" guaranteed through Indian Constitution under Article 21. Right to Die is premised with personal autonomy i.e. the belief that every individual should have the freedom given under right to decide when and how to put a stop on prolonging treatment. The DNR order is practical expression of this autonomy where the patient chooses not to undergo CPR in the event or cardiac arrest by choosing a natural death.

Euthanasia can be understood as the intentional act of ending the life of suffering person from incurable or terminal illness, with the purpose of relieving them from prolonged pain and distress. It is generally divided into two primary categories:

1. **Active Euthanasia –** where a deliberate act (like the administration of a lethal injection) is performed by a doctor or unauthorized person to directly cause death. It is considered the intentional acceleration of death through a positive act.

2. **Passive Euthanasia –** It is the case where the patient choose to die naturally by withholding or withheld the life-sustaining treatment. This may involve actions such as discontinuing ventilator support, not administering life-prolonging drugs, or withholding CPR under a DNR order.

A DNR order therefore aligns with passive euthanasia, as it refrains from initiating aggressive medical interventions like cardiopulmonary resuscitation in cases where they are unlikely to benefit the patient and may instead prolong suffering.[8]

The Hon'ble Supreme Court, *in Common Cause v. Union of India*, upheld the validity of passive euthanasia and legally recognized advance directives (living wills). The Court also held "Right to Die with dignity" is an important and valuable under Article 21- Indian Constitution. By doing so, it indirectly provided a legal and ethical foundation for DNR orders, situating them within the broader framework of patient autonomy and end-of-life care.

Thus, while active euthanasia remains unlawful in India, DNR orderas a form of passive euthanasiagain legitimacy through constitutional and judicial recognition, embodying the

[8] https://ijme.in/articles/do-not-resuscitate-orders/ visited on 24/03/2026.

principle that patients have the right to decline invasive and futile medical procedures and instead embrace a dignified death.

Indian courts have affirmed that the right to die with dignity forms part of Article 21 of the Constitution of India. DNR orders align with this principle by preventing unnecessary, painful, or non-beneficial medical procedures at the end of life.They allow induvial receiving care to avoid a medically prolonged death and instead embrace a more natural and dignified passing.

V. INTERNATIONAL LEGAL FRAMEWORKS

United States: In the U.S., Do-Not-Resuscitate (DNR) orders are widely incorporated into standard healthcare practices. Patients, or their legally authorized representatives, can issue these orders to ensure that their end-of-life preferences are respected. Although DNR laws differ from state to state, most states recognize Portable DNR Orders or Physician Orders for Life-Sustaining Treatment (POLST), which are honoured by emergency medical services (EMS) and remain enforceable across different healthcare settings.

United Kingdom: In the U.K., the equivalent of a DNR is called a "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) order. Such decisions are made in consultation with the patient, or with their family if the patient lacks capacity. DNACPR orders must be formally recorded in the patient's medical record and are regularly reviewed to ensure they remain consistent with the patient's current health condition and wishes.

Canada and Australia: Both Canada and Australia emphasize Advance Care Planning (ACP), which includes the creation of advance directives and DNR orders. Patients are encouraged to proactively document their preferences regarding resuscitation. These directives are widely respected across hospitals, nursing homes, and aged care facilities, ensuring consistency in end-of-life care.[9]

VI. ETHICAL CHALLENGES

The ethical principles play central role in disclosure of the right to decline medical treatment. The DNR or DNAR Orders raise a significant ethical challenge as they intersect medical judgement, patients' autonomy and end-of-life care. These challenges are as follows:

[9] "Do-Not-Resuscitate (DNR) Orders: a view throughout world" by Cristina Santonocito

- **Autonomy:** It affirms the individual's right to make informed choices regarding their own treatment including refusal of life-sustaining interventions. By respecting the patient's autonomy, it would help to uphold his dignity and self-determination.

- **Beneficence:** Healthcare professionals have the duty to act in ways that promotes the well-being of patients. Therefore, it involves recommending or providing treatment believed to enhance the health outcomes, even when patients choose otherwise.

- **Non-Maleficence:** The obligation of healthcare providers to "do no harm" supports the withholding of the treatment that may no prolong pain and suffering without reasonable hope of recovery.

- **Informed Consent:** Ethically legitimacy of DNR order depends on valid consent. It must be based on patients or legally recognized proxy's voluntary, informed and uncoerced decision, after receiving the medical explanation.

- **Justice:** Ethical decisions may also consider fairness in the allocation of scarce medical resources. Prolonging life by expanding intensive care or resuscitation efforts on the patients while negligible chances of recovery may unjustly divert the resources away from those who are in real need of them.

Balancing these principles requires sensitivity to medical facts as well as cultural, spiritual and personal values. In practice, healthcare providers must engage in compassionate dialogue ensuring the patients choices are respected while safeguarding the ethical principles[10].

VII. LEGAL CHALLENGES

A DNR order instructs the healthcare professionals not to perform CPR if the patients' hearts stop beating. While medically it is seen as a way to avoid future interventions that prolong sufferings, the legal position in India remains unclear and controversial and navigating to balance the fundamental right to live with dignity and the right to a dignified death is trembling.

[10] "Ethical Challenges of Partial DNR Orders" by Jeffrey T. Berger

1. Absence of Statutory Framework: Unlike UK or the US, where the DNR policies are legally recognised and clearly regulated, India lacks explicit legislation. Therefore, Indian laws rely on constitutional laws and judicial precedents.

There is a high risk to professionals to be charged under criminal prosecution for taking a patient's life and hence, physicians avoid exercising such DNR orders, even when it is clinically appropriate.[11]

2. Article 21 of the Indian Constitution: It guarantees right to life and personal liberty which includes right to live with dignity as interpreted by the Indian Courts. The case of *P. Rathinam v. Union of India (1994),* the Supreme Court of India clearly *that* Article 21 of the Constitution involves "right to die with dignity" as part of it.

Thus, it was seen that judiciary initiated the gradual move towards acknowledging that refusing the medical treatment, including resuscitation is consistent with dignity under Article 21.

3. Consent, Autonomy and Living Wills: A central legal challenge is to determine whether the patient's refusal to treatment is informed, voluntary and competent and whether they or their legally authorised person understand the consequences of refusing the CPR.

In a landmark Supreme Court judgment, the Court recognized the validity of advance directives, or living wills, allowing individuals to predetermine their refusal of life-sustaining treatment in terminal or irreversible medical conditions.

4. Role of Families and Proxies: They play often and decisive role in end-of-life care of patient. The most common conflict is sometimes families insist on "doing everything possible" while patient may have chosen otherwise. The Indian Court gives judgements stating that the patient's decision would always prevail.

5. Medical Practitioner's Liability: The practitioners always fear of litigation due to DNR orders. Ifa doctor follows a DNR order and patient dies, there are high chances of families accusing them of negligence or homicide. Whereas, if the doctors don't follow the DNR order, they seem to go against patients will.

[11] "DNR Orders: Legal, Ethical and Medical Dimensions" by Abhishek Gandhi

By understanding the above legal complications, it is very necessary to create and enforce a comprehensive legal or statutory framework to clarify the consent procedures, safeguard doctors from liability and uphold dignity of patient choosing a natural death.[12]

VIII. RECOMMENDATIONS

The debate on DNR orders in India highlights the urgent need for reforms that balance patient autonomy with legal certainty and medical ethics. The following recommendations can help build a more structured framework:

1. Need for Statutory Clarity in India: While the SC in *Common Cause v. Union of India* (2018) upheld passive euthanasia and advance directives, no clear law governs DNR orders. A statute is required to define patients' right to refuse treatment, clarify DNR's scope, and protect doctors acting in good faith.

2. Standardized Hospital Policies and National Guidelines: At present, implementation of end-of-life decisions varies across hospitals. Clear, uniform national guidelines—similar to the U.K.'s DNACPR protocols—should be introduced to ensure consistency and fairness in practice.

3. Stronger Communication Mechanisms: Misunderstandings between doctors, patients, and families often lead to conflict. Hospitals should adopt protocols mandating structured discussions, documentation of consent, and involvement of ethics committees where disputes arise.

4. Ethical Training in Medical Curriculum: Medical education in India largely overlooks end-of-life ethics. Incorporating training on communication, palliative care, and ethical reasoning will prepare doctors to handle DNR cases with sensitivity and professionalism.

5. Public Awareness on End-of-Life Rights: Public engagement is crucial to overcome social taboos around death. Awareness campaigns should educate citizens about living wills, advance directives, and the role of DNR orders in ensuring dignity in death.

[12]"Hospital DNR Orders: Why they have Failed and How To fix" by Jacqueline K Yuen, M Carrington Reid

6. Legal Safeguards for Medical Professionals: Doctors often fear litigation whether they honour or disregard a DNR order. Legal immunity for physicians who comply with valid directives in good faith is necessary to build confidence in implementing such decisions.

By integrating **legal clarity, institutional guidelines, education, and awareness**, India can develop a humane framework that respects autonomy, protects physicians, and ensures dignified end-of-life care.

IX. RELEVANT CASE LAWS

Gain Kaur V. State Of Punjab (1996)

In Gian Kaur v. State of Punjab, the Supreme Court overruled P. Rathinam v. Union of India, clarifying that Article 21 does not grant a general right to die but safeguards the right to die with dignity. This principle underpins DNR orders, which permit a dignified, natural death by withholding unnecessary medical interventions rather than actively causing death.[13]

Aruna Shanubag Vs. Uoi (2011)

For the first time, the Supreme Court allowed passive euthanasia under strict safeguards, ruling that life support may be withdrawn for patients in a permanent vegetative state only with High Court approval. Though DNR orders were not specifically mentioned, the judgment laid the legal groundwork for end-of-life decisions and affirmed the patient's right to die with dignity.[14]

Common Cause V. Union Of India (2018)

This landmark case marked a turning point. The Supreme Court held that the Right to Die with dignity is a fundamental right under Article 21 of the Constitution. It gave legal recognition to passive euthanasia and allowed individuals to issue advance directives (living wills), empowering patients to refuse life-prolonging treatment. By acknowledging the right to refuse medical intervention, the judgment indirectly provides legitimacy to DNR orders within the larger framework of end-of-life rights.[15]

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[13] (1996) 2 SCC 648.
[14] (2011) 4 SCC 454.
[15] (2018) 5 SCC 1.

X. CONCLUSION

The Do Not Resuscitate (DNR) orders occupy one of the most sensitive spaces in healthcare-law interface, raising various concerns on autonomy, dignity and sanctity of life. Ethically, they reflect the respect of individual choices, the avoidance of unnecessary harm and fair use of limited healthcare resources. Whereas, legally Indian Court have slowly moved forward by taking various steps such as upholding passive euthanasia, validating advance directives and linking autonomy to constitutional protection that is "right to die" within the ambit of Article 21. Yet, absence of statutory clarity continues to create uncertainty for doctors and families, often resulting in defensive medical practices and delayed decisions. A dedicated legal framework is necessary to regulate DNR orders, safeguard consent and protect medical practitioners. By these precautions, then a country would achieve such an approach to end-of-life care that respects both life and dignity ethically and legally.

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