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EDITORIAL ANALYSIS

The Fasting Body: Dissent, Dignity and the State's Duty to Preserve Life

 THE HINDU

17 July 2026

POLITY

GS2

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The Fasting Body: Dissent, Dignity and the State's Duty to Preserve Life

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THE LIFT LINE

When a citizen refuses food to be heard, the State must decide whether to respect the fast or override the body, and both choices carry a moral cost.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

The hunger strike sits at the intersection of two papers, which makes it unusually rich. As a **GS Paper 2** issue it concerns fundamental rights, the right to protest and the limits of State power. As a **GS Paper 4** issue it is a live ethics case, pitting **individual autonomy** against the State's protective duty. The question is not whether protest is legitimate; it is how a constitutional State reconciles a citizen's right to fast in **dissent** (<https://ujjyari.com/vocab/dissent/>) with its obligation to preserve life, without crossing into coercive **force-feeding** that violates dignity and medical ethics.

GS Paper 2: the right to protest as an aspect of fundamental rights, and the mechanisms and institutions that mediate between the citizen and the State. **GS Paper 4:** autonomy, dignity, the ethics of care, and the moral dilemmas of public servants. For **Prelims** and concept clarity, hold the specifics: the right to protest flows from **Article 19(1)(a)** (freedom of speech and expression) and **Article 19(1)(b)** (freedom to assemble peaceably); the right to life and personal liberty is under **Article 21**, interpreted to include the **right to die with dignity** in *Common Cause v. Union of India (2018)*, which laid down the **passive euthanasia** (<https://ujjyari.com/terms/passive-euthanasia/>) and living-will framework; **Section 226 of the Bharatiya Nyaya Sanhita (BNS)** penalises an attempt to commit suicide with intent to compel or restrain a public servant from discharging official duty, while general attempted suicide is otherwise decriminalised; the **Mental Healthcare Act, 2017** effectively decriminalised attempt to suicide by presuming severe stress; **Irom Sharmila** fasted for roughly sixteen years in Manipur; **Gandhian fasting** used the fast as moral suasion, not blackmail. For **Mains**, build a clear four-principle ethical framework and apply it.

BACKGROUND AND CONTEXT

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Fasting as protest has deep roots in the Indian freedom struggle, where Gandhi used the fast not to coerce but to appeal to conscience, accepting suffering on his own body as a form of moral witness. Independent India inherited this vocabulary of dissent. **Irom Sharmila's** long fast against the Armed Forces (Special Powers) Act, during which the State kept her alive through nasal force-feeding, remains the starkest domestic illustration of the dilemma.

The legal backdrop has shifted. Once, keeping a faster alive was defended by pointing to the criminalisation of attempted suicide. But the **Mental Healthcare Act, 2017** presumes a person attempting suicide is under severe stress and shall not be prosecuted, and the *Common Cause* judgment recognised a right to die with dignity in the narrow context of terminal illness and passive euthanasia. A hunger strike is neither a suicide attempt nor a request for euthanasia, which is precisely why it resists easy legal boxing.

THE CORE ARGUMENT / ISSUE

Autonomy versus the duty to preserve life

At the centre is a clash between **autonomy**, the competent individual's right to control their own body, and the State's **parens patriae** duty to protect life. A hunger striker is typically making a political statement, not seeking death; the fast is a means, and the striker usually hopes to be heard before the body fails. This complicates any simple appeal to autonomy, because the striker's own goal is survival plus change, not death.

The problem with force-feeding

Force-feeding a mentally competent person against their will is regarded in global medical ethics as a violation of dignity and bodily integrity. It converts the State from a protector into a coercer and can inflict pain and humiliation. Yet allowing an easily preventable death also sits uneasily with the State's duty. There is no costless option.

Dissent, public order and legitimacy

The State also has a legitimate interest in **public order** and in not being coerced by the threat of a death into policy concessions. The line between the fast as moral appeal and the fast as duress is where much of the political anxiety lies.

VALUE AT STAKE	WHAT IT DEMANDS Ujiyari Current Affairs · ujiyari.com · Free Daily	TENSION IT CREATES Current Affairs for UPSC & State PCS
Autonomy	Respect the competent faster's choice	May permit avoidable death
Beneficence	Act to preserve the faster's life	May slide into coercion (https://ujiyari.com/vocab/coercion/)
Non-maleficence	Do no harm through force-feeding	May require inaction as harm looms
Justice and order	Protect public order, avoid duress	May silence legitimate dissent

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Apply the four principles of **biomedical and public ethics**: **autonomy** (respect the competent person's self-determination), **beneficence** (act for their welfare), **non-maleficence** (do no harm, including the harm of coercive feeding), and **justice** (fairness to the individual and to society, including public order). No single principle wins automatically. The ethical task is to sequence them: exhaust dialogue and grievance-redress (<https://ujiyari.com/vocab/redress/>) first, keep the faster medically monitored, intervene against will only when capacity is genuinely lost or the striker crosses into an incompetent state, and never treat force-feeding as a routine first resort. The striker's own intent, protest rather than death, should anchor the response.

THE DIAGRAM IN WORDS

Citizen fasts in protest (Art 19) -> State's duty to life (Art 21, parens patriae) -> options: dialogue / monitor / force-feed -> ethical filter: autonomy + beneficence + non-maleficence + justice -> minimally coercive path: engage first, feed against will only if capacity is lost

WAY FORWARD

- ❶ **Prioritise dialogue and grievance redress.** The first duty of the State facing a hunger strike is to hear and address the underlying grievance, treating the fast as a signal of institutional failure, not merely a law-and-order event.
- ❷ **Adopt a graded medical protocol.** Keep the faster under continuous, consensual medical monitoring, intervening against will only when the person genuinely loses decision-making capacity, and even then with the least coercive means.
- ❸ **Reject routine force-feeding.** Move away from reflexive coercive feeding of competent adults, which violates dignity, and align practice with the ethical consensus reflected in the Mental Healthcare Act's compassionate spirit.

- 4 **Codify** (<https://ujjyari.com/vocab/codify/>) **clear, humane guidelines.** Frame transparent standards for authorities and doctors on capacity assessment, consent and intervention thresholds, so decisions are principled rather than ad hoc.

PYQ LINKAGE AND PRACTICE

This links to UPSC GS4 themes on **autonomy, dignity and dissent**, and to prelims-mains crossovers on Article 21 and the right to die with dignity (*Common Cause*, 2018). It also connects to ethics case studies on paternalism versus respect for individual choice.

Practice question: “A hunger strike tests the boundary between an individual’s autonomy and the State’s duty to preserve life.” Discuss the ethical dimensions of the State’s response, and argue whether force-feeding a competent protester can ever be justified. (20 marks, 250 words)

Sources: *Common Cause v. Union of India (2018)* (<https://main.sci.gov.in/>), *Mental Healthcare Act 2017* (<https://www.indiacode.nic.in/>), *The Hindu* (<https://www.thehindu.com/>)

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