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**CASE COMMENT ON HARISH RANA VS. UNION OF INDIA AND
ORS.**

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CITATION: 2026 INSC 222

BENCH: JUSTICE J.B. PARDIWALA and JUSTICE K.V. VISWANATHAN

JUDGEMENT: 11TH MARCH 2026

ABSTRACT

The judgment in the case of Harish Rana v. Union of India marks an evolutionary step in the development of the law of euthanasia. The facts of the case are that the patient has been in a permanent vegetative state for more than a decade. The patient is maintained on life support and has no chance of recovery. In this context, the family sought permission to withdraw the life support. The Supreme Court was called upon to evaluate the constitutional validity of the request in the context of the right to life and liberty provided under Article 21 of the Constitution of India.

The judgment in this case relied on the precedents in the case of *Common Cause v. Union of India*. The right to life includes the right to die with dignity. The important aspects of the judgment in this case were the clarification that Clinically Assisted Nutrition and Hydration is medical treatment and can be withdrawn. The court rejected the narrow approach that passive euthanasia was only possible in the case of the terminally ill and the ventilator-dependent patient. The court held that it was possible in the context of an irreversible vegetative state in which the patient was unable to recover. The judgment in this case highlighted the conflict between the sanctity of life and the preservation of human dignity. The judgment in this case marked an important shift in the approach of the court in favour of the more humane and

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pragmatic approach to the Constitution. The judgment in this case marked an important shift in the law of medical law. The judgment in this case raised important ethical issues.

INTRODUCTION

The question of whether an individual has the right to die with dignity, just as he or she has the right to live, is one of the most complex and contentious issues in Constitutional law and society today. The evolution of the right to die in India has witnessed significant developments over the years, from the sanctity of life to dignity and quality of life. The landmark judgment of the Supreme Court in the case of Harish Rana v. Union of India is significant in that it addresses the issue of the implementation of passive euthanasia in conformity with the provisions of Article 21 of the Constitution of India. The previous landmark judgments of the Supreme Court of India in the case of Gian Kaur v. State of Punjab³ stated that the right to life under Article 21 of the Constitution of India does not include the right to die. However, in the landmark case of Aruna Ramachandra Shanbaug v. Union of India⁴, the aspect of passive euthanasia is recognized and approved in India. The more recent landmark case of Common Cause v. Union of India⁵ recognized that an individual has the right to die with dignity and that living wills are valid. However, the accuracy and precision of the judgment are ambiguous and uncertain. The case of Harish Rana v. Union of India & Ors⁶, which is the case in question, is significant in that it addresses the issue of the withdrawal of life support from vegetative patients who do not show any chance of improvement and the emotional trauma of the practitioners in implementing the same.

FACTS OF THE CASE

The victim, who was a young engineering student, met a tragic accident in the year 2013, where the victim was only 20 years of age. The victim, Harish Rana, met the accident on 20.08.2013, around evening time around 6 p.m., where the victim was fallen from the fourth floor of his paying guest house, as a result of which diffuse axonal injury was sustained by the victim. The victim was immediately taken to the nearby Garhwal local hospital. However, the victim was then shifted to Postgraduate Institute of Medical Education & Research,

³AIR 1996 SC 1257

⁴AIR 2011 SC1290

⁵AIR 2018 SC 1665

⁶2026 INSC 222

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Chandigarh, as a result of sustained injury. The victim was kept in the hospital from 21.08.2013 to 27.08.2013, where all kinds of treatments were provided to the victim, including AED, analgesics, ventilating support, antibiotics, tracheostomy, and feeding through a Ryle's tube, i.e., a nasogastric tube.⁷ However, even though the victim was discharged from the hospital, there was no improvement in the condition of the victim. As a result of his condition, the victim was frequently admitted to the hospital and received medical treatments for his head injury, seizures, pneumonia, bedsores, etc., from Jai Prakash Narayan Trauma Centre, All India Institute of Medical Sciences, New Delhi (AIIMS)⁸. The mode of administration of CANH also changes from Ryle's tube/nasogastric tube to PEG tube, which requires replacement every two months. Based on the incident, the applicant has been on tracheostomy, urinary catheter, and CANH through a PEG tube. The applicant also had a seizure, and he was put on drugs for the condition. According to medical reports, the applicant is in a vegetative state, implying that he does not know his environment. In addition, he does not interact with his environment. The applicant does not communicate his basic needs, such as hunger or discomfort, and thus requires assistance from other people for all his needs. Despite the fact that the applicant has undergone various treatments, including hyperbaric oxygen, for a period of thirteen years, there is no significant improvement in his condition. His condition still remains static up to this time. The applicant can show sleep and wake cycles, and his eyes open on their own and blink normally. However, there is no reaction to auditory, verbal, tactile, or painful stimuli. The applicant had been continuously bedridden ever since the incident took place. Moreover, the applicant had frequently been suffering from severe bedsores despite receiving consistent and attentive care from his own family. Furthermore, the applicant had been issued two separate disability certificates, which stated 100% permanent physical disability with regard to the whole body, and the other stating that "the applicant is in a Persistent Vegetative State with complete Sensorimotor dysfunction. 100% permanent physical impairment." Witnessing his son's continued suffering with no hope of ever being cured, his father was left with no other option but to make a difficult decision. Thus, his father decided to approach the court seeking permission to withdraw life support from his son. The father of the applicant argued that there was no therapeutic value in continuing artificial life support. Moreover, it was not a dignified life. The case was filed in the Delhi High Court, which was, however, rejected on the grounds that

⁷ 2026 INSC 222

⁸ Ibid

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“the patient was not suffering from any terminal illness or on any ventilator. If feeding tubes were withdrawn, it would amount to active euthanasia.” Aggrieved by the decision of the High Court, the petitioner filed an appeal in the Supreme Court.

ISSUES

The issues which are raised in the case of Harish Rana V. Union of India & Ors. are as follows:

1. Whether “Clinically Assisted Nutrition and Hydration” (CANH) provided by PEG tube is “medical treatment” which may be withheld or withdrawn, or “nursing care” which cannot be withheld or withdrawn?
2. Whether the doctrine of “passive euthanasia” and “right to dignified death” provided in Article 21 of the Constitution apply to PVS patients in the absence of an AMD?
3. Whether withdrawal of CANH in this case is in “best interests” of the patient, applying the “substituted judgment” test and “holistic best interests” test set forth in Common Cause?
4. What procedural safeguards, including the role of medical boards, palliative care plans, and judicial oversight, should be followed to prevent abuse of powers vested in physicians while respecting the dignity of patients?

RULES

The issues involved in the case of Harish Rana V. Union of India & Ors. are as follows:

1. Article 21 of the Constitution of India, which provides for the right to life and living with dignity.
2. Special Leave to Appeal by the Supreme Court under Article 135 of Indian constitution: “Notwithstanding anything in this Chapter, the Supreme Court may, in its discretion, grant special leave to appeal from any judgment, decree, determination, sentence or order in any cause or matter passed or made by any court or tribunal in the territory of India.”²
3. Principle of Best Interests and Substituted Judgment: In cases of incompetent patients, decisions are to be taken after considering the medical futility, suffering, indignity, values, and wishes of the patient prior to the illness. The Court held that continued medical intervention which only prolongs suffering is not in the best interests of the patient.

⁹Constitution of India, 1950

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4. Doctrine of *Parens Patriae*: The state, through its judiciary and medical boards, is considered to be a guardian.

JUDGEMENT

On the 11th of March, 2026, the Supreme Court made a unanimous decision that permitted the withdrawal of CANH in the case of Harish Rana. The majority opinion was delivered by Justice J.B. Pardiwala. However, Justice K.V. Viswanathan delivered the concurring opinion. The Supreme Court held that CANH, if provided through a PEG tube, constitutes ‘medical treatment’ and not ‘basic care’ since it demands medical expertise and the utilization of medical technology. It, therefore, falls within the ambit of the regulations that govern passive euthanasia in the context of the withdrawal or withholding of life-sustaining treatment¹⁰, as held in the case of Common Cause.

The Bench relied on the best interest principle and held that there was no curative or therapeutic value in the continued CANH but merely prolonged the state of existence of the patient in an irreversible and undignified manner. It directed that the patient be immediately transferred to the palliative care unit of AIIMS for the withdrawal of treatment in a phased manner through a medically supervised protocol of end-of-life care. However, in light of the unanimous opinion of the doctors and the agreement of the family, the mandatory waiting period of 30 days was waived by the Court. It also recommended that a legislative code on end-of-life care be introduced to reduce the need for intervention by the Courts. Finally, the Court held that the term “passive euthanasia” was no longer appropriate and somewhat misleading, and that the term “withholding or withdrawal of medical treatment” was more appropriate and in line with the dignity of the dying process¹¹.

ANALYSIS

This judgment represents an important step forward in the interpretation of Article 21 by adding value to the constitutional right to die with dignity. The removal of CANH as medical treatment represents an important hurdle in the implementation of the judgment in the

¹⁰ 2026 INSC 222

¹¹ <https://www.scobserver.in/supreme-court-observer-law-reports-scolr/assisted-nutrition-as-medical-treatment-in-passive-euthanasia/#:~:text=Case%20Summary,to%20withhold%20or%20withdraw%20CANH.> (Accessed: 29 March 2026)

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Common Cause case, particularly with regard to the position of non-ventilated patients. The adoption of the ‘standard of best interests of the patient’ represents an important step forward in the adoption of a holistic approach that transcends medical considerations and encompasses dignity, autonomy, and quality of life. In this regard, the Indian judiciary is in step with the international standards of bio-ethics. The engagement with comparative jurisprudence in the United States and the United Kingdom represents an important step forward in the quality of the reasoning.¹²

From the process perspective, the streamlining of the activities of the medical board and the judicial process ensures there is no confusion among the families while at the same time providing the critical safeguards against abuse. However, there are some limitations, which include the difficulty in enforcing the safeguards in resource-constrained healthcare settings, the conflict in the decision-making process of families, and the absence of a comprehensive legislative framework, which may cause inconsistencies.

What is significant is that there is an emphasis on legislative intervention. It is eight years since the judgment in *Common Cause*, but still, there is a long and often distressing litigation process that needs to be gone through. The judiciary’s appeal for legislative intervention is also significant because it is pragmatic in terms of both institutions’ roles. The judiciary is responsible for providing fundamental rights, and the legislature is responsible for providing a comprehensive regulatory regime.

Doctrinally, it can be clearly stated that this judgment is an improvement of existing precedents, such as *Common Cause v. Union of India* (2018)¹³, which recognized the legitimacy of passive euthanasia and advance directives, and the clarification of this judgment in 2023, which simplified the procedure. *Aruna Ramachandra Shanbaug v. Union of India* (2011)¹⁴, which recognized passive euthanasia subject to judicial control. *Gian Kaur v. State of Punjab* (1996)¹⁵, which laid the groundwork for this issue by establishing the link between dignity and the right to life, between unnatural death and dignified procedure of death.

¹²<https://www.scoobserver.in/supreme-court-observer-law-reports-scolr/assisted-nutrition-as-medical-treatment-in-passive-euthanasia/#:~:text=Case%20Summary,to%20withhold%20or%20withdraw%20CANH.> (Accessed: 29 March 2026)

¹³ AIR 2018 SC 1665

¹⁴ AIR 2011 SC 1290

¹⁵ AIR 1996 SC 1257

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CONCLUSION

The decision in *Harish Rana v. Union of India*¹⁶ is an important landmark in the development of Indian constitutional and medical law. The Court's focus on dignity in its consideration of the right to life is pragmatic and humane in its approach to end-of-life care. The Court's recognition of CANH as medical treatment and its development of the "best interests" test provide much-needed clarity and coherence in this area of law. The Court's reaffirmance of the value of procedural protections also demonstrates that it has struck an appropriate balance in its consideration of these protections in light of practical realities to avoid overburdening patients and families. However, in its decision, it is also an impassioned plea for legislative action in developing an overarching and coherent set of laws in respect to palliative care, which is essential in order to avoid any confusion and overburdening of families with legal complexities. The Court's recognition of dignity in the individual is not only an advancement in constitutional law; it is also an expression of its commitment to creating a compassionate society.

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