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HARISH RANA v. UNION OF INDIA: REDEFINING THE RIGHT TO DIE WITH DIGNITY IN INDIA

By Sharmila Kalwaniya

1. Introduction

The 'right to die with dignity' has always been one of the most delicate and controversial subjects in constitutional law, medical ethics and human rights jurisprudence. The Indian Constitution vests the right to life in the citizen under Article 21, but courts have many times been asked to decide whether the right to refuse life sustaining treatment when there is no possibility of recovery is also included in the right to life.¹ The case *Harish Rana v Union of India* marks a significant development in this area of law.² The judgment affirmed the doctrines established in previous cases on passive euthanasia but also provided clarification as to the legal situation of withdrawing clinically assisted nutrition and hydration from patients in a permanent vegetative state.

The case attracted nationwide attention because it involved a young man who had remained in a vegetative state for more than a decade and survived through artificial medical support. The Supreme Court was therefore required to balance the sanctity of life with the constitutional value of human dignity³.

2. Facts of the Case

Harish Rana was a student of Punjab University, who suffered a severe brain injury after falling from the fourth floor of his residence in 2013. This accident caused diffuse axonal injury, quadriplegia and a permanent vegetative state. He never had any meaningful

¹ *Gian Kaur v. State of Punjab*, (1996) 2 SCC 648.

² *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358.

³ *Common Cause v. Union of India*, (2018) 5 SCC 1.

awareness of his surroundings and was shown repeatedly by medical examination that there was very little chance of him coming out of it.

Harish Rana had been relying on clinically assisted nutrition and hydration via medical tubing for over a decade, and received around-the-clock care from his family. His medical state was a great emotional, psychological and financial burden to his parents, who had to care for him throughout his illness without any reasonable chance of recovery.

Because of what he viewed as an extended and senseless agony, Harish Rana's parents turned to Delhi High Court for permission to discontinue life support. The plea, however, was rejected by the High Court, which said that the patient was not "dependent" on the "conventional" life-supporting machines like ventilators and thus was not under passive euthanasia.⁴

The family was unhappy about this ruling and took their case to the Supreme Court, which studied the case under the light of the constitution, medical evidence, and past court rulings.

3. Issues before the Court

The Supreme Court considered several important legal questions:

- 1) Whether the right to life under Article 21 includes the right to die with dignity?
- 2) Whether clinically assisted nutrition and hydration constitute medical treatment capable of being withdrawn?
- 3) Whether a patient in a permanent vegetative state can be subjected to passive euthanasia despite the absence of a living will?
- 4) Whether surrogate decision-making by family members can be recognized in such circumstances?
- 5) Whether continued artificial maintenance of biological life violates the dignity of the patient?

4. Arguments Presented

The petitioners argued that Harish Rana had remained in a permanent vegetative state for over a decade and had no realistic possibility of regaining consciousness. The medical reports

⁴ *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358; see also *The Indian Express, How the Supreme Court Allowed Passive Euthanasia for Harish Rana* (March 12, 2026).

showed that his condition was irreversible and that treatment is only to extend his life, with no therapeutic value.

The petitioners also argued that the fact that the person was not conscious in any manner whatsoever was against the constitutional right to dignity under Article 21 of the Constitution of India which guarantees the right to life. They had drawn inspiration from the earlier cases **of Aruna Ramachandra Shanbaug v Union of India** and **Common Cause v Union of India** where passive euthanasia was recognized in specific conditions.⁵

However, several issues about the sanctity of life were raised and also whether withdrawal of treatment could be too much too soon if it were allowed to be wider. The court therefore had to make sure that there were sufficient medical measures in place to ensure that appropriate medical safeguards were in place before granting such permission.

5. Judgement of the Supreme Court

The Supreme Court allowed the petition and granted permission for the withdrawal of life-sustaining treatment.⁶ The Court concluded that “clinically assisted nutrition and hydration” is medical care and not simply “provision of basic care”.⁷ Hence, such treatment can be withdrawn once medical evidence is clear that it is not effective in terms of treatment and only extends the biological life.

The Court noted that the dignity of life is as much part of the right to life as it is life itself under Article 21 of the Constitution of India. Forcing a person to live when there is no medical cure for their condition could be counter-productive to the concept of dignity.

The Court also allowed for surrogate decision making from the Harish Rana parents as the patient could not give consent and never entered into an advance medical directive or living will. It was based on the unanimous opinion of medical boards of experts, who confirmed that his condition was irreversible.

In addition, the Court ordered AIIMS, New Delhi, to develop a suitable palliative care plan and that the withdrawal of treatment is done in a compassionate, ethical, and a medically supervised way.

⁵ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454; *Common Cause v. Union of India*, (2018) 5 SCC 1.

⁶ *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358.

⁷ *Id.*

6. Critical Analysis

The judgment is a significant addition to the constitutional jurisprudence of India as it enhances the notion of dignity as an integral part of Article 21.⁸ The Court considered dignity, autonomy, and quality of life to be equally important constitutional values in addition to being a biological phenomenon.

A key part of the judgment is that the Court clarified that giving food and fluid by tube, or in extreme cases, by IV drip, is a form of medical treatment. This made for a significant difference from previous euthanasia rulings since there was a large amount of confusion in the law. Previously, there were doubts that feeding tubes could be considered "ordinary care" or "life-sustaining treatment."⁹ The Court's reasoning offers a more comprehensible precedent for future cases.

The judgment also exhibits a compassionate appreciation for the circumstances experienced by patients' families when their loved one is in an irreversible vegetative state. The Court recognized that the continued medical care without hope of recovery can be extremely burdensome to patients and families. The Court was aware of this fact and thus adopted a more humane reading of the Constitution.

The judgment is careful not to open the door to unrestricted euthanasia, however, while also carefully avoiding that end. Expert medical opinions and oversight were maintained as strict measures to keep the Court safe. This is one of the better aspects of the decision, because it sought to strike a balance between the dignity of the individual and the protection of the individual from misuse.

But some issues are still left. There is no all-encompassing law on end of life decisions and passive euthanasia in India yet.¹⁰ Much of the legal framework continues to depend upon judicial guidelines rather than parliamentary enactments. Consequently, there is a risk of ongoing uncertainty in future cases. It can also be difficult, however, because there is little public awareness of living wills and advance medical directives.

The second one is accessibility. Economically stronger families may be better able to manage legal and medical processes while economically weaker families may face challenges to

⁸ Ammal Sheikh, *How the Supreme Court Allowed Passive Euthanasia for Harish Rana*, Indian Express (Mar.12,2026)

⁹ *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454.

¹⁰ Law Commission of India, *241st Report on Passive Euthanasia: A Relook* (2012).

obtain expert medical evaluation or legal representation. So there's a need for legislation to provide a more uniform and accessible framework.

In spite of these doubts, the decision was a step forward in the recognition of the autonomy and human dignity of the patient in the Indian Constitution. It shows that the constitutional rights must reflect the evolving medical realities and ethical dilemmas.

7. Conclusion

Harish Rana v. Union of India is a landmark decision that has made a significant contribution to the jurisprudence of passive euthanasia and right to die with dignity in India. The Supreme Court's decision resolved an important legal doubt and further secured the constitutional rights of dignity of life under Article 21 by acknowledging that clinically assisted nutrition and hydration is treated as a medical treatment which can be withheld.

The ruling is a thoughtful combination of compassion, constitutional integrity, medical ethics and legal protections. Although there are certain issues about implementation and gaps in the legislation, the judgment is a reminder that the Constitution does not only guarantee life but also the dignity of life. Hence the case will be a landmark case to consider in future discussions about end-of-life decisions and autonomy in India.

8. References

Cases

- 1) *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454.
- 2) *Common Cause (A Regd. Society) v. Union of India*, (2018) 5 SCC 1.
- 3) *Gian Kaur v. State of Punjab*, (1996) 2 SCC 648.
- 4) *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358.

Government Reports

- 1) Law Commission of India, *241st Report: Passive Euthanasia – A Relook* (2012).

Articles and Online Sources

- 2) Ammal Sheikh, *How the Supreme Court Allowed Passive Euthanasia for Harish Rana*, Indian Express (Mar. 12, 2026).

- 3) Vakilai, *Harish Rana v. Union of India: Case Summary and Analysis* (2026).
- 4) CaseCiter, *Harish Rana v. Union of India: Passive Euthanasia and Right to Die with Dignity* (2026).