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PASSIVE EUTHANASIA IN INDIA AND RIGHT TO DIE WITH DIGNITY:

ANALYSING HARISH RANA V. UNION OF INDIA

~Nisha Dalal

ABSTRAT

The debate surrounding passive euthanasia and the right to die with dignity has emerged as one of the most complicated constitutional and ethical questions in India. This following paper mainly analyses the recent supreme court Judgement of harish rana v. union of India (2026), a landmark judgement in history of India where supreme court allowed first implementation of passive euthanasia using modified guidelines recognised by supreme court of India in the broader framework of Indian constitutional jurisprudence concerning the right to life under Article 21 of the Constitution of India. This allowed a person in permanent vegetative state for right to die with dignity by withdrawing life support. The paper further discusses how judiciary interpreted the right to die, explains the main issues before the Court, the Court's clarifications and explanations and how this verdict stands as a landmark one in jurisprudence. This paper gives a brief about passive euthanasia and evolution of judgements from Maruti Shripati Dubal v. State of Maharashtra (1987)[1] to harish rana v. union of India (2026)[2], providing facts that how through these judgements definition of euthanasia in India improvised.

Keywords: Passive euthanasia, right to die with dignity, constitutional jurisprudence, permanent vegetative state.

[1] Maruti Shripati Dubal v. State of Maharastra, 1987 Cri LJ 743 (Bom)
[2] Harish Rana v. Union of India, 2026 INSC 222

INTRODUCTION

In the landmark judgement of harish rana v. union of India (2026), division bench of justice J.B. Pardiwala and justice K.V. Viswanathan permitted passive euthanasia for Harish Rana, a 32 years old man who remained in a permanent vegetative state for more than a decade, been on life sustaining treatment under medical supervision. Court emphasized the idea of right to die with dignity and observed no possibility of recovery, only prolonged suffering and agony continuing such prolonged treatment. One important observation of justice Pardiwala was that "The greatest tragedy in life is not death but abandonment". Supreme court accepted the recommendations of medical boards to withdraw life support by directing AIIMS Delhi to ensure that withdrawal process was carried out humanely and with palliative care. Court additionally observed that clinically administered nutrition (CAN) administered nutrition through PEG Tubes represents "medical treatment" rather than mere basic care, therefore may be legally withdrawn in cases where there is no possibility of recovery. This distinction enabled the court to treat withdrawal of PEG-tube support as permissible passive euthanasia under strict medical and legal safeguard. SC further held passive euthanasia is legally permissible in exceptional circumstances where recovery is impossible while gave importance to human dignity, compassionate end of life and adherence to strict medical safeguard while relying upon principles provided in *Aruna Ramachandra Shaunbaug v. Union of India*.

PASSIVE EUTHANASIA

The Legal Framework of Article 21: In India, the legal basis for passive euthanasia is rooted in article 21 of the constitution. While Article 21 guarantees the Right to Life, the SC has ruled that this inherently includes Right to Die with dignity, now this is relevant especially in cases of irreversible medical conditions where a patient has no hope of recovery.

The legal position on euthanasia in India has evolved through significant judicial interpretations of Article 21 of the Constitution. In *Maruti Shripati Dubal v. State of Maharashtra* (1987), the Bombay High Court held that the right to life includes the right to die and struck down Section 309 IPC. However, the Supreme Court in *Gian Kaur v. State of Punjab* (1996)[3] overruled this view and held that the right to life does not include the right to die, while recognizing that the right to die with dignity in terminal illness may fall within Article 21.[2]

[3] Gian Kaur v. State of Punjab, (1996) 2 SCC 648

A major shift occurred in *Aruna Ramachandra Shanbaug v. Union of India* (2011)[4], where the Supreme Court legalized passive euthanasia under strict safeguards and judicial supervision. This position was further strengthened in *Common Cause v. Union of India* (2018)[5], in which the Court recognized the right to die with dignity as a fundamental right under Article 21 and legalized living wills or advance medical directives.

Living will also known as an advance medical directive (2023 modification) defined as legally recognized document through which an individual express their prior consent while they are sound mind, regarding withdrawal of life sustaining treatment in circumstance where the person become incapable of communicating informed decisions or goes into permanent vegetative state. Process was simplified in 2023, now instead of requiring a judicial magistrate, a living will can now be attested by a notary or a gazetted officer. A copy of will now kept in National Health Records rather than just with the district court.

FACTS OF THE CASE

On August 20, 2013, Harish Rana, a civil engineering student at fell from fourth floor of his PG Accommodation in Chandigarh[6], suffered with severe brain injuries, diffuse axonal injuries, and a 100% quadriplegic disability. He lost his consciousness and resulted in complete (PVS), Since that accident Harish Rana remained bedridden and dependent on various medical support for years as considered by court:

- PEG tube feeding (Percutaneous Endoscopic Gastrostomy): received Clinically administered nutrition and Hydration (CANH) through this tube for 13 years
- Continuous Nursing assistance and respiratory support due to neurological impairment.

ISSUES BEFORE THE SUPREME COURT AND JUDEMENT GIVEN

Harish Rana plea for passive euthanasia was first taken up in Delhi High Court, various applications were filed by parents of Rana on his behalf, court rejected the petition, declined to permit passive euthanasia and refused to constitute a medical board for evaluation of patient condition. Court observed that harish rana was not dependent upon ventilator support or other mechanical life support. Justice Subramanian Prasad further held no individual could

[4] Aruna Ramamchandra Shanbaug v. Union of India, (2011) 4 SCC 454
[5] Common Cause v. Union of India, (2018) 5 SCC 1
[6] Times of India

intentionally terminate the life of another person through any positive act, which is active euthanasia and thus illegal.

High court relied on principles of common cause v. Union of India and distinguished present circumstances from cases involving terminal illness requiring invasive medical support.

Supreme court bench examined various issues w.r.t constitutional, ethical and medical questions. First question/issue with court was weather Article 21 includes Right to die with dignity. This judgement expanded scope of art 21 by including right to die with dignity in limited circumstances relating to passive euthanasia.

Second issue was whether removing life sustaining treatment amounts to passive euthanasia, which court recognised and held constitutionally permissible in certain strict safeguards. The Court also clarified that CANH administered through PEG tubes constitutes medical treatment and may legally be withdrawn in appropriate cases. Third issue was regarding Passive euthanasia legally accepted in India? Court reaffirmed legality by taking *common cause v. Union of India* case into consideration. Fourth question arise whether withdrawal of life support systems would be equals to unlawful killing or attracting criminal liability, here court held it has to be under judicial and medical supervision.

CONCLUSION

Judgement of Harish Rana v. Union of India is an important development in Indian legal history related to passive euthanasia and the Right to Die with dignity under Article 21[7]. Through this case SC clarified and expanded ambit of this article with its implementation. SC emphasized human dignity, patient autonomy and compassionate healthcare while also stressing need for strict medical and judicial safeguards to prevent misuse of passive euthanasia.

[7] Constitution of India, Article 21