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FROM COMMON CAUSE TO HARISH RANA: STRENGTHENING INDIA'S PASSIVE EUTHANASIA FRAMEWORK

~Sai Indira G

Passive euthanasia is the withholding or withdrawing of treatment with the intent and expectation that death will occur sooner rather than later, based on the belief that an early death is in the patient's interest. The major decisions by the courts of India on the topic of passive euthanasia and dying with dignity have been delivered in the cases of *Aruna Ramachandra Shanbaug v. Union of India*[1] and *Common Cause v. Union of India*[2]. In this context, a very important question arose before the Supreme Court of India in *Harish Rana v. Union of India (2026*[3]*),* whether CANH could be withdrawn from an individual in the PVS condition.[4]

BACKGROUND OF EUTHANASIA JURISPRUDENCE IN INDIA

The legal status of euthanasia and the right to die in India has been formed in light of some judicial precedents. In *Gian Kaur v. State of Punjab (1996)*[5]*,* the Court found that the Right to Life can include the Right to die with dignity, becoming a central theme in both legal and medical fields[6].

In *Aruna Ramachandra Shanbaug v. Union of India (2011),* the Supreme Court made an important shift in recognising passive euthanasia for the first time and allowing its practice with certain legal restrictions in place[7]. The precedent set by the Court was fortified by the

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

[2] *Common Cause v. Union of India*, (2018) 5 SCC 1.

[3] *Harish Rana v. Union of India*, Misc. Application No. 2238 of 2025 in S.L.P. (C) No. 18225 of 2024 (Sup. Ct. Mar. 11, 2026).

[4] Devanshi Srivastava & Udit Bajpai, *Euthanasia—An Idea of Life and Death* (June 8, 2021).

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

[6] Kalaivani Annadurai, Raja Danasekaran & Geetha Mani, *Euthanasia: Right to Die with Dignity*, 3 J. Fam. Med. & Primary Care 477 (2014).

[7] Somoshri Banerjee, *Case Analysis: Aruna Ramchandra Shanbaug v. Union of India, 2011*, Indian Journal of Law and Legal Research (Mar. 27, 2023).

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Constitution Bench in *Common Cause v. Union of India (2018),* where passive euthanasia was allowed in certain circumstances, and it was stated that the Right to die with dignity is one of the fundamental rights enshrined in Article 21.

Furthermore, the Supreme Court, in *Common Cause (2023)*[8]*,* made several amendments to the guidelines formulated in 2018, making the process of following the same easier. Even though there have been certain developments in the field of euthanasia, there still exist several grey areas, which include the legality of Clinically Assisted Nutrition and Hydration (CANH) and the Best Interests of the Patient Standard.

FACTS AND PROCEDURAL HISTORY

The case arose from an accident faced by Harish Rana[9], a B.Tech student, on 20 August 2013, resulting in him being in a Persistent Vegetative State (PVS) suffering from quadriplegia with no hope of ever making any improvement whatsoever. Harish survived for over ten years with the aid of Clinically Assisted Nutrition and Hydration (CANH) provided by means of a Percutaneous Endoscopic Gastrostomy (PEG).

On 2 July 2024, Harish's parents filed a writ petition before the Delhi High Court requesting withdrawal of treatment based on *Common Cause v. Union of India*[10] principles. The petition was denied because his health did not rely on mechanical ventilation. Following a Special Leave Petition and further hearing in the Supreme Court, Harish's parents sought clarification that CANH qualified as medical treatment requiring withdrawal.

In compliance with Court's orders, Primary and Secondary Medical Boards were set up in 2025, whose decisions were unanimous on the issue that Harish's condition could not be reversed and CANH only served to keep him alive biologically.

[8] *Common Cause v. Union of India*, 2023 SCC OnLine SC 373.
[9] *Harish Rana*, supra note 3.
[10] *Common Cause*, supra note 2.

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ISSUES BEFORE THE COURT

The Supreme Court was called upon to determine the following issues:

1. Whether the administration of Clinically Assisted Nutrition and Hydration (CANH) through a Percutaneous Endoscopic Gastrostomy (PEG) tube constitutes "medical treatment" capable of lawful withdrawal?
2. What is the meaning, scope, and contours of the "best interests of the patient" principle in determining whether medical treatment should be withdrawn or withheld?
3. Whether the continued administration of CANH to Harish Rana was in his best interests, considering his irreversible Permanent Vegetative State and absence of any prospect of recovery?
4. What procedural safeguards and further steps should govern the withdrawal or withholding of life-sustaining treatment in such cases?
5. Whether the existing guidelines laid down in *Common Cause v. Union of India* (2018) and modified in *Common Cause* (2023) required further clarification and streamlining?
6. Whether the continued absence of a comprehensive legislative framework governing passive euthanasia and end-of-life care necessitated legislative intervention?

DECISION AND REASONING OF THE COURT

In a unanimous decision rendered by Justices J.B. Pardiwala and K.V. Viswanathan on 11th March 2026, the Supreme Court approved the application and granted permission for the withdrawal of the Clinically Assisted Nutrition and Hydration (CANH) being provided to Harish Rana. The Court ruled that withdrawal of CANH in such cases was a constitutional right and is covered under the right to die with dignity enshrined in Article 21 of the Constitution[11].

[11] *Harish Rana*, supra note 3.

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The Court ruled that CANH that involves PEG tubes is medical intervention and can thus be withdrawn legally if necessary. Furthermore, the Court noted that the issue at hand should not concern whether death was in the best interest of the patient but rather whether prolonged artificial life support is still in the best interest of the patient. In deciding this issue, the Court stressed that consideration needed to be given not only from the medical perspective but also other factors like dignity, quality of life, prognosis, and family considerations.

Based on the findings of the Primary and Secondary Medical Boards, the Court found that there were no therapeutic purposes for maintaining CANH, and that it only extended the biological life of the patient without any treatment benefits. It could thus be said that the termination of CANH was legally and constitutionally valid.

CRITICAL ANALYSIS

In the case of *Harish Rana v. Union of India*[12] is a significant one in terms of the law pertaining to passive euthanasia in India as far as matters concerning removal of life support systems, the principle of best interests, and CANH are concerned.[13]

RATIO DECIDENDI

The decision of the Court that Clinically Assisted Nutrition and Hydration (CANH), when provided using a PEG tube, is considered as medical treatment which could be legally withdrawn if the continuation of the same does not benefit the patients. Thus, where medical practitioners collectively decide that the medical treatment is useless and serves only to continue the biological life of the patients, such treatment can be withdrawn by exercising the constitutional right of dying with dignity guaranteed by Article 21[14].

[12] *Harish Rana v. Union of India*, Misc. Application No. 2238 of 2025 in S.L.P. (C) No. 18225 of 2024 (Sup. Ct. Mar. 11, 2026).
[13] Subhransu Satyabrata Jena, *The First Test of Common Cause 2.0: Judicial Withdrawal of Life Support in the Harish Rana Case*, 4 J. Advance & Future Rsch. 916 (2026).
[14] INDIA CONST. art. 21.

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OBITER DICTA

The Court highlighted the absence of a comprehensive legislative framework governing passive euthanasia, advance medical directives, and end-of-life care, observing that judicial guidelines cannot permanently substitute statutory regulation.

ANALYSIS OF THE JUDGMENT

One of the most important elements of this judgment is its practical demonstration of the theoretical framework formulated by the Supreme Court in the case of *Common Cause v. Union of India (2018)*[15]. Even though the latter judgement acknowledged the legality of passive euthanasia and advance medical directive, several aspects of the procedure were unclear until this case. By constituting the Primary and Secondary Medical Board, making independent medical assessment, considering family opinion and judicial scrutiny, the Court illustrated how the measures prescribed by Common Cause can be implemented in practice. In such a way, the judgement turns a mere theory into an effective legal tool[16].

Another aspect of this judgement is the clear determination of the legal status of Clinically Assisted Nutrition and Hydration (CANH). Before this judgment, the issue of whether CANH should be considered as an ordinary act of providing nutrition and hydration or rather as a form of medical treatment was unclear. In this case, however, the Court clarified that CANH was a medical intervention requiring professional supervision.

Another important aspect of the judgment is its interpretation of the best interests principle, where the Court shifted the focus from whether death itself is beneficial to whether the continued artificial prolongation of life remains in the patient's best interests. This approach preserves the distinction between passive and active euthanasia and aligns the withdrawal of treatment with the concept of medical futility rather than the intentional ending of life

[15] *Common Cause*, supra note 2.
[16] Ranjit I. James, Senthil Kumaran, Gerard Pradeep Devnath & Raj K. Mani, *Common Cause (A Regd. Society) v. Union of India [2018] INSC 223: End-of-Life Care in India*, 25 Med. L. Int'l 1 (2025).

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reinforcing interpretation of Article 21[17]. At the same time, the formulation of the best interests standard remains relatively broad. The absence of clear parameters for balancing medical and non-medical considerations may result in varying interpretations by medical boards and courts in future cases.

A further criticism concerns the continued reliance on judicially created procedures. Although the Court repeatedly acknowledged the absence of a statutory framework governing passive euthanasia and end-of-life care, it continued to refine procedural safeguards through judicial directions. While such intervention may be justified in the absence of legislation, matters relating to healthcare regulation and end-of-life governance are arguably better addressed through comprehensive parliamentary enactment rather than judge-made guidelines.

The Court's approach is broadly consistent with the reasoning adopted by the House of Lords in *Airedale NHS Trust v. Bland*[18], which recognised the withdrawal of artificial nutrition and hydration in cases involving irreversible vegetative states.

Overall, the judgment successfully resolves several ambiguities that persisted after *Common Cause,* strengthens procedural safeguards, and contributes meaningfully to the development of Indian constitutional and medical law, while simultaneously highlighting the urgent need for a comprehensive statutory framework governing end-of-life decision-making.

CONCLUSION

Harish Rana v. Union of India represents a significant advancement in India's passive euthanasia jurisprudence. By recognising Clinically Assisted Nutrition and Hydration (CANH) as a form of medical treatment capable of lawful withdrawal and by clarifying the scope of the "best interests of the patient" standard, the Supreme Court has addressed several uncertainties that previously existed within the legal framework governing end-of-life decision-making.

[17] Nandini Vagisha, *The Right to Die with Dignity: An Analysis of Supreme Court Judgments on Euthanasia in India* (2025)
[18] *Airedale NHS Trust v. Bland*, [1993] AC 789 (HL).

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While the decision provides much-needed clarity and practical guidance, its long-term effectiveness will depend upon comprehensive legislative intervention. Nevertheless, the judgment remains a landmark contribution to the constitutional recognition of dignity at the end of life in India.