The Indian Journal for Research in Law and Management

Open Access Law Journal – Copyright © 2026

Editor-in-Chief – Dr. Muktai Deb Chavan; Publisher – Alden Vas; ISSN: 2583-9896

HARISH RANA V. UNION OF INDIA (2026): A CASE ANALYSIS

~Vanshika Sharma

IN THE SUPREME COURT OF INDIA

EXTRA – ORDINARY APPELLATE JURISDICTION

MISCELLANEOUS APPLICATION NO. 2238 OF 2025

IN

SPECIAL LEAVE PETITION (CIVIL) NO. 18225 OF 2024

HARISH RANA …APPLICANT

VERSUS

UNION OF INDIA & ORS. …RESPONDENTS

CORAM:

HON'BLE MR. JUSTICE J.B. Pardiwala, HON'BLE MR. JUSTICE K.V. Viswanathan

DATE OF JUDGEMENT: 11.03.2026

INTRODUCTION

The case of HARISH RANA v. UOI, 2026 represents a landmark & significant judgment by Hon'ble Supreme Court in the history of Indian Constitutional and Medical Jurisprudence regarding Passive Euthanasia. The judgment significantly expanded the interpretation of Article 21 of the Constitution of India[1] stating "Protection of Life and Personal Liberty" by affirming that the "Right to Life" also encompasses the "Right to Die" with dignity but within exceptional medical circumstances.[2]

FACTS OF THE CASE

1) The Applicant Harish Rana, is presently 32 years of age. In the year 2013, when was a young man aged 20 years with a promising future, pursuing B. Tech from Punjab University, when he met with a tragic & an irrevocable life-altering accident in the year 2013. On the fateful evening of 20.08.2013, at about 6:00 p.m., the Applicant had fall from the fourth floor of his paying guest accommodation due to which he sustained severe neurological and traumatic brain injuries, including diffuse axonal injury and quadriplegia. Following such accident, the Applicant had immediately undergone a local Hospital Gharwal & his prolonged treatment had undergone at various hospitals, including PGI Chandigarh, AIIMS New Delhi, and Safdarjung Hospital, but still remained in a permanent vegetative state with 100% disability, wholly dependent on Clinically Assisted Nutrition and Hydration (CANH), PEG tube for feeding, and continuous medical support, without any kind of prospect of recovery.[3]
2) After more than a decade of taking continuous care of Harish Rana, emotional hardship, and mostly due to financial strain, the Applicant's family approached the Delhi High Court seeking withdrawal of life-sustaining treatment/ life support system, by contending that the continuation of CANH merely prolonged biological existence without any possibility of recovery, thus such life support system does not have any benefit. But, the Delhi High Court in 2024 rejected their petition, stating that the withdrawal of CANH treatment would result in him starving to death.[4]
3) After, the Applicant's family approached Supreme Court of India, The Supreme Court agreed with the view of the Delhi High Court but issued notice to the Union to shift the

[1] INDIA CONST. art. 21.
[2] Harish Rana V. Union of India, 2026 INSC 222.
[3] Harish Rana V. Union of India, 2026 INSC 222.
[4] Harish Rana V. Union of India, 2026 INSC 222.

Petition to a facility that can cater to his needs after considering his parents are getting financially strained and are getting old. After the tenure of Justice D.Y. Chandrachud, the Applicant's family in October, 2025 filed a Miscellaneous Application though SLP to withdrawal of life-sustaining treatment & let Harish Rana with the end of his life in a dignified manner.[5]

ISSUES OF THE CASE

1) Whether withdrawal of such treatment would amount to passive euthanasia?
2) Whether allowing withdrawal of the life support system violates the Right to Life under Article 21 of the Constitution?
3) How the "Best Interest" principle should be interpreted and applied by the judiciary when a patient is incompetent to express their own will.

ARGUMENT PRESENTED

PETITIONER / APPELLANTS ARGUMENTS:

Ms. Rashmi Nandakumar, assisted by Ms. Dhvani Mehta, Ms. Shivani Mody, Ms. Anindita Mitra & Ms. Yashmita Pandey, the learned counsels appearing on behalf of the applicant made the following submissions-

i. The Violation of Article 21: It has been argued that the "Right to Life" is not a mandate for mere preservation of biological functions in a human body just to make him/ her live even when He/ She is not able to perform his/ her daily life activities by their own. As in this case, where the applicant also contended that Harish's life had been reduced to a "vegetative existence" for over 12 years due to an accident which leads to severe neurological and traumatic brain injuries, including diffuse axonal injury and quadriplegia. They relied on the principle that a life supported solely by mechanical means, with no cognitive spark or awareness, ceases to be the "dignified life" protected under the Constitution.[6]
ii. The Agony of the Living: A unique and poignant argument was raised regarding the family's suffering i.e. emotional hardship, and mostly the financial strain over a decade. The counsel invoked the "Right to a Dignified Death" as a relief not only for the patient but also for the family who must witness the slow, mechanical decay of their loved

[5] Harish Rana V. Union of India, 2026 INSC 222.
[6] Harish Rana V. Union of India, 2026 INSC 222.

once. They argued that the 12-year struggle had caused "unending trauma to his (Harish Rana) family," which the law must acknowledge.[7]

iii. Irreversibility and Medical Futility: The applicants relied on the AIIMS Medical Board report, which used advanced neuroimaging to show "diffuse axonal injury" and "cortical atrophy." They argued that when science declares a "point of no return," continuing treatment is no longer "care" but is effectively "torture" by way of medical technology.[8]

RESPONDENT'S ARGUMENTS:

Ms. Aishwarya Bhati, the learned ASG, assisted by Ms. Shivika Mehra and Ms. Shreya Jain, the learned counsels, appearing on behalf of the respondents, submitted as follows:

i. The Parents Patriae Doctrine: The State argued that it acts as the "parent of the nation" for those who cannot speak for themselves. The Union contended that the sanctity of life is the highest value in a civilized society. They expressed concern that allowing the withdrawal of life support without an explicit "Advance Directive" could set a dangerous precedent where the lives of the disabled or elderly might be undervalued.[9]

ii. The "Slippery Slope" Concern: The Union cautioned the Court against broadening the definition of "Passive Euthanasia." They argued that if the Court makes it too easy to withdraw treatment based on "family suffering," it might lead to cases where life support is removed for economic reasons or convenience rather than genuine medical futility.[10]

iii. Strict Procedural Compliance: The Respondent argued that if the Court were to allow the plea, it must impose a "multi-layered shield." This included not just a local medical board, but a "State-Level Medical Board" and a mandatory judicial review by a High Court or the Supreme Court to ensure that the decision is purely in the patient's medical interest and free from any external influence.[11]

[7] Harish Rana V. Union of India, 2026 INSC 222.
[8] Harish Rana V. Union of India, 2026 INSC 222.
[9] Harish Rana V. Union of India, 2026 INSC 222.
[10] Harish Rana V. Union of India, 2026 INSC 222.
[11] Harish Rana V. Union of India, 2026 INSC 222.

RATIO DECIDENDI & OBITER DICTA

RATIO DECIDENDI:

The ratio decidendi of the judgment may be distilled into the following propositions of law:

- Clinically Assisted Nutrition and Hydration (CANH) administered through a PEG tube constitutes medical treatment and not mere ordinary care;
- such treatment may be lawfully withdrawn where the Primary and Secondary Medical unanimously conclude Boards that its continuation is medically futile and serves no therapeutic purpose;
- the withdrawal of such treatment is constitutionally permissible where continued artificial prolongation of life no longer serves the patient's best interests and undermines dignity protected under Article 21 of the Constitution;
- passive euthanasia is legally permissible even in the absence of an advance medical directive, provided that the procedural safeguards laid down in Common Cause v Union of India are strictly complied with.[12]

OBITER DICTA:

The Court's observations urging Parliament to enact a comprehensive statutory framework governing end-of-life care, passive euthanasia, advance medical directives, and substitute decision-making constitute highly persuasive obiter dicta. The Bench expressly acknowledged that judicial guidelines, however necessary, cannot serve as a permanent substitute for legislative intervention.[13]

JUDGEMENT BY HON'BLE COURT

The Supreme Court clearly examined all the medical reports by Medical Board of experts from AIIMS and all the Constitutional Principles. The medical treatment can be stopped under specific circumstances only, which include cases where medical experts confirm that recovery of such patient becomes medically unattainable. The Court also confirmed that Article 21 of the Indian Constitution, i.e. Right to Life and personal Liberty, includes the Right to Die with

[12] Common Cause (A Regd. Society) V. Union of India, (2018) 5 SCC 1.
[13] Harish Rana V. Union of India, 2026 INSC 222.

dignity when life-support systems provide no relief to the patient. Families become the decision-making authority if the patients reach an irreversible vegetative state.[14]

The process of withdrawing all the medical treatments needs to follow established principles or safeguards, and doctors assess the situation to prevent any kind of potential abuse. The Court said that the family members of the patient possess complete knowledge about their loved one's best interests and their personal wishes, but family decisions are not absolute.[15]

The Supreme Court allowed the application, permitting the withdrawal of the feeding tube and other life-sustaining measures.

CONCLUSION

At last, I would like to conclude that, Judgment of *Harish Rana v. Union of India* (2026) marks a watershed moment in the evolution of Indian Constitutional along with Medical Jurisprudence concerning passive euthanasia and end-of-life care, by affirming that the Right to Life under Article 21 of the Constitution necessarily includes the Right to Die with dignity. By permitting the withdrawal of Clinically Assisted Nutrition and Hydration (CANH) and other life-sustaining measures in exceptional medical circumstances, the Hon'ble Supreme Court significantly expanded the scope of interpretation of Article 21 of the Constitution of India stating "Protection of Life and Personal Liberty" by affirming that the "Right to Life" also encompasses the "Right to Die" with dignity but within exceptional medical circumstances."[16]

The judgment further clarified that the artificial prolongation of biological existence, in cases where there are no possibility of recovery and no therapeutic benefit, may undermine the dignity which Article 21 seeks to protect. CANH administered through a PEG tube constitutes medical treatment and may lawfully be withdrawn when competent medical authorities unanimously determine that continued treatment is medically futile.[17]

At the same time, the Court exercised judicial caution by emphasising strict procedural safeguards, including the constitution of independent medical boards and judicial oversight, in order to prevent misuse of passive euthanasia. Importantly, the judgment also highlighted the urgent necessity for comprehensive parliamentary legislation governing end-of-life with due care, advance medical equipment, as well as substitute decision-making. Therefore, Harish

[14] Harish Rana V. Union of India, 2026 INSC 222.
[15] Id.
[16] Harish Rana V. Union of India, 2026 INSC 222.
[17] Id.

Rana stands as a humane and constitutionally significant affirmation that dignity must endure even at the final stage of human existence.[18]

[18] Id.