The Indian Journal for Research in Law and Management

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

HARISH RANA V. UNION OF INDIA : THE RIGHT TO DIE WITH DIGNITY

~Anika Rawal

BENCH :

Justice J.B. Pardiwala

Justice K.V. Viswanathan

DATE OF JUDGEMENT : March 11, 2026

COURT : Supreme Court of India

SUBJECT OF THE CASE :

Passive Euthanasia

Right to die with dignity under Article 21 of Constitution of India

CITATION OF THE CASE : Harish Rana v. Union of India, 2025 SCC OnLine SC 3168

INTRODUCTION TO THE CASE

On 11th March 2026, the Supreme Court of India gave the judgement of *Harish Rana v. Union of India*[1]. This judgement was given by a two-judge bench comprising of Justice J. B. Pardiwala

[1] Harish Rana v. Union of India, 2025 SCC OnLine SC 3168

and Justice K. V. Viswanathan. They delivered a ruling that allowed non-voluntary passive euthanasia for the first time in India. This patient, Harish Rana, lacked a living will, which is also known as Advance Healthcare Directive. In this case, the Court also legally recognised Clinically Assisted Nutrition and Hydration (CANH) as a form of medical treatment instead of basic nursing care. This case is a landmark decision in Indian Constitutional and medical jurisprudence.

FACTS OF THE CASE

In this case, Harish Rana is a former engineering student, who suffers a fall from the 4th floor of a building balcony in 2013. Due to this fall, Harish suffered a diffuse axonal injury (DAI). This led to severe quadriplegia and the diagnosis of Persistent Vegetative State (PVS) and 100% permanent disability. For the next 13 years of his life, Harish Rana survived entirely via Clinically Assisted Nutrition and Hydration (CANH) through a Percutaneous Endoscopic Gastrostomic (PEG) tube, a tracheostomy tube for breathing and a continuous urinary catheterization. He remained completely unconscious with no scope of neurological recovery.

After several neurological tests and assessments were conducted, it was established that Rana's condition was irreversible and that the continuation of such treatment was only going to prolong his biological life. Due to such an extensive life-support system, Harish's elderly parents were emotionally and financially exhausted and had to sell their home to fund his medical interventions for over a decade. Initially, his parents approached the Delhi High Court for permission to withdraw Rana's life support. This plea was rejected by the Court on the premise that Rana was not attached to a ventilator.

This led his parents to file another plea in the Supreme Court of India in 2025.

ISSUES OF THE CASE

1. Is clinically assisted nutrition and hydration (CANH) considered as medical treatment or basic human care that may not be withdrawn?
2. Can passive euthanasia be granted only to ventilator - dependent patients or can it also be extended to patients in a persistent vegetative state?

3. Whether a patient in a persistent vegetative state included in the passive euthanasia guidelines set in the *Common Cause*[2] Case.
4. Since the patient has no living will, what's the criteria to evaluate the best interests of a patient who is incompetent?

ARGUMENTS

ARGUMENTS BY THE PETITIONER :

- The patient had lost all of his cognitive function and awareness and the medical practitioners confirmed that there was no chance of neurological recovery.
- Continuing the CANH medical treatment would only prolong the patient's biological life which would hold no real meaning. It became a cause of emotional and financial drain for his parents.
- As recognised in the *Common Cause* case, the withdrawal of life-supporting care must be allowed, since *Article 21*[3] gives him not only the right to live with dignity but also the right to die with dignity.

POSITION OF UNION OF INDIA :

- The Union Government did not necessarily oppose the petitioner's arguments in this case. It understood the precariousness of the patient's medical condition.
- Though the Government still emphasized that the withdrawal shall occur under strict medical and judicial supervision and they must maintain safeguards to prevent abuse.

JUDGEMENT OF THE COURT

In the guidelines provided in the *Common Cause* case of 2018, the Court explicitly stated that only “medical treatment” may be withdrawn in a case of passive euthanasia, whereas standard nutrition or hygiene could not be withheld from the patient. Therefore, this is a landmark judgement as the Court ruled that providing clinically assisted nutrition and hydration is a form

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

[3] INDIA CONST. art. 21.

of medical treatment as it requires medical intervention. As CANH relies on medical technology, it is subjected to the same legal and ethical principles that govern life-sustaining technology.

The Court also firmly held that any decision taken must be in the best interest of the patient. Under *Article 21*, the Indian Constitution states that everyone has the right to live with dignity as well as die with dignity. However, if a person is in a persistent vegetative state, it ought to be considered whether prolonging the biological life is in the best interest of the patient or not.

The Court directed the admission of Harish Rana in the AIIMS hospital in Delhi and set up a Board to supervise the process. The withdrawal of CAHN was ordered to the medical practitioners with the continuation of palliative care.

Right to Die under Article 21

In the case of *Gian Kaur v. State of Punjab*[4] the court held that the right to die is not a fundamental right under *Article 21*, but also noted that a terminally ill patient in a persistent vegetative state has the right to dignified death. This case started the conversation of passive euthanasia and how it may be beneficial in some cases.

In the *Aruna Shanbaug*[5] case, the Supreme Court recognised and allowed passive euthanasia. But did not label it as “right to die with dignity”. The court also warned to not confuse the “right to die with dignity” with “right to die an unnatural death”. This process of passive euthanasia must only extend to terminally ill patients or patients in a persistent vegetative state with no hope of recovery. This was officially recognised in the *Common Cause* Case (2018) and is now enforceable as a fundamental right under Article 21.

It merely states that prolonging a person’s biological life through medical technology, especially when they’re in a vegetative state with no environmental awareness, takes away the person's right to live a dignified life.

[4] Gian Kaur v. State of Punjab, (1996) 2 SCC 648
[5] Aruna Shanbaug v. Union of India, (2011) 4 SCC 454

LEGAL ANALYSIS OF THE CASE

The case of Harish Rana recognises that forced continuation of medical treatment with no therapeutic outcome is in itself an undignified way of living. This case has transitioned the Indian jurisprudence of passive euthanasia. By recognising CAHN as a medical treatment, it is now allowed to be withdrawn as part of passive euthanasia in specific cases.

The court had Harish Rana transferred in a palliative care unit at the AIIMS hospital in Delhi and established that withdrawing the life support does not mean abandoning the patient. The continued administration of CANH would only prolong the biological life of the patient and it would not aid in improving his brain damage. The withdrawal of CANH would only fasten the death and not become the cause of death. The cause would still remain the irreparable brain damage.[6]

This judgement has succeeded in forming a relationship between constitutional law and bio-medical ethics by emphasizing the autonomy, dignity and beneficence of a patient. It has also made it more accessible for patients seeking passive euthanasia by categorising CANH as a medical treatment.

CONCLUSION

This case is a monumental judgement in medical jurisprudence that shows the act of courage of the parents of Harish Rana who chose to give their son a dignified death. By recognising CANH as a medical treatment, the Court has established a meaningful protection for terminally ill patients. This judgement balances the understanding of the right to life with dignity with the provision of compassionate end of life care.[7]

However, passive euthanasia still remains a vulnerable topic in medical jurisprudence as it still relies on the guidelines provided in previous judgements, rather than a fixed statutory

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[6] Sunil L Kalagi, *Evolving Jurisprudence on the Right to Die with Dignity: Case Analysis of Harish Rana v. Union of India,* 5 IJHRLR 256-269 (2026)

[7] Rabiya Shaikh, *HARISH RANA V. UNION OF INDIA 2026: A CRITICAL ANALYSIS OF THE JUDICIAL EVOLUTION OF PASSIVE EUTHANASIA IN INDIA,* Volume VIII Issue III, Indian Journal of Law and Legal Research

framework. Until the right to die with dignity is uncodified, it will continue to be a complex luxury in the scope of medical jurisprudence.