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

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CASE COMMENTARY ON HARISH RANA V. UNION OF INDIA AND ORS.

B Bhavya Sai

Citation: 2026 INSC 222

Bench: Justice J. B. Pardiwala and Justice K. V. Viswanathan

Judgement: 11th March 2026

INTRODUCTION

From Aruna Shanbaug[1] to Harish Rana's[2] case passive euthanasia has made a significant development. In India, right to die was not recognised as part of right to live in Article 21 of the Constitution as held in the case of Gian Kaur[3] by Five Judges Bench. Later, in Aruna Shanbaug's case passive euthanasia was recognized in India. While in the case of Common Cause[4] recognized right to live with dignity inherently includes right to die with dignity and passive euthanasia and AMD[5] are both legal and permissible under Article 21 of the Constitution. Now, in the present case the patient is in persistent vegetative state for past 13 years and the parents of the patient approached the Supreme Court for declaring that CANH[6] administered through PEG[7] is a 'medical treatment,' so that withdrawing/withholding will result in passive euthanasia in accordance to the guidelines laid down under Common Cause case. Here, the question before the Court is whether administration of CANH is a 'medical treatment' and is it in best interest of patient to withdrawn or withheld.

[1] Aruna Ramchandra Shanbaug v. Union of India, AIR 2011 SC 1290
[2] Harish Rana v Union of India & Ors., 2026 INSC 222
[3] Gian Kaur v. State of Punjab, AIR 1996 SC 1257
[4] Common Cause (A Regd. Society) v. Union of India, AIR 2018 SC 1665
[5] Advance Medical Directive
[6] Clinically Assisted Nutrition and Hydration
[7] Percutaneous Endoscopic Gastrostomy Tube

FACTS OF THE CASE

Harish Rana, presently 32 years, was 20 years and pursuing B. Tech degree at Punjab University. On 20.08.2013, at around 6 p.m. he fell from the fourth floor of his paying guest accommodation and sustained diffuse axonal injury, he was initially rushed to Garhwal local hospital but later shifted to Postgraduate Institute of Medical Education & Research, Chandigarh. From 21.08.2013 to 27.08.2013, he was administered treatment in the form of conservative management, including AED, analgesics, ventilating support, antibiotics, tracheostomy and feeding through Ryle's tube. He was discharged from PGI, Chandigarh but regular medical treatments were provided for his head injury, seizures, pneumonia and bedsores at Jai Prakash Narayan Trauma Centre, All India Institute of Medical Sciences, New Delhi. In 2013, the mode of administering CANH was switched from Ryle's tube to PEG Tube, which requires frequent replacement every two months. After the accident, he has been on urinary catheter and tracheostomy. He has a history of seizures occurred in the year 2014 and 2016 and since then he has been receiving anti-seizures drugs for its prevention. According to his medical reports he is unaware of his environment and incapable to interact with others, he is unable to express his needs and is dependent on others for his daily routine. There is no sign of improvement in his neurological condition. He has sleep-wake cycles and sleep throughout night. The disability certificate also mentions that he has 100% permanent physical disability which is in irreversible nature. After primary and secondary medical board's report concluded that he has irreversible brain damage and fulfils the criteria of permanent vegetative state. Thereafter, the discussion between Learned Counsel appearing for him and Additional Solicitor General spoke with his family members and submitted joint report in which parents stated they have for past 13 years they have done everything in their humane capacity to alleviate his condition but there has been no improvement in his condition. Seeing no therapeutic value in continuing the artificial medical treatment his parents approached the Court for withdrawing the life support system. The Delhi High Court rejected on the grounds stating he was not suffering from any terminal illness neither on ventilator, aggrieved by the decision, the applicant filed an appeal in the Supreme Court.

ISSUES FOR DETERMINATION

The issues raised were:

(1) Whether the administration CANH is to be regarded as 'medical treatment'?
(2) Whether withdrawing or withholding the medical treatment is in the 'best interest of the patient'?
(3) Whether the life prolonged by continuation of medical treatment is in best interest of the applicant?
(4) What procedural steps need to be taken once the decision to withdraw or withhold a medical treatment is made?

ARGUMENTS OF THE PARTIES

The applicant argued that CANH administered through PEG tube is medically and legally recognised as a form of life-sustaining treatment. Relying on Common cause (2018) it was established the patient has right to dignity and continuing on artificial medical intervention which prolongs the suffering is contrary patient's dignity under Article 21.

The Union of India submitted that CANH constitutes 'medical treatment,' withdrawal of artificial feeding mechanisms does not amount to causing death, rather, it constitutes cessation of an artificial medical intervention which prolongs the suffering. Withdrawal or withholding of CANH would fall within the permissible contours of passive euthanasia. Lastly, in view of best interest of patient, prayed for appropriate arrangements for palliative care at home or hospital to ensure dignity, humane support and comfort, while withdrawing CANH.

JUDGEMENT

On 11th March 2026, a two-judge bench of the Supreme Court allowed withdrawing of CANH and recognised CANH administered through PEG Tube as a 'medical treatment' and is not a 'basic care' because it requires continuous medical intervention, regular monitoring and specialised techniques. Withdrawal or withholding of life sustaining treatment falls within the ambit of passive euthanasia and it is legally permissible under Article 21, which means the applicant's case qualifies the guidelines laid down in Common Cause (2018).

The Bench relying on Common Cause (2018), clarified the difference between active and passive euthanasia. 'Active Euthanasia' means where it involves a positive or an overt act, like administration of lethal injection/drugs which will cause death or accelerate it directly. While 'passive euthanasia' means the absence of any overt act, it is characterized as omission and primarily encompasses withdrawal or withholding of medical treatments that would otherwise sustain and/or preserve life. But stating that only difference between the both terms is 'acts' and 'omission' may be problematic. It may be said that active euthanasia is characterized as causing death while in contrary passive euthanasia it allows death to occur in its natural course, and passive euthanasia falls firmly within the ambit of Article 21.

It was also quoted that 'passive euthanasia' is synonym to 'withdrawal or withholding of medical treatment' as it connotes the very essence of passive euthanasia.

The Court held that continuing of medical treatment is not in the best interest of the patient (considering his active lifestyle) when the injury is irreversible and serves no therapeutic purpose, directed AIIMS to shift him to the palliative care department because the right to die dignity is inseparable from right to receive palliative and end-of-life care.

The Supreme Court also explained principles recognised by Common Cause to address practical difficulties faced by doctors relating to the process.

(a) It is necessary to remove doctor's hesitance, involving primary and secondary medical boards and the High Courts to keep the process neutral.
(b) The medical boards must identify patient's next kin and explain them the pros and cons of withdrawing the treatment.
(c) The patient's treated at home their kin may admit him to the hospital of his choice or may be treated by the physician when is not possible.
(d) The Chief Medical Officers must maintain updated panel of registered practitioners for nominating them to secondary medical board on hospital's request.
(e) After medical experts agree on withdrawing medical treatment, a 30 days cooling-off period applies where aggrieved person may approach the Court of law.
(f) The party may approach the High Court under Article 226 if aggrieved by the decision of Medical Board or if a hospital fails to constitute the Board.

Here, in this case the 30 days cooling-off period was waived off due to unanimous opinion of the doctors and the family members.

CRITICAL ANALYSIS

The Judgement is an evolutionary step to strengthen the constitutional basis of the passive euthanasia by placing the patient's best interest in the centre for considering the withdrawal or withholding of the life sustaining treatment, where the patients are in permanent vegetative state. Constituting Primary and Secondary Medical Boards somewhat reduces the risk of misuse. But still without legislative framework medical practitioners may be hesitant to follow the process of withdrawal, which may incur liability on them.

It is emphasised that there must be minimal judicial intervention but until the time Parliament legislates the law on the core concept of passive euthanasia the Courts need to fill the vacuum.

CONCLUSION

The Supreme Court in the case of Harish Rana v Union of India (2026) has delivered the pivotal judgement which advances the concept of passive euthanasia in India. It allowed to withhold or withdraw life-sustaining CANH which will uphold the patients right to die with dignity. The Court held that CANH through PEG tube is not a basic care but a medical treatment for patient because it requires continuous medical intervention, specialised techniques and regular monitoring.

Determining it as a medical treatment helps the medical professional to evaluate whether continuing medical treatment will fall under the ambit of 'best interest of the patient.' The Court even emphasised that 'best interest of patient' principle cannot be construed in a rigid way; it must be evaluated according to the circumstances in existence. Prolonging the life of the patient by artificial means is not in the best interest of the patient. In this case the Court has reiterated that person has a right to die with dignity and allowed passive euthanasia and Advance Medical Directives which helps patients and their families (if patient is incapable of communicating) to make choices regarding their autonomy. Because as Hon'ble Justice J B Pardiwala observed that the decision was not an 'act of surrender' but one of 'compassion and courage.'

Yet, there is no legislative framework which governs the concept of passive euthanasia. The Court in its decision stated that due to absence of legislative framework the Courts have to step in to fill the vacuum. The guidelines laid down under Common Cause case (2018) are not a substitute for legislation to enact laws.