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HARISH RANA V. UNION OF INDIA, 2026 SCC ONLINE SC 358

~ Damini Mahanand

INTRODUCTION

Harish Rana v. Union of India is a landmark Judicial Development in the field of Medical and Law.[1] This case marks as a significant development in India's end-of-life Jurisprudence enshrined under Article 21 of the Constitution[2][3]. The Supreme Court reaffirmed the "Right to Die with Dignity,"[4][5][6] recognised Clinically Assisted Nutrition and Hydration (CANH) as a medical treatment[7] capable of withdrawal of life[8] and further procedural safeguards in relation to end-of-life jurisprudence.[9][10]

FACTS OF THE CASE

A 20-year-old student named Harish Rana from Punjab University suffered severe diffuse axonal brain injury after falling from the fourth floor of his paying guest accommodation in

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[1] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 26–32.

[2] INDIA CONST. art. 21.

[3] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 29–32.

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

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

[6] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 29–32.

[7] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

[8] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

[9] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323–327.

[10] *Common Cause v. Union of India*, (2023) 14 SCC 131.

Chandigarh on the date of 20.08.2013. He was initially admitted in PGIMER, Chandigarh however, despite prolonged treatment including ventilation and artificial nutrition his medical condition did not improve, and he continued to stay in a Permanent Vegetative State (PVS) with no awareness of external surroundings and no prospect of recovery[1112]. Over time, he became entirely dependent on CANH through a Percutaneous Endoscopic Gastrostomy (PEG) tube[13] along with constant nursing care. Despite all the medical treatment, medical experts declared him 100% permanently disabled with irreversible neurological damage.[14]

For the tenure of thirteen years, his family provided dedicated home-based medical care and treatment exhausting every means which resulted in no improvement in his condition.[15] The family concerned the artificial intervention merely prolonging his biological existence chose withdrawal of his life sustenance as the last resort.[16] Their initial petition sought constitution of medical board as per the guidelines laid down in Common Cause v. Union of India, however the said petition was dismissed by the Delhi High Court[17] on the ground that Harish Rana was not dependent on mechanical ventilation[18]. Subsequently, the Supreme Court the appropriate authorities to provide appropriate home-based care while permitting further applications.[19]

The applicant's parents requested the Court to recognise CANH administered through a PEG tube as "medical treatment"[20] capable of lawful withdrawal of life under the principles of passive euthanasia. Executing the Court's order, a Primary[21] and Secondary Medical Boards

[11] *Harish Rana v. Union of India, 2026 SCC OnLine SC 358,* ¶¶ 6–10.

[12] *Harish Rana v. Union of India, 2026 SCC OnLine SC 358,* ¶¶ 9–12.

[13] *Harish Rana v. Union of India, 2026 SCC OnLine SC 358,* ¶¶ 7–10.

[14] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 11–12.

[15] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 17–21.

[16] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 17–2.

[17] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 2–5, 23(a).

[18] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 3–5, 23(a).

[19] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 2–5, 23(b).

[20] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 4–5, 23(d).

[21] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 13–15.

[22] were constituted by the Chief Medical Officer, Ghaziabad and AIIMS, New Delhi respectively, which unanimously concluded that the applicant was in a permanent PVS with no probability of neurological recovery[23] and the continued assistance of CANH would merely prolong his biological existence.[24]

The case raised crucial Constitutional questions on the withdrawal of life following the principles of passive euthanasia and the implementation of guidelines for patients lacking Advance Medical Directive laid down in the case of Common Cause v. Union of India.[2526]

ISSUES BEFORE THE COURT

The Supreme Court observed that the case exceeded the personal circumstances of the applicant and raised serious concerns over the constitutional framework in medico-legal questions governing passive euthanasia under Article 21 of the Constitution[2728]. The Common Cause guidelines recognised the constitutional validity of Passive Euthanasia and Advance Medical Directives (AMD) however, the present case dealt with the implementation of those principles.[293031]

The Court framed the following principal issues for determination in the present case:

[22] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶ 16.

[23] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 16–21.

[24] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 16–21.

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

[26] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 26–32.

[27] INDIA CONST. art. 21.

[28] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 26–32.

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

[30] *Common Cause v. Union of India*, (2023) 14 SCC 131.

[31] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 27–32.

1. Whether CANH administered through a PEG tube, comprises of "medical treatment", capable of withdrawal?[32]
2. What is the meaning and scope of the principle of "the best interest of the patient" while deciding whether life sustaining medical treatment needs to be withdrawn or withheld?[33]
3. Whether the continuation of CANH was in the best interest of Harish Rana?[34]
4. What procedural safeguards and concerns should govern withdrawal or withhold of life-sustaining treatment after the determination is made?[35]
5. Whether the Common Cause[3637] procedural framework required further clarifications and streamlining?[38]
6. Whether the absence of a comprehensive law governing passive euthanasia and end-of-life jurisprudence required the Court to recommend specific legislative action?[39]

DECISION OF THE COURT

The Supreme Court allowed the Miscellaneous Application[40] after considering the unanimous decisions and opinions of the Primary and Secondary Medical Boards[41], submission of parties, international jurisprudence and the constitutional framework established in Common Cause v.

[32] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

[33] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 131–252.

[34] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 253–301.

[35] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 306–323.

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

[37] *Common Cause v. Union of India*, (2023) 14 SCC 131.

[38] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323–327.

[39] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 324–327.

[40] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–327.

[41] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

Union of India.[4243] The Court declared CANH through PEG tubes constituted medical treatment and does not comprise of ordinary nursing care.[44] Further, the court ruled, where treatments no longer provided therapeutic treatments and merely prolongs the biological existence, may be lawfully withdrawn after considering the principles of passive euthanasia.[4546]

The Court observed through the medical evidence, that the applicant remained in a constant Permanent Vegetative State (PVS) with no prospect of recover for over thirteen years[47]. The continued administration of CANH only prolonged his biological existence and no actual recovery[48]. Accordingly, the Court administered the withdrawal of CANH and other artificial means that the patient continued to receive[49] however also guided to provide appropriate palliative and end-of-care to ensure comfort, dignity and relief from unnecessary suffering during the dying process.[50] The Court emphasised withdrawal of ineffective medical treatment does not mean abandonment of the patient; the patient shall receive palliative care which constitutes as a medical and constitutional obligation.[51]

Additionally, the Court clarified and streamlined the Common Cause'[52] procedural framework [53]for withdrawal of life sustaining treatment, recognition of home-based care, the role and

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

[43] *Harish Rana v. Union of India,* 2026 SCC OnLine SC 358, ¶¶ 26–32, 302–305.

[44] *Harish Rana v. Union of India,* 2026 SCC OnLine SC 358, ¶¶ 302–305.

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

[46] *Harish Rana v. Union of India,* 2026 SCC OnLine SC 358, ¶¶ 302–305.

[47] *Harish Rana,* 2026 SCC OnLine SC 358, ¶¶ 306–309.

[48] *Harish Rana,* 2026 SCC OnLine SC 358, ¶¶ 306–309.

[49] *Harish Rana,* 2026 SCC OnLine SC 358, ¶¶ 310–312.

[50] *Harish Rana v. Union of India,* 2026 SCC OnLine SC 358, ¶¶ 313–322.

[51] *Harish Rana v. Union of India,* 2026 SCC OnLine SC 358, ¶¶ 313–322.

[52] Common Cause v. Union of India, (2023) 14 SCC 131.

[53] *Harish Rana,* 2026 SCC OnLine SC 358, ¶¶ 323–327.

constitution of medical boards and reduce in unnecessary judicial intervention.[54] It also urged the Government and Parliament to consitute an effective statutory framework governing passive euthanasia, advance medical directives, and end-of-life care for the uniform implementation.[55]

RATIO DECIDENDI

The Supreme Court significantly clarifies and expands the constitutional scope of Article 21[56] and includes passive euthanasia under its ambit.[5758] The key principles laid down by the Court are:

1. CANH as medical treatment: The Court considered Clinically Assisted Nutrition and Hydration administered through Percutaneous Endoscopic Gastrostomy tube constitutes as medical treatment and not ordinary nursing care.[59] The court further iterated that where such medical treatment is futile and does not provide therapeutic treatments anymore, such treatment shall be withdrawn after considering the principles of passive euthanasia.[6061]
2. Distinction between passive and active euthanasia: The Court reaffirmed that active euthanasia is the intentionally causing of death through a positive act which remains impermissible under the Indian Laws[626364], whereas passive euthanasia is where

[54] Harish Rana v. Union of India, 2026 SCC OnLine SC 358, ¶¶ 323–327.

[55] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 324–327.

[56] INDIA CONST. art. 21.

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

[58] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 33–327.

[59] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

[60] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305.

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

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

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

[64] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 33–45.

medical treatments are futile in life sustenance and needs withdrawal for the allowance of natural course of life to take its place.[656667]

3. Right to Die with Dignity under Article 21: The Court reiterated the principles laid down in Gian Kaur v. State of Punjab[68] and Common Cause v. Union of India[69] and held that Article 21 includes the Right to Die with Dignity. The constitutional protection extends not only to biological survival however it also includes dignity during death.[70]
4. Best Interests of the Patient: The Court recognised the "best interests of the patients" [7172]as the governing standard for passive euthanasia or withdrawal of life-sustaining treatments[73]. The decision should consider medical prognosis, possibility of recovery, therapeutic benefit, preservation of dignity, burden of continued treatment, the views of family members, and accepted principles of medical ethics. The assessment should be holistic including the medical determination.[74]

OBITER DICTUM

Excluding the settlement of issues raised in the present case, the Supreme Court made further crucial findings which are likely to shape the future of Jurisprudence in India.[75]

1. Need for Comprehensive Legislation: The Court stated that the guidelines raised in Common Cause v. Union of India were temporary in nature and intended to operate till

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

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

[67] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 33–130.

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

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

[70] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 26–32.

[71] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 131–133.

[72] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 306–322.

[73] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 324–327.

[74] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 253–301.

[75] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323–327.

Parliament enacts a comprehensive statute on passive euthanasia[7677]. As no such legislation has been enacted,[78] the Court urged the Parliament to frame the necessary framework governing advance medical directives, passive euthanasia, withdrawal of life sustaining treatments and palliative care for ensuring the legal certainty and uniformity.[79]

2. Importance of Palliative Care: The Court emphasised that the withdrawal of life-sustaining medical treatments does not equates to abandonment of the patient.[80] The patient should be provided with appropriate palliative care even after the withdrawal of life sustaining treatments for ensuring the dignity of the patient during the dying process under Article 21.[8182]
3. Administration Reforms: The Court observed the lacunas in the implementation of the Common Cause guidelines[83] and reiterated that there exists a need for permanent mechanisms to constitute medical boards[84], maintain advance medical directives[85] and healthcare training of professionals in end-of-life decisions.[86] In order to enable successful implementation, it urged governments to fortify the administrative framework.[87]

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[76] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 324.

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

[78] *Harish Rana*, 2026 SCC OnLine SC 358, ¶¶ 324.

[79] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323–327.

[80] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 313.

[81] INDIA CONST. art. 21.

[82] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 314–322.

[83] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323.

[84] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 323–326.

[85] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 325.

[86] *Common Cause v. Union of India*, (2023) 14 SCC 131, ¶¶ 326.

[87] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶ 327.

4. Medical Ethics: The Court clarified that passive euthanasia is in the favour of medical ethics.[88] It is the duty of a medical practitioner to not prolong a patient's life by futile medical treatment[89] however to act in the patient's best interests[90] respecting the dignity, autonomy and accepted ethical standards.[91] These observations are significant in guiding the future legislative policies in medico-legal field in relation to end-of-life care.

CONCLUSION

The significant ruling in Harish Rana v. Union of India clarifies that CANH is a life-sustaining medical treatment that can be lawfully discontinued under passive euthanasia, strengthening India's end-of-life jurisprudence.[92] The Supreme Court has offered much-needed doctrinal clarification and useful guidance by reiterating the right to die with dignity under Article 21[9394], improving the Common Cause framework[9596], and highlighting palliative care and legislative reform. The ruling is a major step toward end-of-life care that strikes a balance between individual dignity and the sanctity of life.

[88] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 210–220.

[89] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 217–220.
[90] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 253–301.

[91] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 29–32, ¶¶ 131–252, ¶¶ 253–301.

[92] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 302–305

[93] INDIA CONST. art. 21.

[94] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358, ¶¶ 26–32.

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

[96] *Common Cause v. Union of India*, (2023) 14 SCC 131.