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

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Citation: 2026 SCC OnLine SC 358

Court: Supreme Court of India, Extraordinary Appellate Jurisdiction

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

Date of Judgment:11 March 2026

Case No.: Miscellaneous Application No. 2238 of 2025 in Special Leave Petition (Civil) No. 18225 of 2024

INTRODUCTION: Harish Rana v. Union of India is not merely another entry in the line of right-to-die jurisprudence that began with Aruna Shanbaug (2011) and develop in Common Cause v. Union of India (2018). This specific judgment is significant because Supreme Court transitioned from discussing theoretical, abstract right to actively implementing practical guidelines for specific person. For a law student studying end-of-life jurisprudence, this case is significant because it closes the gap between doctrine and its deliverance about what the Constitution promises and what can actually obtain from the legal system.

BACKGROUND AND FACTS OF THE CASE: Harish Rana was a twenty-year-old B.Tech student in 2013 when a sudden fall left him with a severe traumatic brain injury. The injury placed him in a Permanent Vegetative State accompanied by Quadriplegia with 100% disability. For more than thirteen years thereafter, he remained entirely dependent on medical intervention: a tracheostomy for his airway, a urinary catheter, and Clinically Assisted Nutrition and Hydration (CANH) administered through a surgically implanted Percutaneous

Endoscopic Gastrostomy (PEG) tube. His parents, who had devoted over a decade to his care, first approached the Delhi High Court to invoke the Common Cause guidelines and initiate withdrawal of life-sustaining treatment. The High Court dismissed the writ petition, reasoning that since Harish was not on a ventilator and could breathe without support, he was not being kept alive by "external aid," and thus the guidelines were inapplicable.

This reasoning was the analytical error that the Supreme Court would later correct. On appeal, the Supreme Court initially secured enhanced home-care support for the family. When Harish's condition later deteriorated, necessitating fresh hospitalisation, his parents filed the Miscellaneous Application that culminated in this judgment, seeking constitution of medical boards under Common Cause and a declaration that CANH itself qualifies as "medical treatment" capable of withdrawal.

ISSUES: The Court framed three central questions: first, whether CANH delivered via a PEG tube constitutes "medical treatment" for the purposes of passive euthanasia law?. Second, what test governs the withdrawal of treatment for a patient who, being in PVS, cannot express consent? and Third, how the Common Cause procedural framework ought to be streamlined?.

HOLDING AND REASONING: On the first issue, the Bench held that CANH is medical treatment, not basic sustenance. The Court reasoned that CANH involves surgical insertion of devices, and continuous clinical monitoring for complications such as infections — a "technologically mediated" intervention entirely distinct from natural feeding. Crucially, the Court held that administering CANH at home through a trained family member does not strip it of its medical character; it remains a procedure prescribed and periodically reviewed by physicians. On the second issue, the Court refined the "best interest" test into a structured, two-pronged inquiry combining medical and non-medical considerations. The Court then endorsed a "balance sheet" methodology borrowed from English family law, weighing the burdens of continued treatment against its benefits. Applied to Harish, both medical boards found his condition irreversible and CANH devoid of therapeutic value, while his family's decade of testimony reconstructed his presumed wishes. On the third issue, the Court gave administrative directions: Chief Medical Officers must keep standing panels for Secondary Medical Boards and reply to nomination requests within 48 hours. High Courts must guide Judicial Magistrates on withdrawal intimations. In Harish's specific case, the Court waived the ordinarily mandatory

thirty-day reconsideration period, given the unanimous concurrence of both medical boards and the family, and directed AIIMS to implement a structured care plan to ensure a dignified withdrawal.

Critical Analysis: The judgment's principal doctrinal contribution lies in dismantling the artificial hierarchy between ventilator-dependence and other forms of life support — an error, the Delhi High Court had fallen into. By expanding the narrow scope of Common Cause, the court held that CANH is medical treatment regardless of the technological simplicity of its home administration. Simultaneously, The Court’s insistence is equally significant indicating that the "best interest" inquiry not become a euphemism for family convenience. By demanding a substituted-judgment reconstruction of the patient's own presumed wishes, the Court guards that financial or emotional exhaustion of caregivers substitutes for genuine patient-centred decision-making. Yet the question remains — The judgment continues to operate through judicially crafted guidelines rather than statute, and the Court itself concedes this is an interim arrangement. The absence of legislative framework, vulnerable to inconsistent implementation across states with uneven medical infrastructure — the very problem that delayed Harish's own relief for years.

CONCLUSION: Harish Rana implies the values of constitution symbolizing the bridge between promise and reality. Dignity begins when consciousness ends — it is precisely in the silence of the patient who cannot speak dares to beg that the law's protective voice must be loudest. Author's reflection (original, not a quotation from the judgment): “The Constitution does not merely guarantee the right to live — it guarantees the right to exist with dignity rather than to be reduced to mere biological continuity when the very mechanism ,the mind, that made life meaningful has already gone.” For law students, studying this evolving jurisprudence, Harish Rana offers a rare case study: A judgment i.e. profoundly personal, resolving the anguish of one family and rewriting the administrative machinery through which every future Indian family facing this tragedy will seek relief.