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EUTHANASIA - HARISH RANA V. UNION OF INDIA, 2026

A Commentary on Harish Rana v. Union of India, 2026 SCC OnLine SC 358

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On 11 March 2026, a two-judge bench of the Supreme Court of India comprising J.B. Pardiwala and K.V. Viswanathan, JJ. delivered its judgment in Harish Rana v. Union of India, authorising for the first time the actual withdrawal of life-sustaining treatment from a patient in a Permanent Vegetative State ("PVS")[1]

The Harish Rana judgment of 2026 is a landmark decision in which the Supreme Court of India operationalised the "right to die with dignity" under Article 21 by permitting withdrawal of life-sustaining treatment in a specific case of long-term vegetative state, thereby concretising the passive euthanasia framework laid down in earlier precedents.[2]

An important distinction made across the cases is between active euthanasia and passive euthanasia. Active euthanasia is when specific positive actions are taken to end a patient's life. Passive euthanasia is when life-support mechanisms that are preserving the patient's life are withdrawn. The distinction was further enumerated by the Supreme Court ('the Court') in *Common Cause.* The Court held that in passive euthanasia, the patient's death is caused by the underlying disease itself on withdrawal of life-support measures, and active euthanasia is

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

[2] Muhammed Farooque KT-*The Jurisprudence Of Dignity: Evolution Of Passive Euthanasia In India*

when lethal substances such as injections are administered and thereby cause the death directly.[3]

Euthanasia, particularly in its passive form, has long been a contested intersection of constitutional rights, medical ethics and societal values in India. The Supreme Court had earlier recognised that the **right** to life under Article 21 encompasses a right to die with dignity. Still, until Harish Rana v Union of India (2026 INSC 222), this remained largely doctrinal and procedural rather than applied in a concrete individual case.[4]

The 2026 decision in Harish Rana's case marks the first instance where the Court actually authorised withdrawal of life-sustaining measures for a specific patient, giving tangible content to the "right to leave/die with dignity". This commentary examines the facts, issues, reasoning and implications of the decision, and situates it within the evolving Indian jurisprudence on end-of-life choices.

The prevailing legal position on euthanasia has been established by a series of three cases – *Gian Kaur v. State of Punjab* in 1996, *Aruna Shanbaug v. Union of India* in 2011 and finally *Common Cause v. Union of India* in 2018.

Harish Rana was a 19-year-old student at Panjab University when he suffered a diffuse axonal brain injury after falling from the fourth floor of his paying-guest accommodation in August 2013 and remained in a Permanent Vegetative State (PVS) for over twelve years. He was entirely dependent on his parents for all activities of self-care, had no meaningful interaction with his surroundings, and was being kept alive through Clinically Assisted Nutrition and Hydration (CANH) administered via a PEG tube.

His family cared for him at home for over thirteen years before petitioning the Delhi High Court in 2024 for permission to withdraw the CANH. The High Court dismissed the petition, reasoning that because Rana breathed independently and was not attached to a ventilator, the discontinuation of tube feeding would constitute the withholding of "basic care" rather than the withdrawal of medical treatment contemplated by *Common Cause*, and would therefore amount to an unlawful act of starvation[5].

On appeal, the Supreme Court admitted the petition and, applying the procedure set out in *Common Cause* as modified in 2023, A bench of Justices J.B. Pardiwala and K.V.

[3] *Euthanasia and the Right to Die in India* May 26, 2023 | Naibedya Dash

[4] Muhammed Farooque KT-*The Jurisprudence Of Dignity: Evolution Of Passive Euthanasia In India* @Livelaw

[5] *In re a Ward of Court*, [1995] ILRM 401 (Ir. SC).

Viswanathan constituted dual medical boards in accordance with the Common Cause guidelines to evaluate Rana's condition and best interests. Based on their reports, and after hearing all stakeholders, the Court on 11 March 2026 authorised the withdrawal of CANH, marking India's first judicially sanctioned passive euthanasia death.

Few questions test a constitutional order as severely as the question of when, and by whom, a decision may be taken to let a person die. For over three decades, Indian courts have grappled with this question in fragments — first denying, then cautiously admitting, and eventually constitutionalising a right to die with dignity as an inseparable facet of the right to life under Article 21 of the Constitution[6]. *Harish Rana v. Union of India* is significant not because it announces a new right, but because it is the first occasion on which the Supreme Court has actually directed the withdrawal of life-sustaining treatment from a living patient, translating the abstract guidelines laid down in *Common Cause v. Union of India* into a concrete order with immediate clinical consequences[7]

RATIO DECIDENDI: ARTICLE 21, DIGNITY AND BEST INTERESTS

- ARTICLE 21: FROM LIFE TO DIGNIFIED DYING

Building upon Common Cause, the bench reaffirmed that Article 21 protects not only the right to live but also the right to die with dignity in narrowly defined circumstances. The Court reasoned that forcing a person to endure an indefinitely prolonged vegetative existence through artificial medical intervention, in the absence of any realistic prospect of recovery, reduces life to a mere continuation of physiological processes and offends human dignity[8].

The judges thus located the permissibility of withdrawing life-sustaining treatment within a composite conception of dignity, self-determination, bodily autonomy and privacy, all recognised as aspects of Article 21 in prior jurisprudence. Although Rana himself could no longer exercise autonomy, the Court held that respecting his dignity meant not imposing disproportionate and futile treatment on his body[9].

- CANH AS MEDICAL TREATMENT

[6] *Auckland Area Health Board v. Attorney-General*, [1993] 1 NZLR 235.
[7] *Ciarlariello v. Schacter*, [1993] 2 SCR 119.

[8] *Dignity at the End* – by Raghav Sengupta
[9] *Dignity at the End* – by Raghav Sengupta

A significant doctrinal contribution of the judgment is its express recognition that Clinically Assisted Nutrition and Hydration, when delivered via devices such as a PEG tube, is a form of medical treatment rather than mere basic care. As such, it can lawfully be withdrawn when continuation is no longer in the patient's best interests and only serves to prolong suffering or medical futility[10].

By clarifying this point, the Court dispelled the ambiguity that often surrounded nutritional support in end-of-life care and aligned Indian law with comparative jurisprudence that treats CANH as a medical intervention subject to ethical and legal evaluation[11].

- BEST INTERESTS AND SUBSTITUTED-JUDGMENT STANDARD

A substantial portion of the judgment is devoted to elaborating what the Court terms the "best interest of the patient" test, drawing on comparative jurisprudence from the United Kingdom, the United States, Ireland, and Australia[12]. The test requires decision-makers to weigh not only clinical futility and the burdens of continued treatment, but also the patient's inferred values, relationships, and welfare in the broadest sense, and explicitly incorporates a substituted-judgment inquiry: decision-makers must ask, so far as the evidence permits, what the patient would have wanted had they remained competent[13]. The Court frames this as a "balance-sheet exercise," weighing the marginal benefits of continued biological existence against the burdens of invasiveness, indignity, and prolonged suffering for both patient and family.

Harish Rana v. Union of India is likely to be remembered as the case in which India's constitutional right to die with dignity moved from doctrine to practice. It resolves a genuine ambiguity in *Common Cause* concerning the status of artificial nutrition, streamlines a procedure that had proved unworkable for the better part of eight years, and insists that withdrawal of treatment be accompanied by active palliative care rather than mere abandonment. For Harish Rana's family, after thirteen years of uncertainty, the judgment brought a resolution consistent with what they understood to be their son's own wishes.

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[10] *Right to Die with Dignity: How the Harish Rana Judgment Reshaped End-of-Life Law in India*. – by Kamlesh Singh

[11] *Right to Die with Dignity: How the Harish Rana Judgment Reshaped End-of-Life Law in India.* – by Kamlesh Singh

[12] *Harish Rana v. Union of India*, 2026 SCC OnLine SC 358 (11 March 2026)

[13] *Common Cause v. Union of India*, (2018) 5 SCC 1; Common Cause v. Union of India (Modification of Guidelines), 2023 SCC OnLine SC 90

At the same time, the judgment leaves open questions that will only grow more pressing as the framework is applied to less sympathetic and less clear-cut facts. Three reforms would meaningfully strengthen the architecture the Court has built. First, future cases and any eventual legislation should specify a clearer evidentiary threshold for inferring a patient's presumed wishes in the absence of an Advance Medical Directive, so that the substituted-judgment inquiry does not collapse into unexamined deference to family consent. Second, the framework should be made to engage explicitly with disability-rights jurisprudence, confining non-voluntary withdrawal to cases of clinically verified permanent unconsciousness and expressly distinguishing such cases from severe but conscious disability. Third, and most fundamentally, Parliament should treat the judgment as the occasion, long overdue, to enact a comprehensive statute on end-of-life care — one that can supply the uniformity, procedural clarity, and democratic legitimacy that judicial guidelines, however carefully drafted, cannot themselves provide[33]. Until such legislation is enacted, *Harish Rana* will continue to function as the operative law of the land on non-voluntary passive euthanasia, and the burden of getting its open questions right will continue to fall, case by difficult case, on medical boards, families, and the judiciary.