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# HARISH RANA V. UNION OF INDIA (2026 INSC 222): A LANDMARK JUDGMENT ON PASSIVE EUTHANASIA IN INDIA

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## ABSTRACT

The Supreme Court's March 11, 2026 judgment in *Harish Rana v. Union of India* authorizes India's first passive euthanasia, implementing *Common Cause v. Union of India (2018)* guidelines. Justices Pardiwala and Viswanathan permitted withdrawal of artificial nutrition for a 32-year-old in permanent vegetative state (PVS) since 2013, affirming Article 21's "right to die with dignity." The ruling clarifies procedural safeguards via dual medical boards, distinguishes passive from active euthanasia, and mandates palliative care while exposing implementation challenges absent living wills and rural healthcare infrastructure.

**Keywords:** Passive Euthanasia, Article 21, Right to Die with Dignity, PVS, Common Cause, Living Wills.

## 1. INTRODUCTION

*Harish Rana v. Union of India*<sup>1</sup> marks a significant milestone in India's constitutional and medical jurisprudence as one of the first court-approved instances of passive euthanasia in practical application. The case concerned a 32-year-old engineering student who had remained in a permanent vegetative state (PVS) since 2013, following a severe brain injury. After thirteen years of continued medical support with no possibility of recovery, Rana's family approached the Supreme Court seeking withdrawal of artificial nutrition and life-sustaining treatment.

Justices Pardiwala and Viswanathan, relying upon the principles laid down in *Common Cause v. Union of India*<sup>2</sup>, held that Article 21 of the Constitution encompasses the "right to die with dignity" in cases involving irreversible PVS patients. The judgment is particularly significant as it operationalizes the passive euthanasia framework established in 2018 through procedural safeguards such as dual medical boards, thereby bridging constitutional theory with medical practice while balancing the sanctity of life against individual dignity and autonomy.

## 2. FACTUAL BACKGROUND

Harish Rana, a 32-year-old engineering student, suffered a severe fall from the fourth floor of his hostel accommodation near Panjab University in 2013, resulting in catastrophic brain injury. Since the accident, he remained in a permanent vegetative state (PVS) with no meaningful cortical function or possibility of recovery. Over the years, multiple medical boards, including specialists from government hospitals and AIIMS, examined his condition and unanimously concluded that the state was irreversible.

After more than thirteen years of continued artificial nutrition and life-sustaining treatment, his family approached the Supreme Court seeking permission for withdrawal of such medical support. The plea raised significant constitutional and ethical questions concerning the scope of Article 21 and the right to die with dignity.

## 3. JUDICIAL EVOLUTION

The legal framework governing passive euthanasia in India has evolved through landmark

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<sup>1</sup> Harish Rana v. Union of India, (2026) INSC 222.

<sup>2</sup> Common Cause v. Union of India, (2018) 5 SCC 1.

judicial precedents. *Aruna Ramachandra Shanbaug v. Union of India*<sup>3</sup> was the first case to recognize the permissibility of passive euthanasia for patients in a permanent vegetative state (PVS), subject to strict judicial and medical safeguards. This framework was subsequently given constitutional strength in *Common Cause v. Union of India*<sup>2</sup>, wherein the Supreme Court held that Article 21 encompasses the “right to die with dignity.”

*Harish Rana v. Union of India* operationalizes both these precedents in practical terms. Justices Pardiwala, delivering the lead opinion, and Justice Viswanathan, in his concurring opinion, permitted the withdrawal of life-sustaining treatment by applying the 2023 procedural modifications that eliminated the requirement of a magistrate inquiry in PVS cases. Significantly, the Court recognized artificial nutrition as a form of withdrawable medical treatment, thereby extending the protection of dignity under Article 21 from life to death.

#### 4. RATIO DECIDENDI AND PROCEDURAL SAFEGUARDS

The ratio decidendi of *Harish Rana v. Union of India* lies in the Supreme Court’s affirmation that the right to life under Article 21 includes the right to die with dignity in cases involving irreversible permanent vegetative state (PVS). To ensure that this right is exercised within strict constitutional and medical safeguards, the Court laid down a robust procedural framework.

First, the Court mandated the constitution of dual medical boards, comprising senior specialists from a government hospital as well as an AIIMS-level institution, with at least three senior doctors on each board. Secondly, institutional oversight through the concerned authorities, including NALSA and the Ministry of Health and Family Welfare, was required, with the process to be completed within a maximum period of three weeks. Thirdly, the Court emphasized that palliative care must remain mandatory during the withdrawal phase so as to preserve human dignity and minimize suffering.

Further, the judgment clarified that artificial nutrition and life-sustaining support constitute medical treatment and may therefore be lawfully withdrawn. Importantly, the Court also ensured legal protection to medical professionals and family members by holding that Sections 306 and 309 of the Indian Penal Code are inapplicable to lawful withdrawal of treatment. In the absence of a living will, the Court recognized family consent as a valid substitute decision-

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<sup>3</sup> *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454.

making mechanism, subject to judicial and medical scrutiny.

Compared to *Aruna Shanbaug (2011)*, the present judgment significantly strengthens the framework by requiring dual medical boards, prescribing a defined timeline, and eliminating the earlier requirement of magistrate inquiry in clear PVS cases.

## 5. CRITICAL APPRAISAL

The judgment in *Harish Rana v. Union of India* is commendable for transforming the principles laid down in *Common Cause v. Union of India* into a workable procedural reality. By operationalising an eight-year-old constitutional precedent, the Court has significantly advanced India's end-of-life jurisprudence. The recognition of legal immunity for doctors and family members involved in lawful withdrawal of treatment is particularly important, as it addresses long-standing fears of criminal prosecution under the penal law. Further, the decision aligns Indian jurisprudence with global precedents such as *Airedale NHS Trust v. Bland* in the United Kingdom and *Cuthbertson v. Rasouli* in Canada.

However, the judgment also exposes serious practical and legislative challenges. In a country where a substantial proportion of critically ill patients are located in rural and semi-urban regions, access to AIIMS-level institutions and specialized medical boards remains limited. This raises concerns regarding the effective implementation of the procedural safeguards laid down by the Court. Additionally, in the absence of a robust living will mechanism, there remains a risk of family coercion or misuse in substitute decision-making.

While the elimination of magistrate inquiry in clear PVS cases reduces procedural delay and ensures certainty, it also shifts greater responsibility onto medical institutions and family consent. The case therefore highlights an urgent legislative gap and underscores the need for a comprehensive End-of-Life Care Bill, particularly to establish a digital living will registry and strengthen palliative care infrastructure across India.

## 6. CONCLUSION

*Harish Rana v. Union of India* marks a significant milestone in the evolution of Article 21 by extending the constitutional guarantee of the "right to life" into a broader continuum of life and death with dignity. By operationalising the principles laid down in *Common Cause* through procedural safeguards such as dual medical boards and a defined three-week timeline, the

Supreme Court has effectively bridged constitutional theory with medical practice.

At the same time, the judgment exposes serious systemic and legislative gaps, including inadequate rural access to palliative care, the absence of a robust living will framework, and the continuing uncertainty surrounding the broader debate on euthanasia in India. These concerns underscore the urgent need for a comprehensive End-of-Life Care Bill to establish digital living will registries and strengthen nationwide palliative care infrastructure.

The decision represents a humane and compassionate interpretation of constitutional rights. From the safeguards first articulated in *Aruna Shanbaug* to their practical application in *Harish Rana*,

Article 21 now clearly embraces not only dignified existence but also dignified exit.