THE HARISH RANA PASSIVE EUTHANASIA CASE: OPINION ARTICLE

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He Was 19 When He Fell. He Was 31 When India Finally Let Him Go. The Story of How a Nation Learnt What Dignity Really Means.

Thirteen years, three courts, two medical boards, and a Supreme Court bench all to answer one question that any compassionate heart could have answered in seconds: when is it mercy to stop, and cruelty to continue? The Harish Rana judgment is not just a legal landmark. It is a mirror held up to India's soul.

I. First Principles: What Is Euthanasia?

In August 2013, a 19-year-old student in Chandigarh fell from a fourth-floor balcony. He did not die. He did something, in many ways, worse he survived, but never came back. His name was Harish Rana**.** His eyes opened. His lungs breathed. A PEG tube fed him. And for thirteen years, the machine of modern medicine kept his body running while the person inside the young man with a future was simply gone.

On March 11, 2026, a two-judge bench of the Supreme Court of India Justices J.B. Pardiwala and K.V. Viswanathan delivered a judgment that will be written about for decades. They permitted the withdrawal of Clinically Assisted Nutrition and Hydration (CANH) from Harish Rana. They allowed him, finally, to die.

This was not just a court order. It was the first practical application, in Indian legal history, of the right to die with dignity under Article 21 of the Constitution. It was the moment that fifteen years of judicial evolution from the nurse in KEM Hospital to the NGO's petition to the Constitution Bench turned from theory into flesh and bone. And it raises a question every Indian citizen, every doctor, and every lawmaker must now confront: we built the legal framework. Are we finally ready to use it?

Before we understand the law, we must understand the concept. The word "euthanasia" comes

from two Greek words *eu* (good) and *thanatos* (death). Literally, it means "a good death." It refers to the deliberate act of ending or allowing to end a person's life in order to relieve unbearable suffering that has no prospect of recovery.

The Types of Euthanasia

1. **Active Euthanasia**

A deliberate act administering a lethal drug, injection, or measure to cause death. The doctor takes positive action to end life. Also called "mercy killing" in the popular press.

Status in India: Illegal

2. Passive Euthanasia

Withdrawing or withholding life-sustaining treatment ventilators, feeding tubes, nutrition so that the natural dying process may proceed without artificial interruption.

Status in India: Legal (with court-supervised safeguards)

3. Voluntary Euthanasia

The patient consciously and clearly consents to ending their life. An advance directive or "living will" captures this consent for situations where the person later cannot speak for themselves.

Status in India: Protected via Living Will (Advance Medical Directive)

4. Non-Voluntary Euthanasia

When a patient is incapable of giving consent comatose, in PVS, or a minor and the decision is made by family or court on a "best interests" standard after medical board assessment.

Status in India: Permitted under court and medical board supervision

II. A Brief History of the "Good Death" How the World Got Here

Euthanasia is not a modern invention it is an ancient debate wearing modern clothes. Ancient

Greeks and Romans practised it. Hippocrates, the father of medicine, opposed it in his famous oath. In medieval Europe, the Church declared life sacred and inviolable. The debate never died it only changed its costume.

In modern legal history, the Netherlands became the first country to legalise euthanasia in 2002, permitting both active and passive forms under strict conditions. Belgium followed in the same year. Switzerland has long permitted assisted dying through organisations like Dignitas. Canada legalised Medical Assistance in Dying (MAID) in 2016. The United States allows physician-assisted death in states like Oregon and California under the Death with Dignity Act. India's journey was slower, more cautious and, one must say, more constitutional. While the world argued in legislatures, India argued in courtrooms. And it is from those courtrooms that our jurisprudence was born.

III. The Seed: Aruna Ramchandra Shanbaug v. Union of India (2011) 4 SCC 454

Decided: March 7, 2011 | **Bench:** Justice Markandey Katju & Justice Gyan Sudha Misra

Aruna Shanbaug was a staff nurse at King Edward Memorial (KEM) Hospital, Mumbai. On the night of November 27, 1973 she was 25 years old a hospital sweeper attacked her brutally. He wrapped a dog chain around her neck and strangulated her, cutting off oxygen supply to her brain. The resulting brain damage was catastrophic and irreversible. She entered a permanent vegetative state and remained there for 42 years, cared for by the nursing staff of KEM Hospital who in one of medicine's most profound acts of devotion never abandoned her.

In 2009, journalist Pinki Virani filed a writ petition before the Supreme Court as Aruna's "next friend," seeking permission for passive euthanasia the withdrawal of feeding. The nurses of KEM Hospital opposed the petition. The Supreme Court appointed a team of three doctors to examine Aruna independently.

The Verdict: The Court denied euthanasia to Aruna Shanbaug specifically noting that the doctors found she was not brain dead, and that the nurses who cared for her wished to continue. But in doing so, it did something more historically significant: it laid down a framework for passive euthanasia in India for the first time. It said that passive euthanasia under strict judicial supervision can be permissible. It held that the right to die with dignity flows from the right to life under Article 21. It directed that such cases be decided by High Courts, after examining a

medical board report.

Aruna Shanbaug passed away on May 18, 2015, after contracting pneumonia on her own terms, in the hospital where she had been cared for with extraordinary dignity.

IV. The Constitutional Anchor: Article 21 and the Right to Die with Dignity

Article 21 of the Constitution of India reads with deceptive simplicity: *"No person shall be deprived of his life or personal liberty except according to procedure established by law."* Seven words "life or personal liberty" that the Supreme Court has expanded, over seven decades, into a vast cathedral of rights.

The right to life under Article 21 has been interpreted to include the right to live with dignity (Francis Coralie Mullin, 1981), the right to health, the right to a clean environment, the right to privacy (K.S. Puttaswamy, 2017), and most crucially for our story the right to die with dignity.

The logical argument is elegant: if Article 21 guarantees not just biological existence but a life lived with dignity and autonomy, then forcing a person to remain in a permanent vegetative state with no consciousness, no personhood, no quality of life when there is no hope of recovery is not protecting life. It is mocking the very concept of life that the Constitution intended to protect. As the Constitution Bench would later put it in Common Cause (2018): the right to life is not a right to be kept alive at any cost. It is the right to live and, when living is no longer possible with any semblance of dignity, the right to have that biological imprisonment end with compassion.

V. The Framework: Common Cause (A Regd. Society) v. Union of India, (2018) 5 SCC 1

Decided: March 9, 2018 | **Bench:** Constitution Bench of 5 Judges (Chief Justice Dipak Misra, Justices A.K. Sikri, A.M. Khanwilkar, D.Y. Chandrachud, Ashok Bhushan)

Common Cause, a registered NGO, filed a PIL under Article 32 asking the Court to: (1) recognise the right to die with dignity as a fundamental right under Article 21; (2) validate the concept of "living wills" or Advance Medical Directives; and (3) lay down a comprehensive framework for passive euthanasia.

The Constitution Bench unanimously held that the right to die with dignity is a fundamental right an integral part of the right to life and personal liberty under Article 21. It overruled the older Gian Kaur judgment's suggestion that such a right required legislation. It said courts can lay down guidelines until Parliament acts. It gave legal validity to Advance Medical Directives (Living Wills) documents executed by a person while of sound mind, specifying what medical treatment they do or do not consent to if they later lose the capacity to decide.

The Living Will Democracy Over Your Own Death

Perhaps the most radical and most important gift of Common Cause is the concept of a Living Will. Simply stated you can write, today, a document that says "if I ever end up in a permanent vegetative state with no hope of recovery, I do not consent to being kept alive artificially." That document, executed with legal formality, will bind doctors and courts in the future. This is the principle of bodily autonomy extended to its logical conclusion. Your body is yours. Your death, when it comes, should be yours to shape too.

Supreme Court Guidelines Common Cause 2018 (Streamlined in January 2023)

I. A person of sound mind, above 18 years, can execute an Advance Medical Directive (Living Will) specifying their wishes regarding life-sustaining treatment.

II. The directive must be attested by two witnesses and a Notary or Gazetted Officer. (The earlier requirement of a Judicial Magistrate's counter-signature was removed in 2023 to make the process practical.)

III. When a patient is terminally ill or in PVS with no hope of recovery, the treating hospital constitutes a Primary Medical Board to assess the case.

IV. If the Primary Board agrees that treatment should be withdrawn, a Secondary Medical Board is constituted by the Chief District Medical Officer to independently verify the assessment.

V. If both boards agree and in the absence of a living will, the family gives informed consent the matter goes to the High Court for final approval under Article 226.

VI. The High Court must decide the matter promptly ideally within a month after hearing the

parties and appointing an amicus curiae if needed.

VII. No doctor, nurse, or hospital acting in good faith within this framework shall face civil or criminal liability.

In January 2023, the Supreme Court revisited these guidelines and simplified them significantly removing bureaucratic layers that were making the process unworkable in practice. The 2023 modification was itself a recognition that the framework existed only on paper, and real families were suffering while courts debated procedure.

VI. Harish Rana v. Union of India, 2026 SCC Online SC 358

And then came Harish Rana. A 19-year-old who fell from a building in 2013. A man who spent thirteen years in a permanent vegetative state, fed through a PEG tube, his 100% quadriplegic body motionless, his mind all medical evidence confirmed irreversibly gone. A family that fought for years to give their son what the law had promised but never delivered.

Case: Harish Rana v. Union of India, 2026 SCC OnLine SC 358 (2026 INSC 222)

Decided: March 11, 2026 | **Bench:** Justice J.B. Pardiwala & Justice K.V. Viswanathan

The Facts: In August 2013, Harish Rana a 19-year-old student in Chandigarh fell from a fourth-floor building and sustained a severe traumatic brain injury. He entered a Permanent Vegetative State with 100% quadriplegia. For over thirteen years, he was kept alive through Clinically Assisted Nutrition and Hydration (CANH) delivered via a PEG tube. He had no awareness, no cognition, no communication, and no prospect of recovery. Every medical opinion was unanimous: there was no chance of any meaningful recovery.

The Legal Journey: His family approached the Delhi High Court seeking permission for passive euthanasia. The Delhi High Court dismissed the petition in 2024, reasoning that Harish was not on mechanical ventilation and thus did not meet its interpretation of "terminally ill" under the euthanasia framework. The family approached the Supreme Court of India.

The Supreme Court Process: In 2025, the Supreme Court admitted the petition and directed the constitution of Primary and Secondary Medical Boards as required under the Common Cause framework. Both boards confirmed: no chance of recovery. Continued CANH served no

therapeutic purpose it only prolonged biological existence in an undignified, irreversible vegetative state. On January 15, 2026, the bench reserved judgment. On March 11, 2026, it pronounced its historic order.

Outcome: The Supreme Court permitted withdrawal of CANH. On March 24, 2026, Harish Rana passed away peacefully under palliative care at AIIMS, Delhi. He was 32 years old. His family donated his corneas and heart valve. The Supreme Court, when it took note of his death certificate on April 7, 2026, commended the family's generosity.

Why the Delhi High Court Was Wrong and Why It Mattered

The Delhi High Court's refusal reveals a deeply dangerous narrow reading of the law. It held that because Harish was not on a mechanical ventilator not dependent on a machine to breathe he was not "terminally ill" in the way the earlier judgments contemplated. Therefore, it said, the euthanasia framework did not apply.

This reasoning, though superficially logical, was constitutionally bankrupt. It created a perverse incentive: a patient's family must wait until the patient deteriorates to the point of needing a ventilator before being allowed to seek dignity in death. It meant that a person kept alive through a feeding tube arguably a more invasive and dignity-denying intervention had no legal remedy, while a person on a ventilator did. This was not law. This was arbitrariness dressed in judicial robes.

The Best Interests Standard Four Pillars

The most significant legal contribution of the Harish Rana judgment is its detailed articulation of the "best interests" test. The judgment identified four pillars:

VIII. **Medical Futility:** Has every reasonable medical opinion confirmed that continued treatment offers no realistic prospect of recovery Both medical boards must answer this question independently.

IX. **Irreversibility:** Is the patient's condition permanent and irreversible? A temporary coma or recoverable injury does not qualify the vegetative state must be beyond medical reversal.

X. **Dignity:** Is the continued existence of the patient in a condition that honours their dignity as a person, or does it reduce them to a biological object? Article 21 demands dignity not mere biological persistence.

XI. **Family Wishes and Patient's Known Values:** What did the patient value when they could speak? What do those who knew and loved them believe is in their best interest? These views are not determinative but must be heard and respected.

VII. A Timeline of India's Euthanasia Jurisprudence

1973 The Attack on Aruna Shanbaug

Aruna Shanbaug, a staff nurse at KEM Hospital Mumbai, is brutally attacked. She enters a permanent vegetative state and remains there for 42 years, cared for devotedly by the nursing staff of KEM. Her case will eventually become India's foundational euthanasia judgment.

1996 Gian Kaur v. State of Punjab

The Supreme Court holds that the right to life under Article 21 does not include a right to die. But it acknowledges that a right to die with dignity at the end of life may be a different question. The seed is planted.

2011 Aruna Shanbaug v. Union of India The First Framework

The Supreme Court denies euthanasia to Aruna Shanbaug, but legalises passive euthanasia in principle under judicial supervision. It holds that Article 21 includes the right to die with dignity. India's euthanasia law is born.

2013 Harish Rana Falls A Clock Starts Ticking

A 19-year-old student falls from a fourth-floor building in Chandigarh. He enters a permanent vegetative state with 100% quadriplegia. He will spend the next thirteen years in this condition while Indian law slowly builds the framework that will one day free him.

2015 Aruna Shanbaug Passes Away

Aruna Shanbaug dies of pneumonia on May 18, 2015, at KEM Hospital. She never knew what her case had seeded into Indian law.

2018 Common Cause v. Union of India The Constitution Bench Speaks

A five-judge Constitution Bench unanimously holds that the right to die with dignity is a fundamental right under Article 21. It validates Living Wills (Advance Medical Directives) and lays down a comprehensive framework. India's euthanasia law is fully constructed on paper.

2023 Procedure Streamlined

The Supreme Court modifies the 2018 guidelines removing the requirement of a Judicial Magistrate's counter-signature. The process is made more accessible. But still, no court has actually allowed passive euthanasia for any individual.

2024 Delhi High Court Dismisses Harish Rana's Petition

The Delhi High Court rules that because Harish Rana is not on mechanical ventilation, the passive euthanasia framework does not apply. His family approaches the Supreme Court.

2026 Harish Rana v. Union of India India's First Passive Euthanasia

On March 11, the Supreme Court permits withdrawal of CANH. On March 24, Harish Rana passes away. His family donates his corneas and heart valve. The Supreme Court lauds their generosity. India has its first judicially sanctioned passive euthanasia.

VIII. Why the Harish Rana Case Is a Watershed Five Reasons

It would be a mistake to read Harish Rana as a narrow, fact-specific judgment about one man's tragedy. Its implications radiate outward in five critical directions.

First: *it transforms passive euthanasia from constitutional theory to operational reality.*

Before March 11, 2026, the right to die with dignity existed only in law reports. It had never been applied to a real person. The Harish Rana judgment crossed that chasm. The right is no longer theoretical. It is living, tested, and demonstrated.

Second: *it decisively settles the CANH question.*

By holding that feeding tubes and nutrition support are "medical treatment" not basic nursing care the Court has given hospitals, doctors, and families a clear answer to a question that has paralysed medical ethics committees across India.

Third: *it forces Parliament to act.*

The Supreme Court, in its judgment, "strongly urged Parliament to enact a comprehensive statute on end-of-life decision-making." India has been waiting for such a law since 2006. The Harish Rana case has made that legislative silence indefensible.

Fourth: *it brings India into the community of civilised medical jurisprudence.*

The UK's Airedale NHS Trust v. Bland (1993), the US's Cruzan v. Missouri (1990), the Netherlands' Euthanasia Act (2002) Harish Rana v. Union of India now stands alongside them.

Fifth: *and most profoundly, it asks us a question that law alone cannot answer.*

The Harish Rana case is ultimately not about passive euthanasia. It is about what we mean by dignity. It is about whether a society that prides itself on compassion can look at a 32-year-old man who has been unconscious for thirteen years and say: "No. We insist you remain as you are." That would not be constitutional fidelity. That would be constitutional cruelty.

IX. A Final Word The Man and the Moment

On March 24, 2026, Harish Rana died. He was not killed. He was released. There is a difference and it is the difference that thirteen years of litigation, three courts, five Supreme Court judges in one Constitution Bench and two in another, two medical boards at AIIMS, and one extraordinary family fought to establish.

He had been 19 when the accident happened. He had never gotten the chance to fall in love, to graduate, to argue with his parents about his career, to see the person he would have become. What he got, instead, was a PEG tube, a hospital bed, and a family that refused to let the law abandon him.

The day after the Supreme Court allowed his death, Harish Rana's family donated his corneas

and his heart valve. In that act in the grace of those who had suffered so much finding the generosity to give there is something that transcends law and enters the realm of the sacred.

India's legal system took fifteen years to do what a compassionate heart would have done in fifteen seconds. That gap between what the law says and what the law does is the chronic wound of Indian jurisprudence. The Harish Rana case does not heal it. But it makes it narrower.

The law has said: a life without dignity is not the life the Constitution promised. The challenge now is to make sure that promise reaches every family in every corner of India not just those with the resources and the resilience to fight all the way to the Supreme Court.

Harish Rana gave India its first judicially sanctioned passive euthanasia. India must now give every Harish Rana a law worthy of his sacrifice.