

---

## THE JURISPRUDENCE OF A DIGNIFIED EXIT: ANALYSING HARISH RANA V. UNION OF INDIA

---

Paavan Sidhu, University Institute of Legal Studies, Panjab University, Chandigarh.

Hunar Choudhary, University Institute of Legal Studies, Panjab University, Chandigarh.

### ABSTRACT

The following paper analyses the recent Supreme Court Judgement of Harish Rana v. Union of India<sup>1</sup>, which for the first time allowed a person in a permanent vegetative state to pass away without further prolonging his agony and the hardships he was facing being alive only due to the medical support. This marks a shift of the hesitance of the Courts in India from not granting the 'Right to Die' in earlier cases to now finally allowing it. The paper further explains the main issues before the Court, the Court's clarifications and explanations and how this verdict stands as a landmark one in jurisprudence.

### INTRODUCTION

A Division Bench of the Supreme Court of India consisting of Justice J.B. Pardiwala and Justice K.V. Viswanathan, delivered a landmark verdict in Harish Rana v. Union of India<sup>2</sup> on 11 March, 2026 and transitioned the Right to Die with Dignity from merely a Constitutional idea to a reality. This case represents the first time that a person in at Persistent Vegetative State (PVS) has been deprived of life support in the form of Clinically Assisted Nutrition and Hydration (CANH), who was surviving on the same for nearly 13 years allowing them to pass with dignity. This marks the Court's revolutionary classification of Feeding tubes as medical treatment and not just basic care, neutralising its criminal liability and draws a linkage between passive euthanasia and palliative care. It also marks the judicial shift from Sanctity of Life to Quality of Life doctrine in the post- pandemic era.

Throughout the Indian Constitution's history, 'Article 21' - which guarantees the 'Right to Life

---

<sup>1</sup> Harish Rana v. Union of India & Ors., MISCELLANEOUS APPLICATION NO. 2238 OF 2025

<sup>2</sup> *Ibid.*

and Personal Liberty’ - has been the most flexible and expansive clause. What started as a mere right against unlawful deprivation of life now includes various other attributes which signify the quality of life rights, including the Right to Die with Dignity. The Right to Die with dignity was first recognised in the Gian Kaur case<sup>3</sup> and later solidified in the Common Cause v. Union of India<sup>4</sup> which recognised the Right to Die with Dignity as a Fundamental Right under Article 21, but it remained largely theoretical due to complexities of procedure and lack of implementation in the real world.

The case of Harish Rana serves as a turning point where the judiciary exercised its *parens patriae* jurisdiction to allow a 32 year-old man suspended in a thirteen year long animal existence. The judgement is not only a permission to die, but a recalibration of medical ethics and human rights in the present time of rapid technological advancements special in the field of medicine. The Court has now provided a roadmap to peaceful and dignified exit rather than a hard life by distinguishing between living and existing, which was earlier denied in cases like Aruna Shanbaug.<sup>5</sup>

## FACTS

Harish Rana was a 4th year BTech student at Panjab University, when he fell down from the fourth floor balcony of his rented accommodation which resulted in “catastrophic intracranial haemorrhage and diffuse axonal injury. The fall resulted in:-

- 100% quadriplegic disability which means total loss of functioning and sensation in all of the 4 limbs.
- A non- progressive and permanent neurological failure with a dead cortex resulting in irreversible brain damage.

He has thus, remained in a Permanent Vegetative State(PVS) since the fall. He was fully dependent on Percutaneous Endoscopic Gastronomy (PEG) tube for survival along with constant nursing care which was mostly given at home by his family members. On the basis of these facts we can conclude that he was solely dependent on Clinically Assisted Nutrition and

---

<sup>3</sup> Gian Kaur v. State of Punjab, 2 SCC 648

<sup>4</sup> Common Cause v. Union of India, AIR 2018 SC 1665

<sup>5</sup> Aruna Ramchandra Shanbaug v. Union of India, (2011) 4 SCC 391

Hydration (CANH) for the past 13 years.

## **PRESENT CASE**

The present case arose when a miscellaneous application was filed before the Supreme Court by the parents of Harish Rana on his behalf. This application was filed aggrieved by the Delhi High Court's order in 2024 which denied him the right to die with dignity stating that he was sustaining himself as he was not on a ventilator. The HC also stated that removing the PEG tubes would amount to starvation which is a form of active euthanasia and thus illegal in India.

The main plea of the parents before the Supreme Court was that forced survival under prevailing conditions violated the fundamental 'Right to Dignity' under 'Article 21' of the Indian Constitution.

The division bench of the Supreme Court framed 4 key issues directly, strike at the heart of medical jurisprudence.

1. Whether the administration of CANH considered "medical treatment"?
2. What is the best interest principle of a patient in determining whether ,medical treatment should be withdrawn or withheld?
3. Whether it is in the best interest of the applicant that his life be prolonged by continuing the medical treatment?
4. What are the further steps to be taken when a decision is arrived at for withdrawing or withholding medical treatment?

## **JUDGMENT**

ISSUE 1: Whether the administration of CANH considered "medical treatment"?

The Supreme Court held that CANH (consisting of PEG tubes and IV fluids) is not oral feeding but requires surgical insertion, clinical maintenance and monitoring, thus, passing the barrier from basic care to technologically mediated medical intervention. When such intervention is neither healing nor restoring the patient's condition, but merely delays the biological process of dying becomes ceases to be care and becomes unwanted intervention. The Supreme Court

held CANH to be medical treatment, which could be withdrawn or withheld, if it does not serve its therapeutic purpose and such withdrawal or withholding would not amount to starvation. Therefore, the starvation fallacy of the Delhi High Court was corrected.

ISSUE 2: What is the best interest principle of a patient in determining whether, medical treatment should be withdrawn or withheld?

Supreme Court held that the best interest of a patient extends beyond near physiological survival to include non-medical considerations like the patient's dignity, avoiding prolonged suffering for the patient and the views of the next kin of the patient when the patient's directive is missing. It was emphasised that survival is not always the same as living and continued prolonging a state of animal existence is a violation a person's dignity.

ISSUE 3: Whether it is in the best interest of the applicant that his life be prolonged by continuing the medical treatment?

The Supreme Court held that it was not in the best interest of Harish Rana to artificially prolong his life further. The court came to this conclusion on the basis of the reports of both the primary and the secondary medical boards which confirm that his condition was irreversible and continuation of treatment was futile. Also, the court considered the ardent appeal of his parents who had cared for him for over a decade and now wanted to relieve him for any further agony and suffering. ISSUE 4: What are the further steps to be taken when a decision is arrived at for withdrawing or withholding medical treatment?

The Court identified a 'procedural gap' for patients like Harish Rana who are cared for at home.

The Court issued guidelines for future cases:

- The Chief Medical Officer (CMO) must nominate medical practitioners and constitute medical boards when a hospital does not have them
- A 30-day reconsideration period should be observed between the time when both the primary and secondary medical boards have given their reports and the withdrawal of treatment is implemented. (It was waived off in the present case)
- In cases where the medical institutions fail to comply with the guidelines, the patient's next

kin can approach the High Court.

Additionally the Court once again urged the Parliament to enact comprehensive framework for dealing with such cases of withdrawal of medical treatment. The Court stated that its guidelines serve as a temporary constitutional bridge and that judicial intervention is a matter of constitutional necessity in the face of legislative inaction.

## **FINAL ORDER**

The Court allowed the withdrawal of all types of medical treatment being provided to Harish Rana and permitting the nature to take its due course. He was to be shifted to the palliative care unit of AIMMS, New Delhi for the same.

## **CONCLUSION**

The judgement transcends beyond just right to die with dignity which existed theoretically to allowing it to be a lived and departed reality, ensuring that law does not prolong mere animal existence under the guise of morality and legal ethics.

This verdict of the Court finally takes away the hesitation that judiciary faced regarding the 'Right to Die', with the classification of Clinically Assisted Nutrition and Hydration (CANH) as medical treatment the gap between theory and practical has been finally bridged.