CASE LAW UPDATES

Case Brief: Harish Rana v. Union of India

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Can a court allow a family to stop artificial feeding for a son who has lain in a vegetative state for thirteen years? In Harish Rana v. Union of India, the Supreme Court said yes, and in doing so gave India its first real world application of passive euthanasia.

This case brief on **Harish Rana v. Union of India** follows the standard format used in law prep courses. It covers the facts, issues, arguments, holding, and ratio, so you can revise the judgment quickly and accurately.

Citation and Bench

Case Name: Harish Rana v Union of India

Citation: 2026 INSC 222; 2026 SCC OnLine SC 358

Court: Supreme Court of India

Decided On: March 11, 2026

Bench: Justice J.B. Pardiwala (lead opinion) and Justice K.V. Viswanathan (concurring opinion)

Provision Involved: Article 21 of the Constitution

You can read the full text of the judgment on the Supreme Court website.

Background: The Law Before This Case

To follow this judgment, you need to know how the law reached this point. In Gian Kaur v State of Punjab (1996), the Court held that Article 21 does not include a right to die, though it hinted at a right to die with dignity when death is near.

In Aruna Shanbaug v Union of India (2011), the Court recognised passive euthanasia for the first time. It required approval from the High Court under Article 226.

In Common Cause v Union of India (2018), a Constitution Bench held that the right to die with dignity is part of Article 21. It legalised passive euthanasia and living wills, but kept active euthanasia illegal. These guidelines were simplified in 2023.

Facts

Harish Rana was a 19 year old student in Chandigarh when he fell from the fourth floor of a building in August 2013. The fall caused a diffuse axonal injury, leaving him with quadriplegia and 100 percent disability.

For over thirteen years he remained in a permanent vegetative state. He was on a tracheostomy tube and a urinary catheter. His nutrition and hydration came through a PEG tube, a medical procedure known as Clinically Assisted Nutrition and Hydration, or CANH.

Medical reports showed he had no awareness of his surroundings. His parents, now aged, bore the physical and financial strain of his care. They finally sought permission to withdraw his treatment.

Procedural History

The parents first approached the Delhi High Court. In 2024, the High Court refused relief, reasoning that Harish was not on a ventilator and that removing the PEG tube would amount to starving him to death.

In August 2024, the Supreme Court initially leaned towards the High Court's view. It asked the Union to explore care facilities and, in November 2024, suggested that the Uttar Pradesh government help with medical costs.

In October 2025, the parents filed a fresh application. The Bench set up the two tier medical review process under the Common Cause guidelines. The Primary Board found a negligible chance of recovery, and the Secondary Board found his brain damage irreversible.

Issues

1. **Whether CANH through a PEG tube is basic care or medical treatment.**

2. **Whether withdrawing CANH can qualify as passive euthanasia even when the patient is not on a ventilator.**
3. **How the "best interests" standard applies to a patient who left no living will.**
4. **What safeguards must accompany the withdrawal of treatment.**

Arguments

The petitioners (parents) argued that continued treatment was futile and only prolonged their son's agony. They said they had a moral responsibility to speak for him and that his life, kept going artificially, had lost dignity.

The opposing view, reflected in the Delhi High Court's reasoning, was that CANH is basic sustenance rather than treatment. On that reasoning, stopping it would be an act of starvation and not passive euthanasia.

Holding

The Supreme Court permitted the withdrawal of CANH, applying the Common Cause framework in full. The key holdings are set out below.

1. CANH is medical treatment. The Court held that CANH cannot be treated as "primary care." It needs a technological medical procedure, periodic review, and clinical judgment, so it falls under the same principles that govern any other life sustaining treatment.

2. Passive euthanasia is lawful under Article 21. The Court reaffirmed that the right to die with dignity flows from the right to live with dignity. Active euthanasia, meaning the deliberate administration of a lethal substance, remains impermissible.

3. The best interests test is holistic. The Court said there is no straitjacket formula. It weighed the benefits of treatment against its burdens, including physical suffering, invasiveness, indignity, and psychological distress.

4. Substituted judgment fills the gap. Since Harish left no living will, the Court asked what he would have wanted if he had capacity. Noting his energetic, sports loving life before the accident, it concluded he would not have chosen to continue CANH.

5. Medical boards have independent judgment. Both the Primary and Secondary Boards found the treatment futile. The Court clarified that it is not always the final arbiter of a patient's welfare.

6. Withdrawal must be humane, not abrupt. CANH must be withdrawn step by step under a supervised palliative and end of life care plan. The Court held that the right to die with dignity is inseparable from the right to quality palliative care, and directed AIIMS to admit Harish for this purpose.

7. Parliament should legislate. The Court noted that no statute on euthanasia and end of life care exists and urged the government to consider comprehensive legislation.

Ratio Decidendi

Where a patient in a permanent vegetative state has no chance of recovery, and continued treatment only prolongs suffering, the Court can permit its withdrawal. This applies to CANH as well, since it is medical treatment.

The decision must rest on the patient's best interests, supported by two independent medical boards, and carried out through humane, supervised palliative care.

Why This Case Matters

For years, the passive euthanasia framework existed largely on paper. This judgment is its first full implementation and shows how the abstract guidelines work in a real case.

It also settles a key doubt. A patient does not need to be on a ventilator for passive euthanasia to apply. What matters is whether the intervention is medical treatment that no longer serves the patient.

Conclusion

Harish Rana v Union of India marks a turning point in the right to die with dignity under Article 21. By treating CANH as medical treatment and insisting on humane palliative care, the Supreme Court balanced compassion with strict safeguards.

Justice Pardiwala described the decision as an act of "compassion and courage," not surrender. For exam purposes, remember it as the case that took Common Cause from theory to practice.