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RIGHT TO DIE WITH DIGNITY — THE HARISH RANA CASE AND INDIA’S EVOLVING EUTHANASIA LAW

AUTHORED BY - AKSHAY RAJ SHARMA

Law Student (BA LLB), Lloyd Law College

Abstract

The Harish Rana case represents an important milestone in India’s evolving legal and ethical framework surrounding end-of-life decisions and passive euthanasia. After suffering a catastrophic brain injury that left him in a long-term vegetative state for more than thirteen years, his family approached the Supreme Court seeking approval to discontinue life-sustaining measures. The Court, guided by the precedent set in *Common Cause v. Union of India*, permitted the withdrawal of Clinically Assisted Nutrition and Hydration (CANH), recognizing it as a form of medical intervention that may be withheld when it no longer serves the patient’s welfare.

In its ruling, the Court reaffirmed that the right to die with dignity is a fundamental aspect of Article 21 of the Constitution of India. It underscored the necessity of thorough medical assessment, informed family involvement, and strict procedural safeguards in cases concerning passive euthanasia. At the same time, the judgment brought attention to persistent issues such as procedural delays and the need for more streamlined legal processes. Overall, the decision contributes to strengthening India’s legal position on end-of-life care by balancing ethical considerations, judicial oversight, and the preservation of human dignity.

Introduction- A Human Story

In the complex crossroad of drug, law, and ethics, many questions are as delicate as deciding when life- sustaining treatment should end. ultramodern medical technology can keep the mortal body alive for times, indeed when the mind has permanently lost the capability to serve. But does dragging natural life always mean conserving mortal quality?

This question reached the heart of India’s legal system in the case of Harish Rana, a youthful engineering boy whose life changed irreversibly after a woeful accident. After further than a decade in a vegetative state, his father approached the Supreme Court of India seeking authorization to withdraw life- sustaining treatment.

The court's decision did further than resolve a family's painful dilemma. It strengthened India's legal recognition of the right to die with quality, a principle embedded in Composition 21 of the Constitution of India, which guarantees the right to life and particular liberty. The Harish Rana case has since come one of the most important developments in India's evolving debate on unresistant euthanasia and end-of-life rights.

The Accident That Changed Everything

Before tragedy struck, Harish Rana was a promising youthful engineering pupil from Ghaziabad in the northern Indian state of Uttar Pradesh. His life, like that of numerous youthful scholars, was filled with ambition, academic pretensions, and hopes for the future.

still, in 2013, a ruinous accident altered the course of his life permanently. Rana reportedly fell from the fourth bottom of a structure, sustaining severe traumatic brain injuries. He was originally rushed to the Garhwal original sanatorium, but within many hours, he'd to be shifted to the Postgraduate Institute of Medical Education & Research, Chandigarh ("PGI, Chandigarh") due to the inflexibility of his medical condition. The impact caused expansive neurological damage that left him in a patient vegetative state, a medical condition in which a person remains alive but shows no signs of mindfulness or conscious commerce with the terrain. Despite immediate medical treatment, Rana no-way recaptured knowledge.

Doctors determined that he'd suffered unrecoverable brain damage. He could neither speak nor move and was unfit to perform indeed the most introductory fleshly functions singly. Over time, his survival depended entirely on medical intervention.

He received nutrition through a percutaneous endoscopic gastrostomy (PEG) tube, which delivers food directly into the stomach. He also required respiratory support through a tracheostomy tube to help maintain his breathing.

The family of the Harsh have also conveyed that they've not noted any significant benefit from any of the several treatments, including hyperbaric oxygen remedy, that were tried over the span of the last 13 times. The aspirant's neurological condition has remained stationary with no enhancement. He's unfit to express his requirements and has been dependent on all conditioning of tone-care.

Parent's Painful Decision

For Rana's family—especially his father—endured years of deep emotional strain and uncertainty. Watching a loved one remain physically alive yet unable to communicate or show awareness creates a profoundly difficult situation. Families in such circumstances often struggle between holding on to hope for recovery and accepting the harsh realities of the medical prognosis.

After numerous consultations with doctors and medical specialists, Rana's father came to believe that there was no realistic possibility that his son would regain consciousness or recover any meaningful cognitive abilities. According to his parents, they have cared for their son for more than thirteen years and, together with medical professionals, have done everything within their capacity to improve his condition. Despite these efforts, they feel that no significant progress has been made.

Both parents have also expressed concern about their advancing age and the uncertainty of who would be able to care for their son if something were to happen to them. They explained that for the past thirteen years, Rana has been unable to speak, hear, or see, nor can he recognize family members, eat independently, or respond to touch or affection. As a result, he remains completely dependent on medical and artificial support for survival.

Rana's family maintains that any decision being considered is motivated solely by concern for his dignity, well-being, and best interests. The withdrawal of life-sustaining measures in such situations is referred to as **passive euthanasia**, where treatments that prolong life—such as artificial nutrition, hydration, or ventilatory assistance—are discontinued.

Understanding Passive Euthanasia in India

The legal discussion surrounding euthanasia in India has developed gradually over several decades. In Indian law, **active euthanasia**—where a doctor deliberately administers a substance with the intention of causing death—continues to be illegal. **Passive euthanasia**, however, occupies a more nuanced legal position.

A major turning point came with the 2018 judgment of the Common Cause v. Union of India.

In this landmark decision, the Supreme Court of India recognized that individuals have the right to refuse life-sustaining medical treatment under specific circumstances. The judgment also examined the concepts of active and passive euthanasia in detail. Separate but concurring opinions were delivered by **Dipak Misra (Chief Justice), A. K. Sikri J., D. Y. Chandrachud J., and Ashok Bhushan J.**, each offering their interpretation of these terms and their constitutional implications.

The distinction between active and passive euthanasia goes beyond the simple contrast between actions and inactions. Active euthanasia is generally described as “**causing death**,” because it involves the use of an external and direct intervention—such as a lethal injection—that interrupts the natural course of life. Passive euthanasia, by contrast, is often characterized as “**allowing death to occur**.” In such cases, life-sustaining treatment—like artificial nutrition, hydration, or ventilatory support—is withheld or withdrawn, allowing the underlying medical condition to take its natural course.

Viewed from this perspective, the difference between acts and omissions becomes clearer. While the physical removal of life-support equipment may appear to be an “act,” its legal significance lies in the omission of further treatment rather than the deliberate creation of death. By focusing on the outcome rather than the physical movement involved, the law recognizes that such decisions essentially involve allowing the original illness or injury to progress naturally.

Despite the legal framework established by the 2018 ruling, cases that actually required judicial involvement have remained relatively uncommon and often complicated. The case of Harish Rana therefore emerged as an important example of how the principles laid down in the *Common Cause* judgment might be applied in a real-world situation.

Medical Evaluation and Expert Review

In dealing with similar sensitive matters, the apex court directed the constitute of a primary medical board of doctor in agreement with the Common Cause Guidelines. The primary medical board was directed to submit its report catching on whether life sustaining treatment ought to be withdrawn or withheld in the present case.

“This is to say that after consulting with CMO Ghaziabad - He had intact brainstem function

but due to his vegetative state he requires external support for his feeding, bladder bowel and back. He needs constant physiotherapy and tracheostomy tube care. The chances of his recovery from this state is negligible.” – (CMO Ghaziabad)

During the proceedings in the Rana case, the Supreme Court ordered Following the primary medical board’s report, directed the AIIMS, New Delhi, to constitute a secondary medical board, in agreement with the Common Beget Guidelines, for the purpose of further examination and evaluation of the aspirant’s condition detailed medical evaluations by technical medical boards. These boards comported of neurologists, critical care specialists, and other educated doctor assigned with assessing the case’s condition.

“Based on the history and examination findings, the medical board is of the following opinion: The continued administration of clinically assisted nutrition and hydration is required for the sustenance of his survival. However, it may not aid in improving his medical condition or repairing his underlying brain damage.” - (AIIMS, New Delhi)

This distinction was important because withdrawing CANH would effectively allow the natural process of death to do.

The Supreme Court’s Landmark Decision

After carefully examining the medical evidence and relevant legal precedents, the bench of the Supreme Court of India delivered its decision. The Court concluded that the legal requirements for withdrawing life-sustaining treatment had been satisfied. It recognized that feeding through medical tubes, known as Clinically Assisted Nutrition and Hydration (CANH), constitutes a form of medical treatment, and that continuing such treatment was no longer in the patient’s best interests. Since both the patient’s family and the medical boards were in agreement on this course of action, the Court held that the treatment need not be continued any further.

In its reasoning, the Court emphasized that the central issue was not whether death itself was desirable, but whether the continuation of treatment genuinely served the patient’s welfare. The Court noted that the right to die with dignity is closely connected with the right to receive dignified palliative and end-of-life care. It further stressed that the withdrawal of treatment must be carried out in a manner that avoids unnecessary pain, suffering, or distress.

At the same time, the Court highlighted the importance of maintaining strict procedural safeguards in such sensitive cases. However, considering the specific facts and circumstances

of the matter—and the fact that all stakeholders were in agreement that the medical treatment being administered should be withdrawn—the Court decided to waive the usual 30-day waiting period.

Ultimately, the judgment reaffirmed that the right to die with dignity forms an integral part of the fundamental right to life guaranteed under Article 21 of the Constitution of India.

Broader Impact on Indian Law

The Harish Rana case represents an important step in India's gradual development of end-of-life justice. By enforcing the principles established in *Common Cause v. Union of India*, the Supreme Court demonstrated how the legal framework for passive euthanasia can be applied in real-world situations. The judgment also clarifies the role of medical boards and judicial oversight in such cases, ensuring that decisions are guided by medical evidence rather than emotional or financial pressures.

Article 21 of the Constitution of India guarantees that no person shall be deprived of their life or personal liberty except according to the procedure established by law. While interpreting this guarantee, the Supreme Court in *Common Cause (2018)* clearly held that “life” cannot be reduced to mere physical existence or a state of prolonged suffering. Instead, the Court observed that the concept of “life” carries a much broader meaning, with the non-negotiable element of dignity at its core. Dignity functions as the unifying principle of all fundamental rights, as these rights collectively aim to secure a dignified existence for every individual. In this sense, dignity serves as the normative foundation of the fundamental rights guaranteed by the Constitution and as an essential interpretative principle for determining their scope and application.

However, the case also raises certain critical concerns. The requirement of multiple medical boards and judicial approval, though intended to safeguard patients, may lead to procedural delays that prolong the suffering of patients and their families. Furthermore, the framework places significant reliance on medical opinion, which may sometimes overlook the patient's personal autonomy when clear advance directives are not available. The judgment therefore highlights the continuing need for clearer guidelines, faster procedures, and stronger recognition of patient dignity and autonomy at the end of life.

Overall, while the decision strengthens the legal framework surrounding passive euthanasia in

India, it also reveals the practical challenges in balancing medical ethics, judicial oversight, and a patient's right to die with dignity.

Conclusion

The story of Harish Rana is not merely a legal case; it is a deeply human narrative about love, loss, and the difficult choices that arise when medicine reaches its limits. The issues involved in this matter once again highlight the fragility and uncertain nature of human life, and how quickly circumstances can change for the worse.

For thirteen years, Rana's family held on to the hope that he might recover. They exhausted every possible effort to care for him and continued to do so with unwavering dedication. When that hope gradually faded, they turned to the law to resolve a question that medicine alone could not answer.

The decision of the Supreme Court of India did not celebrate death; rather, it acknowledged a profound truth—that dignity is an essential part of life itself. As medical technology continues to advance, societies around the world will increasingly face similar ethical dilemmas. The Harish Rana case serves as a reminder that the law must evolve alongside medical progress, ensuring that compassion, dignity, and human rights remain at the centre of such decisions. Ultimately, the case reinforces a powerful idea: the right to life includes not only the right to live, but also the right to face death with dignity when life has reached its natural and final stage.

“Our decision today does not neatly fit within logic and reason alone. It sits in a space between love, loss, medicine and mercy. This decision is not about choosing death, but is rather one of not artificially prolonging life. It is the decision to withdraw life-sustaining treatment when that treatment no longer heals, restores, or meaningfully improves life. It is allowing nature to take its course when medicine can only delay the inevitable because survival is not always the same as living.”

- HARISH RANA Vs UNION OF INDIA & ORS. 2026 INSC 222