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CASE NOTE- HARISH RANA V. UNION OF INDIA AND ORS

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ABSTRACT

This case note analyses *Harish Rana v. Union of India and Ors.*, 2026 SCC OnLine SC 358, a landmark decision of the Supreme Court of India delivered on March 11, 2026 by a Division Bench comprising Justice J.B. Pardiwala and Justice K.V. Viswanathan. The case marks a significant advancement in India's medical jurisprudence and constitutional law, particularly in the realm of the right to die with dignity under Article 21 of the Constitution. The Court adjudicated upon four pivotal questions of law: the legal classification of Clinically Assisted Nutrition and Hydration (CANH) as medical treatment; the scope of the Best Interest Principle in end-of-life decisions; whether continued medical intervention was in the best interest of a patient in a Persistent Vegetative State (PVS) for thirteen years; and the procedural protocols for withdrawal of life-sustaining treatment. The Court held that CANH constitutes a technologically mediated medical intervention subject to the same ethical and legal framework as any other form of life support, and directed its withdrawal in the specific facts before it. This case note examines the factual background, legal issues, judicial reasoning, ratio decidendi, and wider implications of the judgment, including its directions to streamline the *Common Cause* guidelines and the persistent call for parliamentary legislation on end-of-life care.

Keywords: Article 21; Right to Die with Dignity; Persistent Vegetative State; Passive Euthanasia; Clinically Assisted Nutrition and Hydration; Best Interest Principle; Palliative Care; Medical Futility

Case Citation and Basic Information

- **Full Case Name:** Harish Rana v. Union of India and Others
- **Citation:** 2026 SCC Online SC 358
- **Court:** Supreme Court of India
- **Date of Decision:** March 11, 2026

- **Bench Composition:** Division Bench Justice J.B. Pardiwala and Justice K.V. Viswanathan

Introduction

The case of *Harish Rana v. Union of India* (2026) marks a watershed moment in Indian medical jurisprudence and the evolution of Article 21 of the Constitution. While the landmark *Common Cause* (2018) judgment established the "right to die with dignity" the Harish Rana's decision serves as the practical implementation of those abstract principles in a tragic and real-world context. It is significant because it clarifies the legal status of Clinically Assisted Nutrition and Hydration (CANH) as "medical treatment" rather than mere sustenance, thereby bringing it within the ambit of passive euthanasia. This judgment navigates what the Court called the "space between love, loss, medicine, and mercy" providing a humane legal exit for a patient whose biological existence had long outlived his cognitive life.

Facts of the Case

The tragic trajectory of this case began on August 20, 2013, when Harish Rana, then a 20-year-old Engineering student at Punjab University, fell from the fourth floor of his Paying Guest Accommodation. The fall resulted in a "diffuse axonal injury", a severe form of traumatic brain damage. Initial treatment at PGI Chandigarh included ventilatory support and feeding through a nasogastric tube which was later surgically replaced with a Percutaneous Endoscopic Gastrostomy (PEG) tube.

For thirteen years, Harish remained in a "**Persistent Vegetative State (PVS)**". Medical reports and disability certificates from 2014 and 2016 consistently categorized him as having 100% permanent physical disabled with no evidence of environmental awareness or the capacity to interact with others. Despite the devoted care of his family, particularly his mother, Harish suffered from recurring painful bedsores and infections, requiring frequent hospitalizations.

In 2024, the Delhi High Court dismissed a writ petition seeking judicial intervention, erroneously concluding that because Harish was not on "mechanical" life support (like a ventilator), the Court could not intervene. The Supreme Court eventually took up the matter via a Miscellaneous Application, directing the constitution of Primary and Secondary Medical Boards under the *Common Cause* Case's guidelines. These boards unanimously concluded that

Harish's condition was non-progressive and irreversible, and while CANH sustained his biological survival, it offered no hope of recovery.

Legal Issues

The Court addressed four primary questions of law:

1. Whether the administration of Clinically Assisted Nutrition and Hydration (CANH) is to be legally classified as "medical treatment"?
2. What are the meaning, scope, and contours of the "Best Interest of the Patient" principle when determining the withdrawal of life-sustaining treatment?
3. Whether it is in the best interest of the applicant, Harish Rana, to prolong his life through continued medical intervention?
4. What procedural steps and palliative care protocols must be undertaken when a decision to withdraw treatment is reached?

Arguments Presented

Petitioner's Arguments

The Petitioner, represented by Harish's parents, contended that thirteen years of vegetative existence constituted a violation of the "right to live with dignity" under Article 21. Counsel argued that the PEG tube is not merely "food" but a form of technology-mediated life support (CANH) that artificially prolongs suffering. Relying on international precedents like *Airedale NHS Trust v. Bland*, they asserted that medical treatment becomes futile when there is no hope of recovery, and in such cases, the doctor's duty shifts from prolonging life to ensuring a dignified death.

Respondent's Arguments

The Union of India and the Medical Boards acted as facilitators for the Court's inquiry. While initially the state focused on procedural history, during final deliberations, the learned Additional Solicitor General acknowledged the "medical futility" of Harish's condition. The state supported the family's plea for a humane passing, provided it was executed through a robust palliative care plan at a facility like AIIMS Delhi to ensure no pain or agony was suffered during the withdrawal process.

Court's Reasoning and Analysis

The Court's reasoning was anchored in a holistic re-interpretation of the "Best Interest Principle" and the definition of "**Medical Treatment.**"

The Status of CANH: The Court clarified that CANH (Clinically Assisted Nutrition and Hydration) including enteral and parenteral nutrition is a "technologically mediated medical intervention". It is prescribed, supervised, and reviewed by healthcare professionals. Therefore, it is subject to the same ethical and legal principles as any other life-sustaining intervention, such as a ventilator. To classify it otherwise would reduce the patient to a "passive subject of medical technology".

The Best Interest Principle: The Court moved beyond a purely medical definition of "best interest," advocating for a "balance sheet exercise". This involves weighing the "presumption in Favor of preserving life" against the "burdens of continued treatment" including:

- The **futility** of the treatment (no therapeutic purpose).
- The **invasive nature** of the intervention (tubes, bedsores).
- The **indignity** of prolonging life in a state devoid of autonomy or human interaction.
- The **wishes of the family**, who act as a "substituted judgment" for what the patient would have wanted.

The Court emphasized that the decision was not about "choosing death" but about "not artificially prolonging life".

Judgment and Ratio Decidendi

The Decision: The Court directed the immediate withdrawal of CANH and other life-sustaining treatments for Harish Rana. It waived the mandatory 30-day reconsideration period given the 13-year duration of his PVS. AIIMS Delhi was directed to admit Harish to its Palliative Care department to ensure the withdrawal process was handled with the highest degree of dignity and pain management.

Ratio Decidendi: The ratio decidendi of this case is that the "**right to die with dignity**" is inseparable from the right to receive quality palliative care. Furthermore, when a patient is in a permanent vegetative state and medical treatment (including CANH) has become futile and serves only to prolong agony without hope of recovery, the "withdrawal of such treatment is a

constitutional necessity under Article 21” to preserve the patient’s dignity.

Critical Analysis

Significance of the Decision

The Supreme Court cleared the path for their withdrawal in cases of irreversible Persistent Vegetative State (PVS), effectively removing the "starvation" stigma that had previously stalled passive euthanasia. The bench Justice J.B. Pardiwala and Justice K.V. Viswanathan used this decision to send a strong message to Parliament. They noted that since 2018 the "Right to Die with Dignity" has rested solely on judge-made law. The decision highlights the urgent need for a comprehensive statute to handle end-of-life care, especially for those who may not have the resources to litigate in the Supreme Court. It establishes that "letting die" is a natural conclusion to an incurable ailment, not an act of killing.

Implications and Impact

The practical impact is the streamlining of the *Common Cause* guidelines. The Court issued directions to all High Courts and Chief Medical Officers (CMO) to maintain panels of doctors for secondary medical boards, ensuring that other families do not have to wait thirteen years for a resolution. It shifts the focus of the Indian medical system toward “Palliative and End-of-Life care” which has historically been underdeveloped.

Critical Evaluation

While the judgment is a triumph of empathy, it also highlights the persistent "legislative inaction". The Court noted with frustration that despite Law Commission reports in 2006 and 2012, Parliament has failed to enact a comprehensive statutory framework for EOL care. The reliance on "judicially managed guidelines" is a temporary fix for a systemic problem. However, the Bench's "balance sheet" approach provides a robust, patient-centric framework that protects both the patient's dignity and the doctor's professional agency.

Conclusion

Harish Rana v. Union of India is a somber reminder that the law must occasionally bow to the limits of medicine and the reality of human suffering. The single most important takeaway is that “life under Article 21 is not a mathematical duration, but a qualitative experience” By recognizing Harish's right to a peaceful passing, the Court reaffirmed that the Constitution of

India follows an individual into the twilight of their life, ensuring that their final moments are defined by dignity rather than technology.

References

- *Common Cause v. Union of India*, (2018) 5 SCC 1.
- *Common Cause v. Union of India*, (2023) 14 SCC 131.
- *Harish Rana v. Union of India and Others*, 2026 SCC OnLine SC 358.
- The Constitution of India, 1950, Art. 21.

