International Journal of Leading Research Publication (IJLRP)

E-ISSN: 2582-8010 ● Website: www.ijlrp.com ● Email: editor@ijlrp.com

Euthanasia and the Right to Die with Dignity: A Critical Analysis of the Harish Rana Case (2026) in India

Ms. Nancy Dewan

Assistant Professor
Vivekananda School of Law and Legal Studies, Vivekananda Institute of Professional Studies - Technical Campus

Abstract:
Euthanasia is undoubtedly one of the most controversial topics in modern legal and medical ethics, with deep ethical and philosophical questions about the sanctity of life, autonomy, and the right to die with dignity. In India, the legal recognition of passive euthanasia has been progressing from judicial pronouncements, starting with *Aruna Ramchandra Shanbaug v. Union of India* (2011) and subsequently strengthened by *Common Cause (A Regd. Society) v. Union of India* (2018), a case which established the constitutional right to die with dignity under Article 21 of the Indian Constitution. The Supreme Court's judgment in the *Harish Rana v. Union of India* (2026), too, is a significant landmark case. The Supreme Court of India allowed passive euthanasia but attached great importance to the safe and strict procedures. This study will critically analyze the legal, constitutional and ethical aspects of passive euthanasia in India in the context of the *Harish Rana v. Union of India* (2026) case. The study considers the procedural safeguards laid down by the Supreme Court of India to accommodate the rights of the individual and to prevent their misuse. The study also traces the development of the legal jurisprudence relating to the passive euthanasia in India by examining the interpretation of Article 21 of the Constitution and its linkage with the concepts of human dignity, personal liberty, and informed consent. It looks at the judicial reasoning that has been used by the Supreme Court of India to develop the law on passive euthanasia and considers whether the current judicial system is providing sufficient protection for the interests of terminally ill patients, while at the same time protecting vulnerable people from being coerced or misused to death.

Keywords: Passive Euthanasia, Article 21, Right to Die with Dignity, Supreme Court.

1. Introduction

The question of euthanasia is among the most difficult and debatable topics of modern-day law, medicine and ethics. It concerns the deliberate withdrawal of life-sustaining treatment to relieve the suffering of a person experiencing a terminal illness or irreversible medical condition. The controversy over the issue of euthanasia is an expression of two basic principles: the sanctity of human life and the right of the person to have autonomy, dignity, and freedom in their choices about the end of life. Some people consider that euthanasia is a form of compassion which respects the freedom of the person involved and is the only way

of alleviating intolerable suffering, while others believe that it degrades the value of human life, and is potentially subject to abuse or coercion for the benefit of certain groups of individuals. In India, the legal stance on euthanasia has been developed over a period of time, primarily by judicial intervention, and not through legislation.

In *Aruna Ramchandra Shanbaug v. Union of India* (2011), the Supreme Court had already addressed the matter under limited circumstances and had laid down guidelines for the implementation of passive euthanasia which involved judicial oversight. In *Common Cause (A regd. Society) v. Union of India* (2018), the Constitution Bench established the fact that the right to die with dignity is part of the right to life guaranteed by Article 21 of the Constitution of India. In addition, the Court upheld the legal efficacy of advance medical directives, also known as "living wills," which allows a person to state in advance whether they want to be kept on artificial ventilation or receive other extraordinary measures in case they are terminally ill or are in a permanent vegetative state and have no reasonable chance of recovery. One of the major developments in this developing jurisprudence is the *Harish Rana v. Union of India* case of 2026, wherein the Supreme Court allowed passive euthanasia to a patient with an irreversible medical condition, on satisfying the procedure laid down in previous cases. The ruling is significant because it shows the practical application of the constitutional principles laid established in the case of *Common Cause (A Regd. Society) v. Union of India (2018)* and reinforces the importance of balancing patient autonomy, medical ethics, and judicial oversight. The case has brought into focus the need for a comprehensive legislation on euthanasia, and the duties of the doctors and the need for the existing laws in India to be more adequate.

The issue of euthanasia extends beyond legal doctrine and raises profound ethical, religious, social, and medical questions. Ethical theories differ on whether preserving life should always take preference over alleviating suffering. Religious traditions generally emphasize the sanctity of life, while human rights perspectives increasingly recognize individual autonomy and the right to make informed decisions concerning one's own body and medical treatment. Healthcare professionals are often required to navigate these competing considerations while adhering to professional ethics and legal obligations. Euthanasia is one of the most complex legal issues involving the conflict between the preservation of human life and the recognition of individual dignity and autonomy.

The research attempts to analyse passive euthanasia from the constitutional and criminal law perspectives with a focus on the relationship between the Article 21 of the Constitution of India and the provisions of criminal law on homicide, abetment and unlawful causing of death. In the field of criminal law, deliberate killing is a crime but in the field of constitutional jurisprudence, it has come to be recognized that the right to life in Article 21 of the Constitution of India encompasses the right to live with dignity and in some cases, the right to die with dignity.

2. Research objectives

- To study the idea and legislation behind Passive Euthanasia in India.
- To analyse the judicial trends that have given rise to the law on passive euthanasia in India such as *Aruna Shanbaug v. Union of India* (2011), *Common Cause (A Regd. Society) v. Union of India* (2018), *Harish Rana v. Union of India* (2026).
- To assess the constitutional issues of right to life, dignity, autonomy and privacy with respect to passive euthanasia.

- To discuss the steps taken by the Supreme Court to regulate passive euthanasia to stop its misuse.
- To find out the practical problems involved in the implementation of passive euthanasia in India and recommend suitable legal and policy changes.
- To study the evolution of the law of euthanasia as seen in Supreme Court rulings.
- To examine the link between passive euthanasia and the criminal liability under the penal provisions.

3. Research Methodology

The researcher has adoped a doctrinal research methodology. The relied on constitutional provisions, statutory laws, judicial decisions, and legal commentaries.

4. Passive Euthanasia v. Active Euthanasia

The constitutional discussion on Euthanasia in India involves the analysis of Article 21 that talks about a person's right to life and personal liberty. As it stood originally, the Supreme Court in *Gian Kaur v. State of Punjab* (1996), ruled the right to life did not mean the right to die. This was expanded in *Aruna Ramchandra Shanbaug v. Union of India* (2011) when the Supreme Court allowed passive Euthanasia in specific situations, and developed certain safeguards for its provision. The next major development in the Constitution was *Common Cause (A Regd. Society) v. Union of India* (2018). Here, a Constitution Bench of the Supreme Court ruled the right to die with dignity is implicit in Article 21. In this case the Court also sanctioned advance medical directives and laid down the procedure for passive Euthanasia. It represented a major change in the approach of the Courts from merely extending the right to life, which was interpreted in its narrow sense as biological existence, to the right to life with dignity.

The most recent judgement of *Harish Rana v. Union of India* (2026), represents the most advanced stage in the evolution of jurisprudence of Euthanasia. In this case, the Supreme Court of India permitted the withdrawal of life sustaining treatment after taking into consideration medical evidence and the Constitutional principles. The judgment is also of significance in Criminal Law, as it indicates that there are certain situations in which acts resulting in death, that would ordinarily be treated as a crime, are not treated as criminal if they are performed in the context permitted by the Constitution and Judicial Guidelines.

Harish Rana v. Union of India (2026): Facts, Issues, and Judgment

Harish Rana v. Union of India, 2026 was decided on 11 March 2026 by a Bench consisting Justice J.B. Pardiwala and Justice K.V. Viswanathan. It is considered as the first case in which the Supreme Court of India actually permitted the implementation of passive euthanasia as per the directions laid down in *Common Cause (A Regd. Society) v. Union of India* (2018).

Facts of the Case

Harish Rana was a young engineering student who suffered a severe traumatic brain injury after falling from the fourth floor of his paying guest accommodation in Chandigarh in 2013. The accident left him in a Permanent Vegetative State. He remained unconscious and incapable of communication or independent bodily functions for over a decade. He survived only through Clinically Assisted Nutrition and Hydration (CANH) administered via a PEG (Percutaneous Endoscopic Gastrostomy) feeding tube, along with continuous medical care. His parents provided round-the-clock care and incurred significant financial and

emotional hardship over the years. In 2024, Harish's father petitioned the Delhi High Court seeking permission to withdraw life-sustaining treatment. The High Court rejected the request. The family appealed to the Supreme Court. The Court constituted two independent Medical Boards, both of which concluded that Harish's condition was irreversible, with no realistic prospect of recovery, and recommended withdrawal of life-sustaining treatment.

Issues Before the Court

The Supreme Court considered the following principal legal issues:

1. Whether Clinically Assisted Nutrition and Hydration (CANH) administered through a PEG tube constitutes "medical treatment" that may lawfully be withdrawn under the law governing passive euthanasia.
2. Whether a patient in a Permanent Vegetative State, who has no advance medical directive (living will), may be granted passive euthanasia based on the consent of family members and medical opinion.
3. Whether withdrawal of life-sustaining treatment in such circumstances violates Article 21 of the Constitution of India or instead gives effect to the constitutional right to die with dignity.
4. Whether the conditions and procedural safeguards laid down in *Common Cause (A Regd. Society) v. Union of India* (2018) had been satisfied in Harish Rana's case.

Judgment

The Supreme Court of India allowed the petition and also the withdrawal of life-sustaining treatment. The Supreme Court concluded that CANH is a type of medical treatment and is not simply a provision of ordinary care. As a result, it can be withdrawn as treatment where continued treatment is medically futile and only prolongs biological existence of the patient. The right to die with dignity has been acknowledged as a component of the right to life under Article 21 of the Constitution in *Common Cause (A Regd. Society) v. Union of India* (2018). The Court observed that there was significant medical evidence to support that there was no reasonable chance for Harish Rana's recovery and that treatment would be of no benefit. The Court also noted that the treatment withdrawal would be in the best interests of the patient, and it agreed to the request of the Medical Boards, as well as Harish's parents. The Court decided that treatment withdrawal would occur at AIIMS, New Delhi, under the care of specialized medical personnel and that Harish would receive palliative care to maintain his dignity and comfort.

Importance of the Judgment

The judgment is important because it was the first actual application of the passive euthanasia doctrine in India established in *Common Cause (A Regd. Society) v. Union of India* (2018).

5. Conclusion

Euthanasia remains among the most difficult issues at the crossroads of constitutional law, criminal law, medical ethics, and human rights. This study has analyzed the legal standing of passive euthanasia in India and the progressive judicial balancing of the sacredness of life and the constitutional values of dignity and personal autonomy. India's legal framework, which consists predominantly of judicial precedents and procedural instructions, has begun the process of recognizing the right to die with dignity. However, in the

absence of a dedicated legislative framework, a legal and procedural vacuum continues to exist for the patients, their families, health care providers, and health care institutions.

Judgment in *Harish Rana v. Union of India* (2026) is an example of progressive euthanasia jurisprudence of India with greater focus on dignity and Article 21 of the Constitution of India. The judgment upholds the principle that a right governed by the Constitution is beyond the right to life and is the right to dignity, autonomy, and an informed choice in cases of a terminal and irreversible condition of a person. It underscores the necessity for the law to provide clarity on the manner in which end-of-life choices are made.

By focusing on criminal law, the study concludes that removing life-sustaining treatment, if done with constitutional and judicial safeguards, as well as with medical and judicial expertise, cannot be equated with criminal acts such as murder, culpable homicide, or abetment of suicide. The legal framework defining unlawful causing of death and lawful removal of medical treatment is important to uphold the rights of the patient and safeguard the interest of the healthcare provider acting in good faith.

The study concludes that while judicial practice has contributed to the development of the law on passive euthanasia, the law on passive euthanasia cannot rely solely on judicial practice to solve the complex legal, ethical, and medical problems that passive euthanasia encompasses. In the context of passive euthanasia, India is in urgent need of a detailed legislative provision that establishes eligibility criteria, establishes legal and medical safeguards, and regulates Advance Medical Directives and proactive, pluralistic legal safeguards. The proposed language would complement the constitutional rights of the individual and the safeguards of criminal law and the proposed language would complement the constitutional rights of the individual and the safeguards of criminal law. Such legislation would harmonize constitutional rights with criminal law safeguards, reduce ambiguity, prevent misuse, and ensure that end-of-life decisions are guided by fairness, accountability, compassion, and respect for human dignity. A precise legislative framework would complement the value of life and the legal value of death with dignity and the evolution of a modern representative democracy.

6. Suggestions

- A specific legislation should be created regarding euthanasia to provide clear legal rules regarding passive euthanasia and end-of-life decisions.
- Statutory protection should be provided to doctors and caregivers who act in good faith and follow prescribed legal procedures while withdrawing life-sustaining treatment.
- Uniform legal guidelines should be established for courts, medical institutions, and authorities to ensure consistent application of the law.
- The scope of the rights guaranteed under Article 21 of the Constitution of India should be defined through legislation to balance the right to life, dignity, and personal autonomy with the State's duty to protect life.
- There is a need to strengthen the safeguards against misuse by ensuring independent medical opinions, consent requirements, and legal oversight.
- Awareness among the citizens and legal professionals should be created regarding the constitutional and criminal law aspects of passive euthanasia.
- Parliament should enact a comprehensive law on passive euthanasia to provide a clear and uniform legal framework instead of relying primarily on judicial guidelines.

- While maintaining safeguards against misuse, the legal procedure for obtaining approval for passive euthanasia should be made more efficient to avoid unnecessary delays for terminally ill patients and their families. There is a need to simplify procedural requirements.
- The Government and healthcare institutions should conduct awareness campaigns regarding living wills (advance medical directives) so that individuals can make informed decisions about their future medical treatment.
- The Bharatiya Nyaya Sanhita, 2023 should be amended to provide clear distinctions of passive euthanasia as a legal act, as opposed to culpable homicide and murder.
- Uniform National standards for evaluating terminal illnesses, permanent vegetative states, and the cessation of life-prolonging treatment should be created for all hospitals and medical personnel.
- Physicians, nurses, and medical administrators should have continuing education on the legal, moral, and medical aspects of passive euthanasia and palliative care, as well as the rights of patients.
- Considerable restraints should exist to ensure that passive euthanasia decisions are voluntary and clinically appropriate and are free from coercion, money, and all forms of undue pressure.
- A monitoring agency should be established at the federal and/or state level to evaluate records of passive euthanasia and ensure compliance with the law and ethical practices.
- The passive euthanasia law should be evaluated on a regular basis to correspond with medical technology, the evolution of ethics, and the changes in the legal system to make the law effective and responsive to the needs of the health care system.

REFERENCES:

Books

1. H.M. Seervai, Constitutional Law of India, Vol. I, Universal Law Publishing.
2. V.N. Shukla, Constitution of India, Eastern Book Company.
3. M.P. Jain, Indian Constitutional Law, LexisNexis.
4. Paras Diwan, Medical Jurisprudence and Toxicology, LexisNexis.
5. K.D. Gaur, Textbook on Indian Penal Code, Universal Law Publishing.
6. Ratanlal & Dhirajlal, The Bharatiya Nyaya Sanhita, 2023 (or The Indian Penal Code, latest edition, if discussing pre-BNS law).
7. Justice G.P. Singh, Principles of Statutory Interpretation, LexisNexis.

Cases

1. Gian Kaur v. State of Punjab, (1996) 2 SCC 648.
2. Aruna Ramchandra Shanbaug v. Union of India, (2011) 4 SCC 454.
3. Common Cause (A Registered Society) v. Union of India, (2018) 5 SCC 1.
4. Harish Rana v. Union of India, 2026 SCC OnLine SC 358.

Newspapers

1. The Indian Express
2. The Times of India
3. The Economic Times

Websites

1. https://indiankanoon.org
2. https://www.scconline.com