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# Passive Euthanasia – Harish Rana Case: Supreme Court Turns Constitutional Right into Practice

15 March 2026

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# Passive Euthanasia — Harish Rana Case: Supreme Court Turns Constitutional Right into Practice

15 March 2026 · 7 min read

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## WHY IN NEWS

On **11 March 2026**, the Supreme Court of India — in a bench of **Justices J.B. Pardiwala and K.V. Viswanathan** — permitted the withdrawal of **clinically assisted nutrition and hydration (CANH)** from **Harish Rana**, a 32-year-old man who has been in a **permanent vegetative state (PVS)** since **2013**, marking the **first court-ordered passive euthanasia actually carried out in India** following the 2018 *Common Cause* judgment that recognised the right as constitutional.

Passive euthanasia has existed in Indian law since 2018. Until March 2026, it had existed only on paper. The *Harish Rana* case is the moment India moved from constitutional recognition to constitutional practice — and in doing so, forced the legal system, medical community, and society to confront questions about dignity, personhood, and the limits of medicine that most would prefer to avoid.

## WHO IS HARISH RANA AND WHAT HAPPENED

Harish Rana was a 19-year-old civil engineering student at **Chandigarh University** when, on **20 August 2013** (Raksha Bandhan), he fell from the fourth floor of his paying-guest accommodation and suffered a **severe traumatic brain injury (TBI)** resulting in **100% quadriplegia** and a permanent vegetative state. He has been in PVS for over **twelve years**, sustained entirely by a **percutaneous endoscopic gastrostomy (PEG) tube** providing clinically assisted nutrition and hydration (CANH).

His parents sold their home in Mahavir Enclave, Delhi and moved to **Ghaziabad** to manage medical expenses. After years of medical consultations confirming the irreversibility of his condition, his parents approached the **Delhi High Court in July 2024** seeking permission to withdraw life-sustaining treatment, citing both the suffering imposed on Rana by indefinite mechanical continuation of biological function and the absence of any medical possibility of consciousness or recovery. Following the Supreme Court order, Rana was shifted to **AIIMS Delhi** where the passive euthanasia process was initiated.

## WHAT THE COURT HELD

The bench of Justices Pardiwala and Viswanathan held that **CANH — nutrition and hydration delivered through a PEG tube or nasogastric tube — constitutes a medical treatment**, not merely basic nursing care or hydration. Because it is a medical intervention requiring clinical assessment, prescription, and ongoing management, it can be lawfully withdrawn when it no longer serves a therapeutic purpose and serves only to prolong a vegetative biological state.

This is a legally significant holding because it closes a definitional escape route that had been used in earlier cases: the argument that removing a feeding tube is not “passive euthanasia” but rather “starvation,” or that nutrition is not “treatment.” The Court explicitly rejected that argument.

The Court directed that the withdrawal be carried out **with full preservation of dignity** — in a medical facility, with palliative care support, and with protocols ensuring the patient experiences no pain or distress.

## THE LEGAL JOURNEY: FROM ARUNA SHANBAUG TO COMMON CAUSE TO HARISH RANA

### **Aruna Shanbaug v. Union of India (2011)**

The first landmark Supreme Court case on passive euthanasia. Aruna Shanbaug, a nurse at KEM Hospital, Mumbai, had been in PVS since **1973** after a sexual assault. In 2011, the Court allowed passive euthanasia in principle but rejected the specific petition in her case (as her primary caregiver, the hospital, opposed withdrawal). The Court laid down that High Courts could permit passive euthanasia through a specified procedure. Shanbaug passed away naturally in **May 2015**.

## Common Cause v. Union of India (2018)

A five-judge Constitution Bench in March 2018 recognised **the right to die with dignity as a fundamental right under Article 21** (Right to Life and Personal Liberty). The Court held that a person may execute an **advance directive (living will)** specifying that life support be withdrawn if they become terminally ill or enter PVS. The judgment also created a procedure for passive euthanasia applications when no advance directive exists.

However, the *Common Cause* judgment created a procedurally complex mechanism involving medical boards, district-level committees, High Court approval, and other steps that critics found so cumbersome as to make the right practically inaccessible. Between 2018 and 2026, no passive euthanasia was actually carried out.

## Common Cause (II) – Simplified Procedure (2023)

In 2023, a Supreme Court bench simplified the advance directive procedure, reducing the number of approvals required. This was intended to make the process more accessible, but it still required multiple medical and judicial steps.

## Harish Rana v. Union of India (2026)

The *Harish Rana* case is the first to complete the full process — from petition to medical board assessment to High Court and then Supreme Court approval — and result in the actual withdrawal of life-sustaining treatment. It transforms passive euthanasia from a theoretical right into operational law.

### WHAT PASSIVE EUTHANASIA IS — AND IS NOT

**Passive euthanasia** refers to the withdrawal or withholding of life-sustaining medical treatment, allowing the natural dying process to proceed. It is legally and ethically distinct from **active euthanasia** (administering a substance to cause death), which remains illegal in India.

The distinction matters for both law and medicine. Passive euthanasia is premised on the principle that medicine has no obligation to indefinitely prolong biological function when it cannot restore a meaningful quality of life and when continued treatment imposes burdens without benefit. Active euthanasia involves a positive act intended to end life — a category courts worldwide have treated very differently.

India does not permit active euthanasia or physician-assisted suicide. The *Harish Rana* order is strictly about the withdrawal of a specific medical intervention (CANH) in an irreversible PVS case.

### THE GAPS THAT REMAIN

Despite the landmark nature of the *Harish Rana* order, significant structural problems remain in India's passive euthanasia framework.

The procedural pathway is still complex enough that most families in similar situations will find it practically inaccessible — requiring legal representation, multiple medical opinions, and a Supreme Court order. India has no **specialised palliative care legal framework**, no **national registry for advance directives**, and limited **public awareness** that the right exists. Most hospitals outside metropolitan centres have no protocol for handling passive euthanasia requests.

The 2018 *Common Cause* judgment also left unresolved the question of **surrogate decision-making for patients who never had capacity** — those who became incapacitated before adulthood and never had the opportunity to execute an advance directive. *Harish Rana* was in this category: he was 19 when he entered PVS. The Court allowed his family to petition, but the legal basis for family surrogate consent is not yet fully codified.

## UPSC RELEVANCE

*Passive euthanasia, active euthanasia, advance directive, living will, Article 21, permanent vegetative state (PVS), CANH (clinically assisted nutrition and hydration), Aruna Shanbaug case, Common Cause v. Union of India (2018). Mains GS-2: Fundamental rights — Article 21 and the right to die with dignity; judicial expansion of rights; landmark Supreme Court judgments. Mains GS-4: Ethical dimensions of passive euthanasia — sanctity of life, dignity, autonomy, the role of the State.*

## ★ FACTS CORNER — KNOWLEDGE PEDIA

### HARISH RANA CASE — KEY FACTS:

**Patient:** Harish Rana, 32 years old (was 19 when injured in 2013)

**Student at:** Chandigarh University (civil engineering)

**Injury:** Traumatic brain injury + 100% quadriplegia after fall from 4th floor, 20 August 2013 (Raksha Bandhan)

**Condition:** Permanent Vegetative State (PVS) for over 12 years

**Life support:** PEG tube providing CANH (clinically assisted nutrition and hydration)

**Bench:** Justices J.B. Pardiwala and K.V. Viswanathan

**Date of order:** 11 March 2026

**Significance:** First court-ordered passive euthanasia actually implemented in India

**Implementation:** Shifted to AIIMS Delhi; process (tapering life support) expected to take 15–30 days

**Legal journey:** Delhi High Court petition (July 2024) → Supreme Court order (11 March 2026)

### LEGAL MILESTONES — PASSIVE EUTHANASIA IN INDIA:

**Aruna Shanbaug v. Union of India (2011):** SC allowed passive euthanasia in principle; rejected specific petition; Shanbaug died naturally May 2015

**Common Cause v. Union of India (2018):** 5-judge Constitution Bench recognised right to die with dignity under Article 21; advance directive (living will) recognised

**Common Cause (II) (2023):** Simplified advance directive procedure

**Harish Rana v. Union of India (2026):** First actual implementation

### LEGAL DEFINITIONS:

**Passive euthanasia:** Withdrawal or withholding of life-sustaining treatment to allow natural death

**Active euthanasia:** Administering a substance to cause death — illegal in India

**Advance directive / Living will:** Document specifying treatment wishes in case of future incapacity

**PVS (Permanent Vegetative State):** State of wakefulness without awareness; no possibility of recovery

**CANH:** Clinically assisted nutrition and hydration via PEG tube or nasogastric tube — held to be a medical treatment (not basic care) by the Court

### ARTICLE 21 EXPANSION (KEY SC JUDGMENTS):

Right to live with dignity — Francis Coralie Mullin (1981)

Right to health — Paschim Banga Khet Mazdoor Samity (1996)

Right to die with dignity — Common Cause (2018)

### OTHER RELEVANT FACTS:

India does not permit active euthanasia or physician-assisted suicide

The Netherlands, Belgium, Canada (MAID), and Switzerland permit assisted dying in varying forms

India has no national advance directive registry; most hospitals outside metros have no passive euthanasia protocol

The 2018 procedure requires: treating physician → medical board → district-level committee → High Court → implementation

Sources: [The Hindu](#), [LiveLaw](#), [Drishti IAS](#), [Al Jazeera](#)

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