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Supreme Court Allows CANH Withdrawal — Right to Die with Dignity Expanded

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Supreme Court Allows CANH Withdrawal — Right to Die with Dignity Expanded

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WHY IN NEWS

The Supreme Court of India, in *Harish Rana v. Union of India* (2026), allowed the withdrawal of Clinically Assisted Nutrition and Hydration (CANH) for a patient in Persistent Vegetative State (PVS) for approximately 13 years — the first such ruling in Indian judicial history — reaffirming and expanding the constitutional right to die with dignity under Article 21.

THE LANDMARK RULING — WHAT CHANGED

Harish Rana v. Union of India (2026)

Facts of the case:

- Patient: 31–32 year old male in PVS for ~13 years

- CANH (artificial nutrition via tubes/IV) was the only life-sustaining intervention
- Family sought permission to withdraw CANH, allowing natural death

The Court’s ruling:

- Withdrawal of CANH is permissible when a patient is in an irreversible PVS
- This constitutes **passive euthanasia** — withdrawing artificial life support
- CANH removal is not a criminal act; it is the exercise of the patient’s right to die with dignity
- **Article 21** of the Constitution is the constitutional basis

This marks the first time an Indian court has specifically authorised withdrawal of clinically assisted nutrition — going beyond earlier rulings that permitted switching off ventilators or other mechanical support.

EVOLUTION OF INDIA’S RIGHT-TO-DIE JURISPRUDENCE

Key Milestones

CASE / DEVELOPMENT	YEAR	SIGNIFICANCE
Aruna Shanbaug v. Union of India	2011	Supreme Court first recognised passive euthanasia; allowed withdrawal of artificial life support under strict safeguards
Common Cause v. Union of India	2018	Five-judge constitutional bench upheld right to die with dignity; legalised advance directives (living wills); passive euthanasia permissible
Common Cause v. Union of India (Review)	2023	Simplified the procedure for executing advance directives; reduced bureaucratic bottlenecks in medical board approval
Harish Rana v. Union of India	2026	First explicit authorisation of CANH withdrawal; reaffirms 2018 framework

The Aruna Shanbaug Case (2011) — Foundation

Aruna Shanbaug was a nurse at KEM Hospital, Mumbai, who was left in PVS after an assault in 1973. She remained in PVS for 42 years. In 2011, the Supreme Court:

- Recognised **passive euthanasia** (withdrawing life support) as legal under strict conditions
- Distinguished it from **active euthanasia** (administering lethal drugs) — still illegal in India
- Created a three-member medical board approval process

- Allowed the KEM Hospital staff (not the petitioner) to be treated as Aruna’s next of kin

Common Cause (2018) – Advance Directives

The 2018 constitutional bench ruling (5 judges) was the watershed moment:

- **Right to die with dignity** is a fundamental right under **Article 21**
- Citizens can execute **advance directives** (living wills) specifying treatment preferences if they become incapacitated
- Established: two-stage process — Judicial Magistrate (JM) certification of the will + a medical board for implementation
- **Active euthanasia** remains prohibited — only passive euthanasia is permitted

KEY LEGAL AND ETHICAL CONCEPTS

Passive vs. Active Euthanasia

TYPE	DESCRIPTION	LEGAL STATUS IN INDIA
Passive euthanasia	Withdrawing life support / not initiating treatment	Legal (with safeguards)
Active euthanasia	Administering lethal medication	Illegal
Assisted suicide	Patient administers lethal dose with doctor’s help	Illegal
Voluntary euthanasia	Patient’s own informed decision	Passive only: legal
Non-voluntary euthanasia	Patient unable to consent (PVS)	Permitted with medical board + family consent

CANH – Clinically Assisted Nutrition and Hydration

CANH includes:

- Nasogastric tubes (through nose)
- Percutaneous Endoscopic Gastrostomy (PEG) — tube through abdominal wall
- Parenteral nutrition (IV)
- IV fluids for hydration

The medical consensus (British Medical Association, WHO): CANH is a medical intervention, not “basic care.” It can be withheld or withdrawn like any other treatment. The 2026 ruling adopts this position for the first time in India.

Persistent Vegetative State (PVS)

A PVS patient has:

- No awareness of self or environment
- Sleep-wake cycles (eyes may open) but no consciousness
- Reflexive movements but no purposeful response
- Preserved brain stem functions (breathing, heartbeat) — often on ventilator
- PVS is considered irreversible after 12 months (traumatic) or 3 months (non-traumatic)

CONSTITUTIONAL BASIS — ARTICLE 21

Article 21: “No person shall be deprived of his life or personal liberty except according to procedure established by law.”

The Supreme Court has given Article 21 an **expansive interpretation**:

- Includes 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**)

The Court has consistently held that the right to life includes the right to a dignified death — a person should not be compelled to live in a condition that strips them of all dignity.

UPSC RELEVANCE

Article 21; passive vs active euthanasia; CANH definition; Aruna Shanbaug case (2011); Common Cause case (2018, 2023); advance directives; PVS definition; Harish Rana v. Union of India (2026).

MAINS GS-2:

“Trace the evolution of the right to die with dignity in Indian constitutional jurisprudence. How does the 2026 CANH ruling advance this right?”

MAINS GS-4 (ETHICS):

“Should the state permit euthanasia? Examine the ethical dimensions — autonomy, dignity, the role of family and medical profession — with reference to India’s approach.”

INTERVIEW ANGLE:

“Do you think India should legalise active euthanasia? What are the safeguards needed?”

★ FACTS CORNER — KNOWLEDGEPEDIA

HARISH RANA V. UNION OF INDIA (2026):

Court: Supreme Court of India

Patient: Male, ~31-32 years, in PVS for ~13 years

Ruling: CANH withdrawal permitted (first ever in India)

Basis: Article 21 (right to die with dignity)

KEY CASES — RIGHT TO DIE:

Aruna Shanbaug v. Union of India (2011): First passive euthanasia recognition

- Aruna Shanbaug: Nurse at KEM Hospital, Mumbai; PVS for 42 years (1973–2015)

Common Cause v. Union of India (2018): Constitutional bench; advance directives legalised

Common Cause (Review, 2023): Simplified advance directive process

PASSIVE EUTHANASIA SAFEGUARDS (AS PER 2018 RULING):

Advance directive required (or nearest relative consent)

Medical board of 3 doctors must certify irreversible condition

Judicial Magistrate must authenticate advance directive

CANH (CLINICALLY ASSISTED NUTRITION AND HYDRATION):

Includes: Nasogastric tube, PEG, IV nutrition, IV fluids

Legal status post-2026: Can be withdrawn (passive euthanasia)

ACTIVE VS PASSIVE EUTHANASIA:

Passive: Legal (India) | Active: Illegal (India)

Netherlands, Belgium, Canada, Switzerland: Active euthanasia/assisted dying permitted

OTHER RELEVANT FACTS:

Article 21: Part III (Fundamental Rights); enforced by writ under Article 32 (SC) / Article 226 (HC)

“Right to die” was initially denied in P. Rathinam v. Union of India (1994 — 2-judge bench upheld right to die)

Smt. Gian Kaur v. State of Punjab (1996): 5-judge bench — right to life under Article 21 does NOT include right to die

Sources: [Supreme Court of India](#), [The Hindu](#), [Bar and Bench](#)

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