



## **CASE COMMENT: HARISH RANA V. UNION OF INDIA: CHANGE IN MEDICO LEGAL JURISPRUDENCE**

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### **INTRODUCTION**

The case of Harish Rana V. Union of India<sup>1</sup> shock everyone and grab everyone's attention. The case received more attention due to the Right to death discussed in this case. The parents of Harish Rana filed the petition in the Supreme Court for justice and recognition of their son's right to die. The Judgement of this landmark case changed the medical jurisprudence and legal jurisprudence in India. The important issue of the right to death, the best interest of the patient and passive and active euthanasia. The Judgement was passed on 11/03/2026 for the withdraw life sustaining treatment.

### **FACT OF THE CASE**

The Petitioner Harish Rana, aged 32 years, was 20 years old at that time, and he was pursuing a B. Tech degree at Punjab University. On 20/08/2013 at around 6 p.m., a tragic incident occurred when he fell from the fourth floor of his paying guest accommodation and sustained grievous axonal injury. He was admitted to the Postgraduate Institute of Medical Education and Research, Chandigarh. He was admitted till 27/08/2013 due to there is no progress in his health discharge from the hospital.

After the discharge due to the health condition, there is necessary off to provide medical support for the regular treatment admitted in All India Institute of Medical Science (AIIMS), New Delhi. PEG tube inserted for the CANH (Clinically assisted nutrition and hydration), he depends on that, and the PEG tube requires replacement at the hospital every two months. After the incident, according to the medical record, the seizures happened in the year 2014, due to

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<sup>1</sup> Harish Rana v Union of India 2026 INSC 222

which he was put on medication. The last seizure in 2016, and after that, he was receiving the anti-seizure drug for its prevention.

According to the medical report, he was not aware of the environment and was unable to communicate with anyone. He has no facial expression, gesture or any bodily movement when he is hungry. The family convey that he was unable to express his needs and depended on others for his daily activities, and there is no significant improvement in his health condition. He has a normal sleep-wake cycle but no response to any auditory, verbal or painful stimulus he was on bed since the incident, and there is the most attentive nursing care from his mother.

On 21/11/2014, he received the disability certificate issued by the Janakpuri Super Speciality Hospital, NCT Delhi, certifying that there is 100% Permanent physical disability. On 13/04/2016 received another disability certificate issued by Dr Ram Manohar Lohia Hospital, New Delhi, Government of India, certified that he is in a persistent vegetative state. The parents stated that they have been taking care of Harish for more than 13 years, and they do everything for Harish's health recovery within their human capacity, but there is no significant improvement in his condition. He has not recognised any family member, is not able to speak, listen to anyone and not respond to touch for the past 13 years, and he is entirely dependent on artificial Support. His family filed the Special Leave Petition in the Supreme Court for the withdrawal of the medical support in accordance with the framework given in the common cause case.

### **LEGAL ISSUE RAISED**

1. Is the administration of CANH regarded as medical treatment?
2. In the best interest of the patient, should the medical treatment be withdrawn or not?
3. Whether the Passive Euthanasia is permissible?
4. Whether the continuation of the medical treatment is in the best interest?
5. Procedure for the withdrawal of the treatment?

### **ARGUMENTS BY PARTIES**

**By Petitioner:** The Present matter concern with the with the guidelines given in the Common Cause 2018 for the withdrawal or withholding of the life support system. There is no Advanced Medical directive for the withdrawal or withhold the medical treatment in a hospital where the patient is undergoing treatment, requiring the primary and secondary medical board. The

petitioner's advocate submitted that the judicial intervention by the High Court Under Article 226 of the Constitution of India,<sup>2</sup> imagined at a later stage, i.e. the High Court plays only a limited and supervisory role in the disagreement between the primary and the secondary board. The court has no power to decide whether the medical treatment should be withdrawn or withheld.

The petitioner's family approached the Delhi High Court under Article 226 of the Constitution of India<sup>3</sup> in writ petition (Civil) No. 4927 of 2024, due to the lack of a necessary institutional mechanism to trigger the process for a patient who was under the home-based medical treatment, according to the guidelines given in the Common Cause, the petitioner seeks a decision regarding the continuation of the medical treatment. The petitioner prayed before the Delhi High Court, which had rejected the opinion from the medical board regarding the Withdrawal of the PEG Tube because the petitioner, without external aid, kept himself alive and sustained. After the Dismissal of the Writ Petition, they filed the SLP (Special Leave Petition). The petitioner's lawyer submitted the Court order dated 26/11/2025 and 11/12/2025, whereby the Court constructed the primary and the secondary board, making the framework according to the guidelines given in the Common Cause issue regarding the withdrawal or withholding of the medical treatment, submitted that the PEG tube through which the artificial nutrition is provided has been legally and medically a life-sustaining treatment. The learned council also submitted that in the United Kingdom, the CANH to a person in PVS (permanent vegetative state) or an irreversible condition, there is no best interest. Also suggest the Following measures for the implementation of the Common Cause Guidelines-

- 1) Issuing the directions for the constitution of the primary and the secondary medical board to establish a mechanism
- 2) Issue the direction to the Chief Medical Officer of each district court to create the Secondary Medical Board.

**By Respondent:** The issue of the permission of passive euthanasia, ASG (Additional Solicitor General) submitted that Passive euthanasia means the withdrawal or withholding of medical treatment according to the law and the medical Ethics, and in which there is no longer treatment and a delay in the dying process. They also submitted that this court in Common Cause recognised that in a situation where the continuation of the medical treatment is useless and

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2 Art.226 Constitution of India,1950

3 ibid

has no purpose to continue the medical treatment in an irreversible condition, withholding and withdrawing the treatment is constitutionally permissible.

By approving the principle laid down in the case of *Airdale*,<sup>4</sup> that through the medical devices, CANH is a genuine medical treatment and cannot be classified as basic Care. Removal of the artificial feeding system does not constitute causing death, but rather the end of the intervention of artificial medicine in the irreversible condition, allowing death. Submitted based on the withdrawal of the tube does not cause death, it has no life-sustaining function, and due to that, there is a fatal condition of the patient. The act of omission in withdrawal or withholding of CANH falls within the permissible Passive Euthanasia as recognised in *Common Cause*.

The learned ASG (Additional Solicitor General) submitted that, according to the Clinical assessment criteria petitioner diagnostic done by the primary medical board and the secondary medical board. According to that, the petitioner is in PVS (Persistent Vegetative State), and the medical opinion certifies that, due to the petitioner's neurological condition being irreversible, and there are no chances of recovery, the continuation of the treatment is insignificant.

Learned ASG submitted that the withdrawal or withholding of the CANH through the PEG tube may be considered. In considering the petitioner's best interests, during the process of relocation from a CANH, the following factors should be taken into account: the petitioner's dignity, humanitarian support, comfortable arrangements, the option of receiving palliative care at home, and the hospital suggested by the petitioner's family.

### **COMPARISON WITH THE PREVIOUS LANDMARK CASE**

In the case of *Aruna Shanbaug Vs. Union of India*<sup>5</sup> the Nurse Raped in the hospital and was in a persistent vegetative state; the issue was the right to die. The court gave the guidelines for the withdrawal or withholding of medical treatment in the incurable or irreversible medical condition of the patient, assigning responsibility to the Parliament for formulating the statutory framework. In the Case of *Common Cause*<sup>6</sup> gives guidelines by exercising the power of the Constitution of India, Article 142<sup>7</sup> regarding the withdrawal of life support in a terminally ill patient.

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<sup>4</sup> *Airdale NHS Trust v Bland* (1993) All ER 821

<sup>5</sup> *Ibid*

<sup>6</sup> *Common Cause v Union Of India* (2023) 14 SCC 1

<sup>7</sup> Art.142 of Indian Constitution,1950

In the Aruna Shanbaug case, the foundation was laid, and the Common Cause case constructed the constitutional architecture. The Harish Rana case gives the legal application of the withdrawal of medical treatment.

## JUDGMENT

**High Court:** The writ petition filed before the High court of Delhi, to constitute a medical board to examine the life support system in the form of PEG tube is needed to be withdrawn, single judge bench declines the to refer before the medical board and held that the Active Euthanasia is illegal, and petitioner survive without any external support and not dependent on any mechanically support to alive so, the High Court not given any directions.

**Supreme Court:** The SPL (Special Leave Petition) filed before the Supreme Court, the court held that the continuation of further treatment is not in the best interest of the petitioner and gave an opinion that to stop further treatment, and gave directions to the respondent to withhold or withdraw the medical treatment. Directions given to the CMO all over India to maintain the panel of medical Practitioners. This decision for the Withdrawal of the life-sustaining medical treatment and CANH, because there is no significant health improvement, for the withdrawal of the medical treatment, the direction of the patient should be admitted to the palliative care given to the respondent, i.e. AIIMS. During the withdrawal of the treatment, patient dignity should be preserved without discomfort to the patient.

## CONCLUSION

The case of Harish Rana Vs. Union of India<sup>8</sup> is the landmark case shocking everyone? This case changes the medical and legal jurisprudence. The difference between active and Passive euthanasia was discussed, and the withdrawal and withholding of medical treatment was ruled out in the Common Cause case. It ensures that the best interests of the patient and the Right to die<sup>9</sup> should be considered for cases like this. In this case, there is careful consideration of the constitutional provision and the medical ethics while making the decision in this case. The court allowed the application of the petitioner.

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<sup>8</sup> ibid

<sup>9</sup> Article 21 Constitution of India ,1905