

## DIGNITY IN DEATH: THE SUPREME COURT'S PASSIVE EUTHANASIA RULING IN THE HARISH RANA CASE

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### Abstract

In India, the Right to life under the Constitution has never been interpreted as a guarantee of merely surviving. Judicial interpretation has, over the years, transformed Article 21 into a provision that protects individual dignity and the quality of life. This expanded interpretation has also influenced discussions surrounding end-of-life decisions, particularly when modern medical advancements can extend biological life without the possibility of restoring significant consciousness. Challenges related to euthanasia frequently emerge at the nexus of ethics, medicine, and law. While the legal framework has consistently emphasized the preservation of life, medical progress has enabled treatments that can indefinitely sustain bodily functions, even in situations where recovery is deemed medically improbable.

### Introduction

*"God ask no man whether*

*He will accept life.*

*That is no choice.*

*You must take it.*

The only choice is how."

- Henry Ward Beecher

In circumstances where existence is maintained through extended medical care rather than inherent vitality, the legal framework must address some of its deepest ethical and constitutional challenges. The issue transcends basic survival, focusing instead on the essence, worth, and honour of that existence. Judicial bodies frequently find themselves in the sensitive role of weighing the importance of life against the equally crucial principle of personal freedom. As advancements in medical technology allow for the prolongation of life well beyond natural boundaries, legal frameworks

need to adapt to determine if such prolongation consistently benefits the patient's interests.

In such situations, courts are confronted with the difficult task of determining whether continued intervention genuinely serves the dignity of the patient.

Indian criminal law historically approached attempts to end one's life through punishment. Section 309 of the Indian Penal Code made it illegal to try to take one's own life. While this rule is still technically in effect under the new Bharatiya Nyaya Sanhita, the Mental Healthcare Act, 2017 has considerably restricted its enforcement by assuming that an individual who attempts suicide is experiencing extreme distress and ought to be offered support instead of facing penalties.

The Supreme Court recently revisited the question of passive euthanasia in a case involving Harish Rana, a student of Punjab University who had remained in a comatose condition for over a decade following a severe head injury sustained after a fall from a

residential building in Chandigarh. With no meaningful signs of neurological recovery over thirteen years, the case presented a difficult constitutional question: whether the indefinite continuation of artificial life support aligns with the values of dignity that Article 21 seeks to protect. Rather than creating a new doctrine, the Court's approach builds upon a line of earlier constitutional decisions that gradually recognised the importance of autonomy and dignity at the final stage of human life.

### Evolution Of Right To Die With Dignity In India

Indian constitutional jurisprudence on end-of-life decisions has developed incrementally through judicial interpretation. The Supreme Court addressed the broader question of whether the Constitution recognises a right to die in *Gian Kaur v. State of Punjab*<sup>1</sup>. The Court's ruling determined that Article 21 does not provide a fundamental right to end one's life. Yet, the judgment also acknowledged that the concept of dignity could be relevant to the natural process of dying. This expanded possibilities for future legal developments concerning terminal illnesses or irreversible medical conditions.

The 196<sup>th</sup> Law Commission<sup>2</sup> had concluded that a terminally ill patient's to discontinue medical treatment does not attract any criminal liability and is permissible if in the best interest of patient.

Five years later Euthanasia was more explicitly addressed in the *Aruna Shanbaug v. Union of India*<sup>3</sup> case. This case involved a nurse who had been in a persistent vegetative state for many years following a violent assault. When a request to withdraw life support was made, the Court declined the plea to terminate Shanbaug's life. However, it did acknowledge that in rare situations, stopping medical treatment might be permissible and laid down guidelines for passive euthanasia.

The 241<sup>st</sup> Law Commission undertook a relook of the subject matter and found no reason to differ from the view taken by the 196<sup>th</sup> Commission. However the Ministry of Health and Family Welfare published a draft bill, namely the Medical treatment of Terminally-Ill Patients(Protection of Patients and Medical Practitioners Bill),2016 no further steps were taken.

*Common Cause v. Union of India*<sup>4</sup> provided a clearer explanation of the constitutional basis of the right to die with dignity. The Supreme Court decided in that decision that the right to life is inextricably linked to dignity. As a result, the Court recognized the legitimacy of advance medical directives, also referred to as living wills, which enable individuals to specify their choices for medical treatment in the event that they later become incapable of doing so and formulated fresh guidelines exercising its power under Article 142 and in 2023 SC revisited and further modified the guidelines to make the right to die with dignity more accessible. These rulings collectively demonstrate how Indian constitutional law has evolved over time. Instead of defining the issue solely in terms of life versus death, the judiciary is now more concerned with the autonomy of the individual and the preservation of dignity in situations where medical assistance is no longer able to restore consciousness or meaningful existence.

The *Harish Rana* ruling is another example of how the Court has had to balance the equally significant constitutional commitment to dignity with the sanctity customarily associated with life within this developing framework.

Euthanasia raises serious ethical issues in addition to legal ones. It brings up basic concerns concerning autonomy, the role of the State, and the moral duties of healthcare professionals. Though life conservation has historically been thought of as the most important thing, contemporary bioethics increasingly acknowledges that under certain si

<sup>1</sup> (1996) 2 SCC 648

<sup>2</sup> 2006

<sup>3</sup> (2011) 4 SCC 454

<sup>4</sup> (2018) 5 SCC 1

tuations extending suffering might conflict with the fundamental idea of humane treatment.

### Comparative Perspective

Different countries throughout the world have adopted different attitudes toward euthanasia and decisions connected to end-of life treatment. For instance, countries like the Netherlands and Belgium let both passive and active types of euthanasia under strict legal criteria. On the other hand, nations like the United Kingdom outlaw active euthanasia but allow the withdrawal of life support with court supervision.

In the United States, the legal position differs across states; some allow physician-assisted dying under controlled conditions. Canada has also legalised Medical Assistance in Dying (MAiD), which under a regulated system permits both voluntary euthanasia and physician-assisted suicide. The Canadian model stresses patient autonomy and includes several safeguards including informed permission requirements and independent medical evaluations. Conversely, nations like China and Japan lack a well-established legal system for euthanasia, and therefore the practice stays mainly forbidden or legally uncertain. In these countries, cultural attitudes and medical ethics take precedence over official legal recognition.

Still cautious and unique is India's strategy. India still depends mostly on judicial decisions like *Aruna Shanbaug v. Union of India* and *Common Cause v. Union of India*, in contrast to countries with extensive legislation. Although this guarantees adaptability, it also results in procedural ambiguity and inconsistent application.

Though some nations have adopted codifying structures controlling euthanasia, India's reliance on judicial guidelines shows a

more cautious and progressive attitude. It highlights the necessity of a well planned legislative framework inside the Indian environment balancing ethics, protections, and freedom.

### Facts and Background of the Harish Rana Case

Harish Rana, 32 years, B.Tech Student at Punjab University where he met a tragic accident after falling from the fourth floor of his PG accommodation and was diagnosed diffuse axonal injury on 20.08.2013. He has been in a permanent vegetative state and suffering from quadriplegia with 100% disability ever since the incident for the last more than 12 years and has been on external life sustaining support for his feeding, bladder, bowel and back, Medical Reports indicate that he exhibited no awareness. A disability Certificate by Dr. Ram Manohar Lohia Hospital, Delhi that Harish is in Persistent Vegetative State (PVS).

A petition under Article 226 before Delhi High in accordance with earlier SC guidelines two medical boards were instituted which held that chances of his recovery from this state is negligible.

### Key Legal Issues Before The Court

The following are the main issues before the Court

1. The conceptual distinction between active and passive euthanasia
2. The constitutional basis for permitting passive euthanasia under Article 21 of Constitution of India
3. The impermissibility of active euthanasia under Article 21
4. Permissibility of Advance Medical Directives (AMD)
5. The procedure used to determine whether medical treatment ought to be withdrawn and withheld

### Observation Of The Court

The Court reiterated that the right to life under Article 21 is not limited to mere existence but includes the right to live with dignity. While deciding this case The Supreme Court made

significant observation regarding several legal issues which had arisen. The Court distinguished between passive and active euthanasia. It held that active euthanasia is characterised as “causing death” as it introduces an external, intrusive agency, such as lethal injection which disrupts the natural path of life while passive euthanasia is considered as “allowing death to occur” by withholding medical treatment that was prolonging life.

After careful analysis of Smt. Gian Kaur vs. St of Punjab<sup>5</sup> case contemplates that life under Article 21 has interpreted as “life with human dignity” . It was observed that right of dying man when life is sinking while in case of a person in PVS with no hope of recovery the process of death for reducing the period of suffering constitutes a right to live with dignity.

The Court while holding for Individual autonomy held for competent individual this choice is absolute and for incompetent patient, right supersedes the State’s interest in preserving life reasoned that it may be asserted by the parents.

The Court recognised Advance Medical Directives as valid legal instrument and provided certain guidelines to prevent its misuse and also dealt where patients have AMD or not.

### Final Ruling

The Bench of Justice J.B Pardiwala and K.V. Viswanathan after examining the medical reports the court noted that in the joint report filed by the counsels and with the interaction between the parents, siblings and also according to the medical board, it is firmly believed that the treatment is offering no benefit to Harish and there is no therapeutic purpose and he is subjected to a lot of indignity, has been in PVS with no signs of future recovery for the last more than 12 years to relieve Harish from what he is undergoing the Court held that continuation of life-sustaining treatment in

such circumstances would not serve the constitutional value of dignity under Article 21. Accordingly, the Court permitted withdrawal of artificial life support in accordance with the safeguards laid down in earlier judgments.

### Conclusion

The ruling of the Supreme Court of India in the Harish Rana case once again highlights the importance of dignity in matters related to life and death. The Court recognised that the Right to Life under Article 21 is not only about continuing life but also about respecting the dignity of a person who is suffering from an irreversible medical condition.

While deciding the issue, the Court relied on the principles laid down in earlier cases such as Aruna Ramchandra Shanbaug v. Union of India and Common Cause v. Union of India, where passive euthanasia was accepted under certain safeguards.

The judgment therefore reflects a careful approach. It shows that the law must protect life, but at the same time it should not ignore the dignity and wishes of individuals who are facing the final stage of life.

At the same time, the judgment highlights the urgent need for a comprehensive legislative framework governing end-of-life decisions in India. The absence of clear statutory law continues to place a significant burden on the judiciary to resolve deeply personal and ethical issues on a case-by-case basis.

Furthermore, the limited awareness and practical implementation of Advance Medical Directives remain a challenge. Without widespread understanding and procedural clarity, the exercise of such rights may remain largely theoretical.

Ultimately, the ruling affirms that the Constitution is not indifferent to human suffering. It acknowledges that when medical intervention ceases to restore life in any meaningful sense, the law must allow a dignified end. In doing so, the judgment strengthens the evolving recognition that the

<sup>5</sup> (1996)2SCC48



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right to life under Article 21 includes not only the right to live with dignity, but also the right to die with dignity.

