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THE RIGHT TO STOP MEDICAL TREATMENT IN INDIA:

A Critical Analysis of the Harish Rana Judgment

Yuvika Garg[1]

Abstract

Withdrawal of life-sustaining medical care raises serious constitutional, legal and ethical issues of patient autonomy and the right to a dignified death. Passive euthanasia jurisprudence in India has developed over the years based on judicial decisions. In *Harish Rana v. Union of India (2026)*, the Supreme Court ruled on whether artificial nutrition and hydration via a feeding tube constituted medical treatment that was subject of lawful withdrawal. The paper follows a doctrinal research approach through constitutional provisions, judicial precedents, statutory materials and scholarly literature to explore the importance of the judgment. It examines the development of passive euthanasia from *Aruna Ramachandra Shanbaug v. Union of India (2011)* to *Common Cause v. Union of India (2018)*, and how the procedures have been amended in 2023 and applied to the *Harish Rana case*. The paper suggests that the judgment reinforces the constitutional values of dignity and patient autonomy by interpreting the law of artificial nutrition and hydration. It also emphasizes the ongoing need for robust legislation for consistent implementation and sufficient safeguards for end-of-life decision making.

Keywords: Passive Euthanasia, Right to Die with Dignity, Withdrawal of Life-Sustaining Treatment, Patient Autonomy, Living Will, Article 21.

I. Introduction

Today's medicine has developed the ability to keep a patient alive via ventilators, feeding tubes and other life support devices[2] when it is no longer medically feasible to cure the patient. Technologies such as these have revolutionized healthcare, but they have also created complex

[1] BBALLB student at Manav Rachna University, Faridabad.

[2] Indian Council of Medical Research, *Consensus Guidelines on 'Do Not Attempt Resuscitation' (DNAR)* (2020).

issues of law and ethics when it comes to prolonging life support for terminally ill or permanently incapacitated individuals. However, the key legal question isn't whether life can be extended, it's whether it should be extended if it lacks medical value and is simply a further progression into death.

Over the last ten years, there has been a significant evolution in Indian end-of-life jurisprudence. Passive euthanasia was given cautious approval in judicial supervision from the Supreme Court in *Aruna Ramachandra Shanbaug v. Union of India*.[3] This framework was substantially expanded in *Common Cause v. Union of India*,[4] where the Court affirmed the constitutional right to die with dignity under Article 21 and recognised the validity of advance directives. In 2023, the Constitution Bench further streamlined the procedural safeguards associated with these decisions,[5] thus enhancing the feasibility of exercising these rights.

In the backdrop of this changing legal landscape, the Supreme Court's judgment in *Harish Rana v. Union of India*[6] takes special significance. While Common Cause tended to focus more on the passive euthanasia and the validity of advance directives, Harish Rana was able to fill an important gap in end-of-life jurisprudence in India by deciding whether the artificial nutrition and hydration given via a feeding tube is 'medical treatment' that can be legally withdrawn. By doing so, the Court explained the difference between provision of ordinary care and medical intervention in the life of the patient and thereby reaffirmed the constitutional principles of dignity, autonomy, and informed decision making.

This paper critically evaluates the Harish Rana judgment, its constitutional basis under Article 21[7] and implications for patient autonomy, medical ethics and end-of-life decisions. It states that the judgment reinforces the rights to die with dignity by defining artificial nutrition and hydration as medical treatment and reiterates the need for a uniform law to be enacted in India to ensure uniformity in the implementation of such law.

II. Research Methodology

The paper is doctrinal in nature and the research is entirely of the research process which is associated with analysis of legal sources and where the analysis of legal sources is the primary source used to examine the constitutional and jurisprudential issues that are arising in the

[3] *Aruna Ramachandra Shanbaug v. Union of India*, (2011) 4 SCC 454.
[4] *Common Cause (A Regd. Society) v. Union of India*, (2018) 5 SCC 1.
[5] *Common Cause v. Union of India*, Miscellaneous Application No. 1699 of 2023 in Writ Petition (Civil) No. 215 of 2005, order dated 24 Jan. 2023.
[6] *Harish Rana v. Union of India*, (2026) SCC OnLine SC 358.
[7] INDIA CONST. art. 21.

context of the case of *Harish Rana v. Union of India*. Primary sources of information about end-of-life care include the Constitution of India, judicial rulings, statutory measures, and regulatory guidelines.[8] Emphasis is laid on *Aruna Ramachandra Shanbaug v. Union of India (2011), Common Cause v. Union of India (2018),* changes in the Constitution Bench in 2023, and Harish Rana to show the evolution of passive euthanasia and the status of artificial nutrition and hydration.

Secondary sources were also consulted, such as scholarly books, journal articles, medical ethics books, government reports and commentaries which were sourced from databases like SCC Online and Manupatra. An analytical and comparative method has been used to analyse the Court's reasoning, to evaluate the consistency of the Court's reasoning with constitutional principles, and to evaluate implications for patient autonomy, medical ethics and future legislative reform. The following discussion examines these issues through doctrinal analysis before evaluating the constitutional significance and practical implications of the Harish Rana judgment.

III. Evolution of Passive Euthanasia Jurisprudence

The Indian legal framework on passive euthanasia has been framed in a series of judicial rulings where the rights of the patient were increasingly acknowledged while taking into account the State's interest in the preservation of life. The Supreme Court, instead of creating a new constitutional right, gradually extended the scope of Article 21 to deal with the moral and legal challenges presented by end-of-life care.

This jurisprudence was established by *Aruna Ramachandra Shanbaug v. Union of India (2011),* where the Supreme Court allowed passive euthanasia under specific conditions, and also mandated judicial approval for the withdrawal of life-support. While the judgment took a conservative route, it did state that extending biological life by artificial means may not be in the patient's best interest which could pave the way for constitutional recognition of dignified decision-making at the end of life.[9]

It was significantly reinforced in the case of *Common Cause v. Union of India (2018),* where the Supreme Court recognized the right to die with dignity as part of the right to life as guaranteed by Article 21. The Court also acknowledged the legal binding nature of advance directives which are used to document the choices of treatment for individuals who are

[8] Indian Council of Medical Research, *Guidelines for Withholding and Withdrawing Life-Sustaining Treatment in Terminally Ill Patients* (2018).
[9] Law Commission of India, *241st Report: Passive Euthanasia – A Relook* (2012).

competent. The elaborate procedural safeguards prescribed in the judgment, however, rendered the exercise of such rights impractical.

Harish Rana v. Union of India, built on this constitutional framework, tackled the question that had not been resolved by the previous judgments: Whether artificial nutrition and hydration provided through a feeding tube considered medical treatment that has a lawful basis for withdrawal? In affirming this, the Court took a step further in the passive euthanasia jurisprudence of India, which had been painstakingly cautious until now, and established a more patient and patient-centred constitutional framework.

IV. Constitutional Foundation: Article 21 and the Right to Die with Dignity

The reasoning of the Harish Rana judgment is based on the evolving definition of Article 21 of the Constitution, which entitles to the right to life and personal liberty. The principle has been interpreted over time to include dignity, autonomy, privacy and integrity of the body, in addition to physical viability. Thus, the right to life guaranteed by Article 21 extends to the right of the person to decide about his medical treatment, especially if it is no longer of any therapeutic value.

The Justices had already confirmed this constitutional way in *Common Cause v. Union of India (2018)* when they determined that the right to die with dignity is a part of the right to life. The Court was aware that forcing a terminally ill person to accept medically futile treatment "for the purpose of merely extending his biological life" could taint the dignity which Article 21 aims to guarantee. Therefore, it affirmed the autonomy and self-determination of the individual as expressed in advance directives.

The judgment is also backed by the *K.S. Puttaswamy v. Union of India (2017)*,[10] which added privacy to the range of rights that includes decisional autonomy relating to issues affecting the individual. Though Puttaswamy did not talk about end of life, it does validate the principle that individuals at a competent level must have a right to actively and meaningfully contribute to the decision-making process related to their medical care.

In this constitutional context, the value of Harish Rana is that he has tried to give these principles to a hitherto un-resolved issue. The Court reiterated that constitutional dignity does not only have to do with the preservation of life, but also the way in which life is ended when treatment has become medically useless. Thus, the judgment is not a departure from the constitutional jurisprudence but a sensible application of Article 21.

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[10] *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 SCC 1.

V. Artificial Nutrition and Hydration: Medical Treatment or Basic Care?

The main question in *Harish Rana v. Union of India* was whether ANH (Artificial Nutrition and Hydration) through a feeding tube constituted basic care or medical treatment. This question has legal implications, as it is only in the context of passive euthanasia that medical treatment may be lawfully withheld. The Court had therefore to decide on the real nature of ANH, not its sentiment or symbolic value. The contrary view is that food and water are essential for human life and thus a basic duty owed to every person. From this angle, the withdrawal of a feeding tube seems to be inconsistent with the constitutional obligation to preserve life.[11][10]

It has also been argued that the acceptance of ANH as a medical treatment could leave elderly, disabled, or financially dependent patients vulnerable to coercion or abuse by those who provide care for them. To the contrary, the Supreme Court found that this distinction is between "medically provided artificial nutrition and hydration" and "ordinary nourishment." In contrast to oral feeding, ANH requires specific medical equipment, ongoing professional supervision and regular, professional review. It is given only when the patient is unable to feed himself/herself and thus is a medical treatment instead of normal personal care. The Court stressed that the legal nature of the intervention is not determined by whether it is used for food or water, but rather its medical role.

If, however, clinical evidence shows that continued ANH is no longer clinically beneficial, but only serves to extend the dying process, then it is unhelpful to persist in it as a form of treatment. In this case, withdrawal of ANH will allow the illness to take its natural course rather than prolonging its biological life. This line of argument is based on the well-known principles of medical ethics, including beneficence, non-maleficence, and respect for patients' autonomy.[12] Importantly, the Court took into account the interest of vulnerable patients and required ANH to be subject to independent medical assessment and the safeguards of end-of-life decision making.

The judgment does not therefore give permission for withdrawal of treatment to be done at will, but only when there is objective medical evidence that treatment is clinically futile. The Court's categorisation of artificial nutrition and hydration as medical treatment cleared up a major confusion in Indian end-of-life law. Most significantly, it offered a consistent legal framework and a principle to distinguish therapeutic medical treatment from regular care, enhancing the consistency and utility of the passive euthanasia framework.

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[11] Law Commission of India, *241st Report: Passive Euthanasia – A Relook* (2012).
[12] Tom L. Beauchamp & James F. Childress, *Principles of Biomedical Ethics* (8th ed. 2019).

VI. Living Wills and Advance Directives

The effectiveness of the passive euthanasia approach in India critically relies on a mechanism to express treatment preferences, before the loss of decision-making capacity. An advance directive (also known as a living will) is used to express a competent person's wishes to dictate future medical treatment when they are no longer able to speak for themselves. Living Wills were legally recognized in *Common Cause v. Union of India (2018)*. This was an important milestone in Indian end-of-life jurisprudence but the complex procedural requirements imposed were impractical.

To address these concerns, in 2023, the Constitution Bench simplified the process of execution and implementation of advance directives by streamlining the attestation process and the constitution of medical boards. The changes introduced more accessibility of the living wills while still providing measures to prevent their misuse. The implementation of advance directives can be enhanced further by linking it with the Ayushman Bharat Digital Mission,[13] so that in case of medical emergency, the advance directives could be verified efficiently and avoid disputes.

Nevertheless, legislative codification, institutional readiness and increased public awareness are all critical to ensure consistency in institutional implementation. Thus, living wills have developed from judicial recognition to a mechanism that safeguards the choices of patients at the end of life. However, for their sustainable results, a complete statutory structure that backs judicial protection with firm administrative rules and a national approach is essential.

VII. Critical Evaluation

The Harish Rana judgement is a significant milestone in India's end-of-life jurisprudence, addressing the legal ambiguity surrounding artificial nutrition and hydration (ANH). The Supreme Court did not establish a new constitutional right, but rather used existing constitutional principles of dignity, autonomy, and informed medical decision making, to conclude that ANH is medical treatment that may be lawfully withdrawn in appropriate circumstances. In this way, it reinforced the coherence of the framework of passive euthanasia that had been provided on the basis of the previous decisions.

One major objection to the judgment is that allowing the withdrawal of ANH undermines the constitutional principle of the sanctity of life and leaves some patients, especially the elderly,

[13] Ministry of Health & Family Welfare, Government of India, *Ayushman Bharat Digital Mission*.

disabled, or economically poor, open to coercion or abuse. There has also been concern that financial or emotional pressures might impact on end-of-life choices if appropriate safeguards are not maintained. The concerns are valid, but are greatly mitigated by the Court's reasoning. The judgment doesn't allow for the general withdrawal of treatment, it only allows for withdrawal in cases where independent medical assessment finds that continued treatment is clinically futile, and where the prescribed legal protections are rigorously adhered to.

The Court's aim is to strike a balance between autonomy and the State's duty to safeguard vulnerable people, by relying on objective medical evaluation instead of the preferences of the individual. Overall, the Harish Rana judgment strikes the right balance between two competing constitutional values, life and dignity at the end of life. While the judgment does not replace legislation, it does outline a constitutional approach to handle similar disputes in the future, and ensure that patient rights and the public interest are protected.

VIII. Conclusion and Recommendations

The Harish Rana judgment is an important development in India's end-of-life law, because it provides a clear definition of artificial nutrition and hydration as a form of medical care that can be legally discontinued under certain conditions. The Supreme Court established a constitutional framework that respects dignity, informed decision and informed consent while keeping any potential misuse at bay. The judgment thus reflects the Supreme Court's ongoing quest to balance the constitutional values with the changing medical realities, and that the issue of end-of-life decision-making is one of constitutional principle and human dignity.

This clarification, however, is insufficient to guarantee the consistent implementation of these decisions in the healthcare institutions. Parliament must pass a comprehensive End-of-Life Care Act that provides a consistent statutory framework for the principles of passive euthanasia, withdrawal of life-sustaining treatment and advance directives. Moreover, a robust national digital repository of advance directives, connected to the Ayushman Bharat Digital Mission, would help streamline the verification process and minimize conflicts in medical scenarios.

In conclusion, Harish Rana's role is not just about clarifying the legal landscape of artificial nutrition and hydration, but also in fostering a more compassionate and constitutionally balanced perspective on end-of-life care. If implemented effectively through the institutions and legislation, the principles established in the judgment could offer more certainty for patients, families, healthcare practitioners and the court.