Passive Euthanasia in India: A Legal Analysis with Reference to *Harish Rana v. Union of India*

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ABSTRACT

Euthanasia also known as 'mercy killing' or 'good death' is one of the most complicated, and argued matters in the field of medicine, law and ethics. It is about the voluntary killing of an individual in order to put an end to his or her intolerable pain due to an incurable disease or untreatable illness. The issue of what individual may have the right to decide when to terminate the life of a person is a multifaceted one, and the issue of euthanasia will be answered differently by interpersonal subjects of the debate. Active euthanasia is banned in India, but passive euthanasia is allowed with strict conditions as stipulated by law.

A landmark case on withdrawing life support by a patient was achieved by the Supreme Court of India in a case of *Harish Rana vs. Union of India*[2]. The patient was more than a decade under persistent vegetative state (PVS). The given judicial ruling is a major step in the development of the right to die with dignity in the Indian constitutional system.

UNDERSTANDING EUTHANASIA

The word euthanasia has Greek origins from "eu" (good) and "thanatos" (death), which combine to give the meaning of a 'good death'. Euthanasia in medical and legal contexts is described as a purposely directed deed of taking away the life of an individual with a view of assisting him in getting rid of his or her long-term pain.

There are two major forms of euthanasia-

The first form of euthanasia is called active euthanasia in which an actual act is always involved and the patient dies deliberately. As an example, drugs such as a lethal injection or giving them a deadly dose of a medication in order to kill them. The active euthanasia will be culpable

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[2] Harish Rana v. Union of India, 2026 INSC 222.

homicide or murder as stated in § 100 of Bhartiya Nyaya Sanhita[3] (formerly § 299 of Indian Penal Code[4]), and thus, it is illegal in India.

The second form is known as passive euthanasia where the withdrawal or withholding of life sustaining medical treatment is done. This can be the removal of ventilators, stopping artificial feeding or hydration, and refusing life-prolonging treatment when medicine is not going to work. Passive euthanasia is not a death causing factor but it only enables the dying to occur. These two concepts have been very critical in influencing the laws in various parts of the world. Passive euthanasia has in India been granted legal status based on the judicial direction with the assumption that it does not necessarily violate life but only allow life to follow its course.

LEGAL BACKGROUND OF PASSIVE EUTHANASIA IN INDIA

The juristical approaches to euthanasia in India have received significant change based on a series of judicial annunciations. In the case of *Gian Kaur v. State of Punjab*[5], the Supreme Court made a categorical objection that the right to die is not included in the right to life guaranteed by Article 21 of the Constitution[6]. The case upheld the state's duty to protect life and criminalization of attempted suicide.

There was a remarkable change in the case of *Aruna Shanbaug v. Union of India*[7], where the Court was able to use a more egalitarian approach in terms of the possibility of passive euthanasia. This way it has established strong procedural guard rails, by requiring the prior authorization of the involved High Court before the withdrawal of life sustaining treatment in a situation involving a patient in a permanent vegetative state.

Common Cause v. Union of India[8], the Supreme Court upheld the integrity of the right to die with dignity and was held to be a subset of Article 21of the Constitution[9] . The case established the principle of living wills or Advanced Medical Director which therefore gave individuals

[3] Bharatiya Nyaya Sanhita, 2023, § 100, No. 45, Acts of Parliament, 2023 (India).
[4] Indian Penal Code, 1860, § 299, No. 45, Acts of Parliament, 1860 (India).
[5] Gian Kaur v. State of Punjab, AIR 1996 SC 946.
[6] INDIAN CONST. art. 21.
[7] Aruna Shanbaug v. Union of India, AIR 2011 SC 1290.
[8] Common Cause v. Union of India, AIR 2018 SC 1665.
[9] INDIAN CONST. art. 21.

the power to make independent choices to reject life sustaining medical interventions in end of life or permanent incapability cases.

CASE ANALYSIS :- Harish Rana vs. Union of India[10]

In *Harish Rana v. Union of India*[11], the petitioner family sought permission from the Supreme Court to withdraw life-sustaining treatment on the patient, Harish Rana, who had been in persistent vegetative state in excess of 13 years. In 2013, Rana sustained serious brain damages after tumbling down the fourth floor of his accommodation when studying and this rendered him completely paralysed with artificial medical care.

Medical reports stated that Rana had no worthwhile chances of survival and he stayed alive on just clinical nourishment that was made available through feeding tubes. According to the verdict of both the Primary Medical Board and Secondary Medical Board, further therapy would only not add value to his condition and only extending his biological life without therapeutic value.

The consequences of these findings are that the Supreme Court allowed life-sustaining treatment to be withdrawn. The Court noted that it does not matter in such cases whether death is in the best interest of the patient, but only whether or not continued life-sustaining treatment was in the best interest of the patient.

The Court has also made it clear that clinically assisted nutrition is also considered as medical treatment, hence it can be legally withdrawn when declared by medical professionals that recovery will not happen.

JUDICIAL SIGNIFICANCE

The decision in *Harish Rana v. Union of India*[12] can be discussed as important due to a range of reasons:

[10] Harish Rana v. Union of India, 2026 INSC 222.
[11] *Id.*
[12] *Id.*

- The case upholds the constitutional focus on dignity. The Court acknowledged that to save human dignity there are cases that might need one to leave the person to die naturally instead of artificially extending human existence.
- As pointed out in the case, the medical ethics has become increasingly significant in constitutional jurisprudence. It was necessary to make sure that such decisions do not rely on emotional or financial pressures, but on objective medical evidence, and the Court was able to do this by insisting on expert medical boards and procedural guarantees.
- The case has also brought up the debate on why euthanasia and end-of-life care in India should have extensive legislation. Today, the legal system relies to great extent on judicial provisions, which can cause confusion to hospitals and families.

ETHICAL AND LEGAL ISSUES

Passive euthanasia has been judicially acknowledged which is a significant development in end-of-life care debate. Nevertheless, there are critical ethical issues that have not been addressed. Those who oppose the legalization of euthanasia have been warning that there is risk of abuse especially where there are vulnerable groups (e.g. older, poor, or not well-supported socially by their community) who may be under pressure to do it because of economic reasons, pressure by the family, or the expectation of society. This situation undermines the question of free will concerning the choices made all the time.

Another obstacle comes about in a situation where the patients cannot manage to give consent because of medical incapacity. In such situations, the courts have to make very prudent decisions based on the views relating to the family members, the patient-doctor professional judgment, and the more comprehensive role of defending the sanctity of human life. This balancing mechanism is necessary to maintain the dignity of patients without exploiting them. Apparently, supporters believe that passive euthanasia respects the autonomy of the individual and provides a humane method of alleviating suffering when further medical treatment is of no meaningful use. It also accepts the inherent boundaries of medicine as it knows that prolonging life at whatever expense does not always save its quality. It is against this light that passive euthanasia is viewed as the humane, ethically reasonable treatment that washes medical care and human dignity next to each other.

CONCLUSION

The establishment of passive euthanasia in India is a milestone although a progressive change in constitutional jurisprudence of dignity and autonomy in a person. The Supreme Court has set some historic precedents that confirmed its constitutional validity like the case of Aruna Shanbaug v. Union of India[13] and Common Cause v. Union of India[14].

More understanding was given in Harish Rana v. Union of India[15] that pointed to the core principles that apply to cases of prolonged vegetative states and reciprocally irreversible medical conditions. All these decisions point out to the fact that right to life as envisaged in Article 21of the Indian Constitution[16] does not merely entail the right to survive but the right to live and in some cases, the right to die graciously.

However, lack of a well-established body of laws still affects uniformity in the application of the jurisprudence of euthanasia nationwide. With the progress of medical technology, it is quite important to have a solid legal structure that regulates end of life care to create a balanced balance which would at the same time enforce individual autonomy and societal interests.

[13] Aruna Shanbaug v. Union of India, AIR 2011 SC 1290.
[14] Common Cause v. Union of India, AIR 2018 SC 1665.
[15] Harish Rana v. Union of India, 2026 INSC 222.
[16] INDIAN CONST. art. 21.